

**Ciox Health**

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

# CIOX HEALTH INVOICE

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

**Electronic Delivery Service**

<https://edelivery.cioxhealth.com>

Ship to:

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

Bill to:

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

Records from:

WELLSTAR COBB HOSPITAL  
 3950 AUSTELL ROAD  
 AUSTELL,GA 30106

**Requested By:** MAURICE, EUGENE  
**Patient Name:** MAURICE EUGENE

**DOB :** 01/02/1949

Description	Quantity	Unit Price	Amount
Reproduction Fee-Elect			6.50
Subtotal			6.50
Sales Tax			0.00
Invoice Total			6.50
Balance Due			6.50

**Please Note: Your medical record request has been delivered electronically to your Ciox eDelivery account.**

**Terms: Net 30 days**      **Please remit this amount : \$6.50(USD)**

**Ciox Health**

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

Invoice #: <b>0303423085</b>
Check # _____
Payment Amount \$ _____

**Please return stub with payment.**

Please include invoice number on check.

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

Email questions to [collections@cioxhealth.com](mailto:collections@cioxhealth.com).



100 North Peachtree Street, Suite 1000  
 Atlanta, GA 30308  
 (800) 367-8500  
 CIOXHEALTH.COM

### Electronic Record Delivery Request

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

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

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

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

Signature Eugene Maurice Date: 3-31-20

FOR  
 GREATER  
 HEALTH

4 OF 4



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

### AUTHORIZATION FOR THE RELEASE OF PROTECTED HEALTH INFORMATION

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

#### 1. WELLSTAR HEALTH SYSTEM FACILITY / FACILITIES

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

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

#### 2. RECEIVING PARTY

Please send my health information to:  
 Name: ELECTRONIC DELIVERY  
 Address: SEE ATTACHED  
 City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ Fax Number (healthcare provider only): \_\_\_\_\_

- I would like to pick up my medical records in person  
 I authorize \_\_\_\_\_ to pick up my medical records in person.  
 (Name of person authorized to receive the record)

#### 3. DESCRIPTION OF HEALTH INFORMATION TO BE DISCLOSED

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

OR

Partial medical record (please specify records below)

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

Other: \_\_\_\_\_ - please specify dates of service: \_\_\_\_\_

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



770-810-4193

10F4

**AUTHORIZATION FOR THE RELEASE OF PROTECTED HEALTH INFORMATION - page 2**

**4. PURPOSE OF DISCLOSURE**

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

**5. EXPIRATION OF AUTHORIZATION**

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

**6. RIGHT TO REVOKE AUTHORIZATION**

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

**7. FEES**

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

**8. REFUSAL TO AUTHORIZE USE AND/OR DISCLOSURE**

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

**9. RE-DISCLOSURE**

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

**10. RELEASE AND WAIVER**

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

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

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

3-31-20  
Date

\_\_\_\_\_  
Description of Authority to Act for Patient

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

WellStar Medical Group Names and Providers

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

Dr. Jeffery Tharp

Susan Ashworth, NP

WellStar Medical Group - Cardiovascular Medicine – Hiram, GA

Dr. Abdul Sheikh

Dr. Anand Kenia

WellStar Medical Group – Urology – Hiram, GA

Dr. Kristan Boren

Dr. Beau Dussealt



COBB HOSPITAL  
P O BOX 102254  
ATLANTA, GA 30362  
(770) 732-4000  
Fax: (770) 968-3322

**ADMISSION RECORD**

CORPORATE NUMBER  
02894730

<b>P A T I E N T</b>	ACCOUNT NO.	ADMISSION DATE TIME	ROOM-BED	AC	SEX	MS	RACE	SERVICE	PT	FC	DATE OF BIRTH	AGE	ACCIDENT/WORK/DATE	UNIT NUMBER
	C1400300500	01/07/14			M	M	1	VAS	POS	35	01/02/49	65Y	NO	001632858
	NAME AND ADDRESS		SOC-SEC-NO		DIAGNOSIS/COMPLAINT									
	MAURICE,EUGENE G 61 SHOCKLEY WAY		339-42-1524		433.10 CAROTID STENOSIS									
	DALLAS GA 301578973		PHONE MESSAGE? (678)398-9479 110		PREVIOUS ADMIT NAME				DATE		ARRIVAL MODE			
<b>G U A R A N T E E</b>	EMPLOYER NAME & ADDRESS		OCCUPATION		ADMITTING PHYSICIAN				PUBLICITY		ADM BY			
			NOT EMPLOYED		CHERVU,ARUN									
					ATTENDING PHYSICIAN				ADM TYPE		ROOM PREF			
					CHERVU,ARUN				3		S STAN			
					PRIMARY CARE PHYSICIAN				ADM SRC		COU DIS STATION			
<b>M I S C</b>	NAME AND ADDRESS		SOC-SEC-NO		PC				EMPLOYER NAME & ADDRESS					
	MAURICE,EUGENE G 61 SHOCKLEY WAY		339-42-1524											
	DALLAS GA 301578973		PHONE MESSAGE? (678)398-9479 SELF						NOT EMPLOYED					
	INSURANCE 1 & 2				INSURANCE 3 & 4									
	AETNA /MDCR HMO OPEN AC ATTN CLAIMS DEPT P O BOX 981107 EL PASO TX 79998-1107		MDCR HMO OPE 339421524A MAURICE,EUGENE G MEBH34SM											
AETNA /MDCR HMO OA PROFE ATTN CLAIMS DEPT P O BOX 981107 EL PASO TX 79998-1107		MDCR HMO OPE 339421524A MAURICE,EUGENE G MEBH34SM												
RELATIVE 1 MAURICE,SHIRLEY A 61 SHOCKLEY WAY (678)910-2476 DALLAS GA 30157-8973		SPOUS		RELATIVE 1 EMPLOYER										
CHURCH: DENOMINATION: ADVANCE DIRECTIVE		FUNERAL HOME: CHART LOCATION: HOME HEALTH PLAN:		PREFERRED LANGUAGE:				NOTICE OF PRIVACY PRACTICE: Yes						
N 01/03/2014								DATE OF PRIVACY PRACTICE: 01/03/14						

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

CRT Used: C46

OPT OUT: No

PUBLICITY:

OPT OUT DATE:

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

Date

Physician's Signature

Rev. 04/2011



COBB HOSPITAL  
P O BOX 102234  
ATLANTA, GA 30362  
(770) 732-4000  
Fax: (770) 968-3322

**ADMISSION RECORD**

CORPORATE NUMBER  
02894730

<b>P A T I E N T</b>	ACCOUNT NO.	ADMISSION DATE TIME	ROOM-BED	AC	SEX	MS	RACE	SERVICE	PT	FC	DATE OF BIRTH	AGE	ACCIDENT/WORK/DATE	UNIT NUMBER
	C1400300500	01/07/14 0544	341-01	7	M	M	1	VAS	IP	35	01/02/49	65Y	NO	001632858
	NAME AND ADDRESS		SOC-SEC-NO		DIAGNOSIS/COMPLAINT									
	MAURICE,EUGENE G 61 SHOCKLEY WAY		339-42-1524		433.10 CAROTID STENOSIS									
	DALLAS GA 301578973		PHONE MESSAGE? (678)398-9479 110		PREVIOUS ADMIT NAME				DATE	ARRIVAL MODE				
<b>G U A R A N T E E</b>	EMPLOYER NAME & ADDRESS		OCCUPATION		ADMITTING PHYSICIAN				PUBLICITY	ADM BY				
			NOT EMPLOYED		CHERVU,ARUN					SSC				
					ATTENDING PHYSICIAN				ADM TYPE	ROOM PREF				
					CHERVU,ARUN				3	S STAN				
					PRIMARY CARE PHYSICIAN				ADM SRC	COU DIS	STATION			
<b>M I S C</b>	NAME AND ADDRESS		SOC-SEC-NO		PC				EMPLOYER NAME & ADDRESS					
	MAURICE,EUGENE G 61 SHOCKLEY WAY		339-42-1524											
	DALLAS GA 301578973		PHONE MESSAGE? (678)398-9479 SELF						NOT EMPLOYED					
	INSURANCE 1 & 2		INSURANCE 3 & 4											
	AETNA /MDCR HMO OPEN AC ATTN CLAIMS DEPT P O BOX 981107 EL PASO TX 79998-1107		MDCR HMO OPE 339421524A MAURICE,EUGENE G MEBH34SM											
AETNA /MDCR HMO OA PROFE ATTN CLAIMS DEPT P O BOX 981107 EL PASO TX 79998-1107		MDCR HMO OPE 339421524A MAURICE,EUGENE G MEBH34SM												
RELATIVE 1		SPOUS		RELATIVE 1 EMPLOYER										
MAURICE,SHIRLEY A 61 SHOCKLEY WAY (678)910-2476 DALLAS GA 30157-8973														
CHURCH:		FUNERAL HOME:		PREFERRED LANGUAGE: ENGLISH										
DENOMINATION:		CHART LOCATION:		NOTICE OF PRIVACY PRACTICE: No										
ADVANCE DIRECTIVE: N 01/03/2014		HOME HEALTH PLAN:		DATE OF PRIVACY PRACTICE:										

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

CRT Used: EV2

OPT OUT: No

PUBLICITY:

OPT OUT DATE: 01/03/14

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

Date

Physician's Signature

Preoperative Diagnostic Orders

Patient Name Eugene Maurice Date of Birth 1/2/49  
 Date of Surgery 1/31/14 Surgeon Chervu Scheduled Procedure: Left Carotid Endarterectomy

Test (Please check the appropriate box)	Reason (Please check the appropriate box)	ICD-9 Code	Test (Please check the appropriate box)	Reason (Please check the appropriate box)	ICD-9 Code
<input type="checkbox"/> EKG	<input type="checkbox"/> Hypertension <input type="checkbox"/> Hypothyroidism <input type="checkbox"/> Coronary Artery Disease <input type="checkbox"/> Heart Block <input type="checkbox"/> Arterial Fibrillation <input type="checkbox"/> CHF <input type="checkbox"/> Asthma <input type="checkbox"/> Dysrhythmia <input type="checkbox"/> Syncope <input type="checkbox"/> Pallor <input type="checkbox"/> Abd pain <input type="checkbox"/> Post CABG <input type="checkbox"/> Other (describe)	401.9 244.9 414.OX 428.X 427.31 428.0 493.90 427.X 780.2 782.61 788.OX V15.1	<input type="checkbox"/> Blood Glucose	<input type="checkbox"/> Diabetes Mellitus <input type="checkbox"/> Liver disorder (describe) <input type="checkbox"/> Other (describe)	250.OX
<input checked="" type="checkbox"/> CBC	<input type="checkbox"/> Malignancy (describe) <input type="checkbox"/> Renal disease (describe) <input type="checkbox"/> Oral disease (describe) <input type="checkbox"/> GI disease (describe) <input type="checkbox"/> Breast disease (describe) <input type="checkbox"/> GU disease (describe) <input type="checkbox"/> GYN disease (describe) <input type="checkbox"/> Dermatitis <input type="checkbox"/> Diabetes Mellitus <input type="checkbox"/> Peripheral Vascular Disease <input type="checkbox"/> Hernia Abd. Cavity (describe) <input type="checkbox"/> Irritable bowel disease (describe) <input type="checkbox"/> Rheumatoid arthritis <input type="checkbox"/> Pain in joint (describe site) <input type="checkbox"/> Malaise and fatigue <input type="checkbox"/> Anemia <input type="checkbox"/> Hypertension <input type="checkbox"/> CHF <input type="checkbox"/> Asthma <input type="checkbox"/> Other (describe)	692.X 250.OX 443.9  714.0 719.4X 780.79 285.9 401.9 428.0 493.90	<input checked="" type="checkbox"/> Pro Time	<input type="checkbox"/> Malignancy (describe) <input type="checkbox"/> Diabetes Mellitus <input type="checkbox"/> Hypertension <input type="checkbox"/> Coronary Artery Disease <input type="checkbox"/> Anemia <input type="checkbox"/> Dysrhythmia <input type="checkbox"/> CHF <input type="checkbox"/> Phlebitis <input type="checkbox"/> Esophageal disease <input type="checkbox"/> COPD <input type="checkbox"/> Chronic bronchitis <input type="checkbox"/> Emphysema <input type="checkbox"/> Asthma <input type="checkbox"/> Edema <input type="checkbox"/> Dysphasia <input type="checkbox"/> Other (describe)	250.OX 401.9 414.OX 285.9 427.X 428.0 451.X 530.9 496 491.X 492.8 493.90 782.3 787.2
<input type="checkbox"/> Hepatic Function <input type="checkbox"/> Hepatitis Panel	<input type="checkbox"/> CHF	428.0	<input checked="" type="checkbox"/> BMP <input type="checkbox"/> Electrolytes <input type="checkbox"/> BUN <input type="checkbox"/> Creatinine	<input type="checkbox"/> Atrial Fibrillation <input type="checkbox"/> Long term use of anticoagulants <input type="checkbox"/> Peripheral vascular disease <input type="checkbox"/> Coronary Artery Disease <input type="checkbox"/> Phlebitis <input type="checkbox"/> Gastric Ulcer (describe) <input type="checkbox"/> Hematuria <input type="checkbox"/> Post Menopausal bleed <input type="checkbox"/> Hemoptysis <input type="checkbox"/> Other (describe)	427.31 V58.61 443.9 414.OX 451.OX 599.7 627.1 786.3
<input type="checkbox"/> Type & Hold (Screen) <input type="checkbox"/> Type & Crossmatch	<input type="checkbox"/> Abdominal Pain <input type="checkbox"/> Other (describe)	789.OX	<input type="checkbox"/> Pregnancy Test		

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

MD Signature [Signature] Date/Time 1/31/14, 10:30 AM / PM  
 RN Signature \_\_\_\_\_ Date/Time \_\_\_\_\_ AM / PM

WellStar

Cobb  Douglas  Kennestone  
 Paulding  Windy Hill

Preoperative Diagnostic Orders

Form# WS0286

Item# 63526

Page 1 of 1

\*1-WS0286\*

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



12/2008)

HIM Approved 12/2008





WellStar

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

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

1-3-14  
Date of Receipt

1-2-49  
Date of Birth

EUGENE G. MAURICE  
Patient Name

Print Name of Authorized Personal Representative

Eugene G. Maurice  
Signature of Patient

Signature of Authorized Personal Representative

Please Indicate Relationship to Patient

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


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

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

Signature of WellStar Representative: \_\_\_\_\_ Date: \_\_\_\_\_

Please  the appropriate facility:

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

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

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



\* 1-WS0446 \*



## CONSENT TO ROUTINE PROCEDURES AND TREATMENTS & FINANCIAL RESPONSIBILITY STATEMENT

### Section I CONSENT TO ROUTINE PROCEDURES AND TREATMENTS

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

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

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

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



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

### Section II MATERNITY PATIENTS

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

### Section III EMERGENCY OR LABORING PATIENTS

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

<b>SIGNATURE of Patient (or Patient Representative*)</b>  		<b>SIGNATURE of Witness</b>   Printed name of Witness KRISTY LEWIS	
Date signed	Time	Date signed	Time
1-3-14	11:21 AM	01/03/14	11:38 AM
* Relationship to patient (if applicable)		Name of interpreter (if applicable)	

### Section IV ASSIGNMENT OF BENEFITS/FINANCIAL RESPONSIBILITY

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

**WellStar**  
 Cobb  Douglas  Kennestone  
 Paulding  Windy Hill  Other \_\_\_\_\_

**General Consent to Treat & Financial Responsibility Statement**

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

01/07/14

KER



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

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

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

**Section V FINANCIAL ASSISTANCE STATEMENT**

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

**Section VI CONSENT TO PHOTOGRAPHY AND VIDEOTAPING**

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

**Section VII NOTICE REGARDING RELEASE OF HEALTH INFORMATION**

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

**Section VIII INPATIENT INFORMATION**

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

**Section IX ADVANCE DIRECTIVE**

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

**Section X PERSONAL VALUABLES**

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

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

<b>SIGNATURE of Patient (or Patient Representative*)</b>		<b>SIGNATURE of Witness</b>	
<i>Eugene G. Maurice</i>		<i>[Signature]</i>	
Printed name of Patient: <i>Eugene G. Maurice</i>		Printed name of Witness: <i>Red Lewis - RN - Drk</i>	
Date signed: <i>1-3-14</i>	Time: <i>11:21</i> <input checked="" type="radio"/> AM <input type="radio"/> PM	Date signed: <i>1/3/14</i>	Time: <i>11:20</i> <input checked="" type="radio"/> AM <input type="radio"/> PM
* Relationship to patient (if applicable)		Name of interpreter (if applicable)	

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

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

CKER



PERIOPERATIVE RECORD

MAIN OPERATING ROOM - COBB



INTRAOPERATIVE RECORD

NAME: MAURICE, EUGENE G

GENDER: M

BIRTH DATE: 01/02/1949

AGE: 65 Years

MEDICAL RECORD NUMBER: 001632858

ACCOUNT NUMBER: 1400300500

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

CASE TIMES IN

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

PATIENT IN ROOM: 01/07/2014 07:30

ANESTHESIA IN ROOM: 01/07/2014 07:30

PATIENT ALLERGIES

ALLERGEN: NO KNOWN DRUG ALLERGIES

STATUS: Confirmed

PATIENT EDUCATION/PSYCHOSOCIAL MEASURES

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

Care Measures

Comfort measures provided based on policy OR-01

RECORDED BY: RAYBURN, RN, KATIE

DATE/TIME: 01/07/2014 07:59

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

SURGICAL SAFETY CHECKLIST (PART 1)/PRE PROCEDURE

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

DOCUMENT UPON ENTERING ROOM

DATE/TIME: 01/07/2014 07:32

RECORDED BY: RAYBURN, RN, KATIE

TEAM INTRODUCTIONS: By Name and Role

RECORDED BY: RAYBURN, RN, KATIE

PATIENT CONFIRMS: Consent, Identity, Procedure, Site

RECORDED BY: RAYBURN, RN, KATIE

SITE: Marked

RECORDED BY: RAYBURN, RN, KATIE

NURSING TEAM REVIEWS: Sterility Confirmed

RECORDED BY: RAYBURN, RN, KATIE

DOES THE PATIENT HAVE A KNOWN ALLERGY: No

RECORDED BY: RAYBURN, RN, KATIE

DIFFICULT AIRWAY/ASPIRATION RISK: No

RECORDED BY: RAYBURN, RN, KATIE

BETA BLOCKER MEDICATIONS GIVEN: Yes

RECORDED BY: RAYBURN, RN, KATIE

CARVEDILOL TAKEN AT 0651 TODAY 1/7/14

RECORDED BY: RAYBURN, RN, KATIE

COMMENT: CARVEDILOL TAKEN AT 0651 TODAY 1/7/14

Planned Outcome: The patient is free from injury due to correct identification of patient / procedure / site, and the patients plan of care is consistent with an individualized perioperative plan of care. (08, 04, 024)

CASE GENERAL INFORMATION

ACTUAL OR: ROOM 3 MAIN OR-COBB

PATIENT TYPE: INPATIENT

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

RAYBURN, RN, KATIE

PERIOPERATIVE RECORD

MAIN OPERATING ROOM - COBB



INTRAOPERATIVE RECORD

NAME: MAURICE, EUGENE G

GENDER: M

BIRTH DATE: 01/02/1949

AGE: 65 Years

MEDICAL RECORD NUMBER: 001632858

ACCOUNT NUMBER: 1400300500

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

PREOP DIAGNOSIS:

CAROTID STENOSIS

POSTOP DIAGNOSIS:

CAROTID STENOSIS

CASE ANESTHESIA INFORMATION

ANESTHESIA TYPE

GENERAL ANESTHESIA

ASA CLASSIFICATION: ASA CLASS 3

CASE STAFF

STAFF: CHERVU, ARUN

[ ] PARTICIPATED IN PRE-PROCEDURE VERIFICATION

[ X ] PARTICIPATED IN TIME OUT FOR SAFETY

ROLE: SURGEON

STAFF: BALAOING, WILMER M

[ ] PARTICIPATED IN PRE-PROCEDURE VERIFICATION

[ ] PARTICIPATED IN TIME OUT FOR SAFETY

ROLE: ANESTHESIOLOGIST SUPERVISING

STAFF: WOLFF, MISSY, PA-A

[ X ] PARTICIPATED IN PRE-PROCEDURE VERIFICATION

[ X ] PARTICIPATED IN TIME OUT FOR SAFETY

ROLE: ANESTHETIST

TIME OUT: 01/07/2014 08:25

TIME IN: 01/07/2014 08:36

STAFF: PARDUE, ALISON, PA-A

[ ] PARTICIPATED IN PRE-PROCEDURE VERIFICATION

[ ] PARTICIPATED IN TIME OUT FOR SAFETY

ROLE: ANESTHETIST RELIEF

TIME IN: 01/07/2014 08:20

TIME OUT: 01/07/2014 08:36

STAFF: JONES, LAURIE D., ST

[ X ] PARTICIPATED IN PRE-PROCEDURE VERIFICATION

[ X ] PARTICIPATED IN TIME OUT FOR SAFETY

ROLE: SCRUB PRIMARY

STAFF: RAYBURN, RN, KATIE

[ X ] PARTICIPATED IN PRE-PROCEDURE VERIFICATION

[ X ] PARTICIPATED IN TIME OUT FOR SAFETY

ROLE: CIRCULATOR PRIMARY

TIME OUT: 01/07/2014 09:18

TIME IN: 01/07/2014 09:29

STAFF: RIVERS, STEPHANIE A., PA (VSA)

[ ] PARTICIPATED IN PRE-PROCEDURE VERIFICATION

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

RAYBURN, RN, KATIE

PERIOPERATIVE RECORD

MAIN OPERATING ROOM - COBB



INTRAOPERATIVE RECORD

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

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

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

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

PROCEDURE GENERAL INFORMATION

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

PROCEDURE TIMES IN

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

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

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

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

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

PERIOPERATIVE RECORD

MAIN OPERATING ROOM - COBB



INTRAOPERATIVE RECORD

NAME: MAURICE, EUGENE G

GENDER: M

BIRTH DATE: 01/02/1949

AGE: 65 Years

MEDICAL RECORD NUMBER: 001632858

ACCOUNT NUMBER: 1400300500

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

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

PROCEDURE COUNTS

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

COUNT TYPE: FINAL

SPONGES       SHARPS       INSTRUMENTS       MISC

COUNT CORRECT: Not Applicable

RN: RAYBURN, RN, KATIE

SCRUB: JONES, LAURIE D., ST

COUNT TYPE: ADDITIONAL

SPONGES       SHARPS       INSTRUMENTS       MISC

COUNT CORRECT: Yes

RN: RAYBURN, RN, KATIE

SCRUB: JONES, LAURIE D., ST

COUNT TYPE: FINAL

SPONGES       SHARPS       INSTRUMENTS       MISC

COUNT CORRECT: Yes

RN: RAYBURN, RN, KATIE

SCRUB: JONES, LAURIE D., ST

PHYSICIAN NOTIFIED

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

PROCEDURE POSITIONAL DEVICES

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

POSITION FOR SURGERY: SUPINE ARMS TUCKED AT SIDE

POSITIONER ROLE: CIRCULATOR, ANESTHESIA, SURGEON

POSITIONING AID: FOAM PAD

ANATOMICAL SITE: ARM BILATERAL

POSITIONING AID: PILLOW

ANATOMICAL SITE: KNEES BILATERAL POSTERIOR

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

SAFETY STRAP APPLIED: Yes

LOCATION: ABDOMEN

APPLIED BY: RAYBURN, RN, KATIE

LOCATION: THIGHS BILATERAL

APPLIED BY: RAYBURN, RN, KATIE

PROCEDURE PREP

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

PREP

SKIN PREP: Yes

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

RAYBURN, RN, KATIE



PERIOPERATIVE RECORD

MAIN OPERATING ROOM - COBB



INTRAOPERATIVE RECORD

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

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

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

PROCEDURE IMPLANTS

CASE RU DESCRIPTION: PATCH VASCU-GUARD 0.8X8CM SYNOVIS VG-0108N  
ITEM CODE: 83993  
TOTAL QTY: 1 SERIAL #: N/A  
LOT #: SPCE113-09I0030  
CATALOG NBR: VG-0108N  
SITE IMPLANTED: CAROTID ARTERY LEFT  
IMPLANT DATE/TIME: 01/07/2014  
EXPIRATION: 05/14/2018

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

PROCEDURE TIMES OUT

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

CASE EQUIPMENT

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

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

ESU

BIOMED NUMBER: 509333  
COAG: 30  
CUT: 1

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

PERIOPERATIVE RECORD

MAIN OPERATING ROOM - COBB



INTRAOPERATIVE RECORD

NAME: MAURICE, EUGENE G

GENDER: M

BIRTH DATE: 01/02/1949

AGE: 65 Years

MEDICAL RECORD NUMBER: 001632858

ACCOUNT NUMBER: 1400300500

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

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

BASIC EQUIPMENT

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

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

CASE SPECIMENS

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

FAMILY NOTIFICATION

DATE/TIME: 01/07/2014 08:25

SPOKE WITH:

FAMILY NOTIFIED OF SURGERY START VIA ROSA IN BARRETT SURGERY CENTER. RAYBURN, KATIE RN

DATE/TIME: 01/07/2014 09:24

SPOKE WITH:

FAMILY UPDATED VIA ROSA IN BARRETT CENTER, "WE ARE PROGRESSING." J. MILLER RN

CASE MEDICATIONS

HEPARIN 5000 UNITS + NORMAL SALINE 0.9% 500ML [ ]

ADMIN AMOUNT: 500 <ML

SITE: NECK LEFT

ADMINISTERED BY: CHERVU, ARUN

BACITRACIN 50,000 UNITS + NORMAL SALINE 0.9% 1000ML [ ]

ADMIN AMOUNT: 1000 <ML

ROUTE: IRRIGATE

SITE: NECK LEFT

ADMINISTERED BY: CHERVU, ARUN

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

RAYBURN, RN, KATIE

PERIOPERATIVE RECORD

MAIN OPERATING ROOM - COBB



INTRAOPERATIVE RECORD

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

THROMBIN 5,000 SPRAY KIT []  
ADMIN AMOUNT: 5000 <U ROUTE: TOPICAL  
SITE: NECK LEFT  
ADMINISTERED BY: CHERVU, ARUN  
HEPARIN 1000 UNITS/ML []  
ADMIN AMOUNT: 6000 U ROUTE: IV PUSH  
SITE: VEIN  
ADMINISTERED BY: WOLFF, MISSY, PA-A  
MEDICATION COMMENT:  
ADMINISTERED BY ANESTHESIA SEE ANESTHESIA RECORD FOR TIME GIVEN  
DEXTRAN 40 + NORMAL SALINE 0.9% 500ML []  
ADMIN AMOUNT: 450 ML ROUTE: IVPB  
SITE: VEIN  
ADMINISTERED BY: WOLFF, MISSY, PA-A  
MEDICATION COMMENT:  
50 ML PLACED ON STERILE FIELD. 450 ML GIVEN TO ANESTHESIA FOR INFUSION

CASE TUBES, DRAINS, CATHETERS

TDC, DRAIN ROUND LF 10FR 1/8X49 BARD 0070310  
RECORDED BY: RAYBURN, RN, KATIE  
TDC SITE: Neck  
LOT NUMBER: NGXH2686  
INSERTION TIME: 10:54  
INSERTED BY (LAST NAME, FIRST NAME): RIVERS, STEPHANIE PA

CASE OUTCOME/DISCHARGE

TRANSFER REPORT GIVEN TO: PACU, NURSE  
TRANSFERRED TO: PACU  
TRANSFER MODE: STRETCHER SIDERAILS UP  
ALL PLANNED OUTCOMES MET: YES  
TRANSFER SUPPORT DEVICE: OXYGEN  
COMMENT: SUPPLEMENTAL

SURGICAL SAFETY CHECKLIST (PART 3)

BEFORE PATIENT LEAVES OPERATING ROOM

NURSE VERBALLY CONFIRMS WITH THE TEAM How Specimen is Labeled, Instrument,  
Sponge, and Needle Counts Correct,  
Procedure Name Recorded  
RECORDED BY: RAYBURN, RN, KATIE

- [ X ] SKIN REMAINS SMOOTH, INTACT, NON-REDDENED, NON-IRRITATED, FREE FROM BRUISING. (05, 02, 08)
- [ X ] THE PATIENT IS AT OR RETURNING TO NORMOTHERMIA AT THE CONCLUSION OF THE IMMEDIATE POST OPERATING PERIOD. (012)
- [ X ] THE PATIENT'S RIGHT TO PRIVACY IS MAINTAINED. (025)

CASE TIMES OUT

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

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

PERIOPERATIVE RECORD

MAIN OPERATING ROOM - COBB



INTRAOPERATIVE RECORD

NAME: MAURICE, EUGENE G

GENDER: M

BIRTH DATE: 01/02/1949

AGE: 65 Years

MEDICAL RECORD NUMBER: 001632858

ACCOUNT NUMBER: 1400300500

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

PATIENT OUT OF ROOM: 01/07/2014 11:12

ANESTHESIA ROOM STOP: 01/07/2014 11:12

TRANSFER TIME: 01/07/2014 11:12

INTRAOP ADDENDUM

CHART AUDITED AND CHARGED BY: PUGH, ROSWITHA P

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

RAYBURN, RN, KATIE

PERIOPERATIVE RECORD

MAIN OPERATING ROOM - COBB



INTRAOPERATIVE RECORD

NAME: MAURICE, EUGENE G

GENDER: M

BIRTH DATE: 01/02/1949

AGE: 65 Years

MEDICAL RECORD NUMBER: 001632858

ACCOUNT NUMBER: 1400300500

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

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

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

RAYBURN, RN, KATIE

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

DATE OF ADMISSION: 01/07/2014

DATE OF OPERATION: 01/07/2014

SURGEON: Arun Chervu, MD

PREOPERATIVE DIAGNOSIS: Critical left carotid stenosis.

POSTOPERATIVE DIAGNOSIS: Critical left carotid stenosis.

OPERATION PERFORMED

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

FIRST ASSISTANT: Stephanie Rivers, PA-C.

SECOND ASSISTANT: Courtney Stevens, PA-C.

ANESTHESIOLOGIST: Wilmer M. Balaoing, MD

ANESTHESIA: General endotracheal.

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

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

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

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

ESTIMATED BLOOD LOSS: Of 200 mL.

IV FLUIDS: Of 1300 mL crystalloid.

TOTAL HEPARIN: Of 6000 units.

SPECIMENS: Carotid plaque, not sent for pathology.

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

{End of Report}

Arun Chervu, MD  
Vascular Surgery

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

cc:  
Abdul M. Sheikh, MD

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

DATE OF ADMISSION: 01/07/2014

DATE OF OPERATION: 01/07/2014

SURGEON: Arun Chervu, MD

PREOPERATIVE DIAGNOSIS: Critical left carotid stenosis.

POSTOPERATIVE DIAGNOSIS: Critical left carotid stenosis.

OPERATION PERFORMED

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

FIRST ASSISTANT: Stephanie Rivers, PA-C.

SECOND ASSISTANT: Courtney Stevens, PA-C.

ANESTHESIOLOGIST: Wilmer M. Balaoing, MD

ANESTHESIA: General endotracheal.

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

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



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

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

ESTIMATED BLOOD LOSS: Of 200 mL.

IV FLUIDS: Of 1300 mL crystalloid.

TOTAL HEPARIN: Of 6000 units.

SPECIMENS: Carotid plaque, not sent for pathology.

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

{End of Report}

Arun Chervu, MD  
Vascular Surgery

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

cc:  
Abdul M. Sheikh, MD

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

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

DATE OF ADMISSION: 01/07/2014

DATE OF DISCHARGE:

PRIMARY DIAGNOSIS: Critical left carotid stenosis.

SECONDARY DIAGNOSES

1. Hypertension.
2. Coronary artery disease.

OPERATION PERFORMED

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

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

DIET: Cardiac.

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

MEDICATIONS: Per reconciliation.

CONDITION: Satisfactory.

{End of Report}

Dictated By: Jennifer A. Malcom, RN

Hector M. Dourron, M.D.  
Vascular Surgery

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

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

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

Marla J. Franks,  
 Laboratory Director

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

\*\*\*\*\* HEMATOLOGY

\*\*\*\*\*

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

\*\*\*\*\* COAGULATION

\*\*\*\*\*

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

\*\*\*\*\* GENERAL CHEMISTRY I

\*\*\*\*\*

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

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

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

PAGE: 1

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

MAURICE, EUGENE G

001632858

MTC

341-01

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

Marla J. Franks,  
Laboratory Director

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

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

DATE: 01/03

TIME: \*1220

NORMALS UNITS

GFR AFRICAN AMER >60  
ml/min/1.73 m2

>59

GFR NON-AFRICAN AMER >60  
ml/min/1.73 m2

>59

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

PAGE: 2

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

MAURICE, EUGENE G

001632858

MTC

341-01

MAURICE, EUGENE G  
 Cobb  
 I&O Detail Report  
 FROM: 01/03/14 11:49 TO: 01/08/14 21:00  
 ROOM: \*341-01\* ADM: 01/07/14 05:44  
 AGE: 65Y SEX: M MD: CHERVU, ARUN  
 DOB: 01/02/1949 ID: 1400300500 MR: 001832858  
 REQUESTED: 01/09/14 18:30  
 OPT OUT:

Page: 1

FLWSHEET	01/07	01/08				
INTAKE	21:13	00:14	04:00	04:33	06:21	08:57
Oral ml	320 320	240 240				
LR					0 0	
Intake Total	320 320	240 240			0 240	
OUTPUT	21:13	00:14	04:00	04:33	06:21	08:57
Urine ml	500 500	700 700	400 1100	500 1600		500 2100
JP #1 ml						
Output Total	500 500	700 700	400 1100	500 1600		500 2100
I&O SUMMARY	21:13	00:14	04:00	04:33	06:21	08:57
Intake Total	320 320	240 240			0 240	
Output Total	500 500	700 700	400 1100	500 1600		500 2100
NET	-180 -180	-480 -480	-400 -860	-500 -1360	0 -1360	-500 -1860
CARE PROVIDERS	5L6B	5L6B	5L6B	SK16	SK16	SK16

BARKSDALE, LYDIA(5L6B)CCP

KENNEDY, SOPHIA(SK16)RN

CONTINUED



MAURICE, EUGENE G  
 Cobb  
 I&O Detail Report  
 FROM: 01/03/14 11:49 TO: 01/08/14 21:00  
 ROOM: \*341-01\* ADM: 01/07/14 05:44  
 AGE: 65Y SEX: M MD: CHERVU, ARUN  
 DOB: 01/02/1949 ID: 1400300500 MR: 001632858  
 REQUESTED: 01/09/14 18:30  
 OPT OUT:

Page: 2

FLOWSHEET		01/08
<b>INTAKE</b>		06:58 24-HR
Oral ml		560
LR		0
Intake Total		560
<b>OUTPUT</b>		06:58 24-HR
Urine ml		2600
JP #1 ml	8 8	8
Output Total	8 2108	2608
<b>I&amp;O SUMMARY</b>		06:58 24-HR
Intake Total		560
Output Total	8 2108	2608
NET	-8 -1868	-2048
CARE PROVIDERS	SK16	

KENNEDY, SOPHIA(SK16)RN

LAST PAGE

MAURICE, EUGENE G MR: 001632858 ID: 1400300500 DOB: 01/02/1949 - I&O Detail Report  
 ROOM: \*341-01\*

Page: 2

PERM



MAURICE, EUGENE G  
 Cobb  
 Vital Signs  
 FROM: 01/08/14 11:49 TO: 01/08/14 21:09  
 ROOM: \*341-01\* ADM: 01/07/14 05:44  
 AGE: 65Y SEX: M MD: CHERVU ARUN  
 DOB: 01/02/1949 ID: 1400300500 MR: 001632858  
 REQUESTED: 01/09/14 18:30  
 OPT OUT:

Page: 1

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

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

KENNEDY, SOPHIA(SK16)RN

SAMPLE, LAUREN(LS24)Nursing Mgt/Supervisor

CONTINUED

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

Page: 1

PERM

MAURICE, EUGENE G  
 Cobb  
 Vital Signs  
 FROM: 01/03/14 11:49 TO: 01/03/14 21:09  
 ROOM: \*341-01\* ADM: 01/07/14 05:44  
 AGE: 65Y SEX: M MD: CHERVU ARUN  
 DOB: 01/02/1949 ID: 1400300500 MF: 001632859  
 REQUESTED: 01/03/14 18:30  
 OPT OUT:

Page: 2

FLWSHEET	01/08					
VITAL SIGNS	04:09	07:03	08:00	10:00	12:00	12:22
Temp #1	98.1F oral					98.1F oral
Pulse #1	68bpm monitor					66bpm monitor
Respirations #1	18/min visual					18/min visual
BP #1	140/60mmHg L arm					144/73mmHg L arm
BP Equip	portable					portable
SpO2	95% room air					96% room air
Pulse Ox Equip	spot check					spot check
PAIN	04:09	07:03	08:00	10:00	12:00	12:22
Pt Denies Pain			patient denies	patient denies	patient denies	
SEVSEPSISSCREEN	04:09	07:03	08:00	10:00	12:00	12:22
Current Sepsis Tx		no-contin	Screen			
Infection		no				
Antibiotic Therapy		no-prophylactic				
If yes x1 above		no-stop screen				
CARE PROVIDERS	5L6B	B9T0	B9T0	B9T0	B9T0	EC99
	BARKSDALE, LYDIA(5L6B)CCP	CLEVELAND, ELLERIE(EC99)CCP			TOLLIVER, BRENNAN(B9T0)RN	

CONTINUED

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

Page: 2

PERM

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

FLWSHEET	01/08	
VITAL SIGNS	14:00	17:09
Temp #1		98F oral
Pulse #1		67bpm monitor
Respirations #1		18/min visual
BP #1		165/70mmHg L arm
BP Equip		monitor
SpO2		95% room air
Pulse Ox Equip		spot check
PAIN	14:00	17:09
Pt Denies Pain	patient denies	
CARE PROVIDERS	B9T0	EC99

CLEVELAND, ELLERIE(EC99)CCP

TOLLIVER, BRENNAN(B9T0)RN

LAST PAGE



Cobb

01/09/2014 18:30

Page 1 of 5

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

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

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

Name: MAURICE, EUGENE G.

Age: 65 yr

Acct: 1400300500

Opt Out: No

Gender: M

MRN: 001632858

Physician: Chervu, Arun G., MD

Rm-Bed: 341 - 01

Admit Dt: 01/07/2014 05:44    DOB: 01/02/1949



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

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

### Scheduled Medications

	01/06/2014 07:01 thru 01/07/2014 07:00			01/07/2014 07:01 thru 01/08/2014 07:00			01/08/2014 07:01 thru 01/08/2014 17:15	
	07:01 15:00	15:01 23:00	23:01 07:00	07:01 15:00	15:01 23:00	23:01 07:00	07:01 15:00	15:01 17:15
<b>PNEUMOCOCCAL 23- VALPS VACCINE (PNEUMOVAX 23)</b> Start: 01/08/2014 21:00      25 MCG=0.5 ML INJ IM Stop: 01/08/2014 17:15      ONE TIME DOSE  Order Id: 18 Placer Id: RX59404134 MEDS <b>Pharmacy Comments:</b> LOT#								Discon- tinued 17:15
<b>RAMIPRIL</b> Start: 01/07/2014 21:00      10 MG=1 CAP ORAL Stop: 01/08/2014 17:15      TWICE A DAY  Order Id: 16 Placer Id: RX59402378 MEDS <b>Not Given Reasons:</b> 01/08/2014 04:27 Recently Given <b>&amp; Admin Note:</b> 01/08/2014 04:27 pt given meds at 2100 barcode did not scan						04:27 & SK16	11:13 10 MG B9T0	Discon- tinued 17:15
<b>Simultaneous</b>								
<b>EZETIMIBE (ZETIA)</b> Start: 01/07/2014 21:00      10 MG=1 TAB ORAL Stop: 01/08/2014 17:15      NIGHTLY AT BEDTIME  Order Id: 11 Placer Id: RX59402345 MEDS <b>Pharmacy Comments:</b> GIVE WITH PRAVASTATIN					20:56 10 MG SK16			Discon- tinued 17:15
<b>PRAVASTATIN SODIUM (PRAVASTATIN)</b> Start: 01/07/2014 21:00      80 MG=1 TAB ORAL Stop: 01/08/2014 17:15      NIGHTLY AT BEDTIME  Order Id: 12 Placer Id: RX59402351 MEDS <b>Pharmacy Comments:</b> GIVE WITH ZETIA					20:56 80 MG SK16			Discon- tinued 17:15

### PRN Medications

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

Name: MAURICE, EUGENE G.

Age: 65 yr

Acct: 1400300500

Opt Out: No

Gender: M

MRN: 001632858

Physician: Chervu, Arun G., MD

Rm-Bed: 341 - 01

Admit Dt: 01/07/2014 05:44

DOB: 01/02/1949

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

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

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

**PRN Medications**

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

Name: MAURICE, EUGENE G.

Age: 65 yr

Acct: 1400300500

Opt Out: No

Gender: M

MRN: 001632858

Physician: Chervu, Arun G., MD

Rm-Bed: 341 - 01

Admit Dt: 01/07/2014 05:44

DOB: 01/02/1949





MAURICE, EUGENE G  
 Cobb  
 Adm Database  
 FROM: 01/03/14 11:49 TO: 01/09/14 21:00  
 ROOM: \*341-01\* ADM: 01/07/14 05:44  
 AGE: 65Y SEX: M MD: CHERVU, ARUN  
 DOB: 01/02/1949 ID: 1400300500 MR: 001632858  
 REQUESTED: 01/09/14 18:30  
 OPT OUT:  
 Page: 1

**Allergy History**

Confirm Dt/By	Type	Allergy	Primary Reaction	Severity	Onset Dt	Comment
01/07/14	5TB6 MA	No Known Allergies				

**Medication History**

ConfirmDt/By	Medication	Status	StartDt	StopDt	Dose	Route	Freq	LastTaken	NextDoseDue	Comment
01/09/14	B9TO Vytorin 10-80 oral	Active				Oral	Every Day 4	01/06/2014 21:0	01/09/2014	
	GEN: ezetimibe-siwa-statin									
01/09/14	B9TO aspirin Oral	Active				Oral	Every Day 4	01/06/2014 00:0	01/09/2014	
	GEN: aspirin									
01/09/14	B9TO chlorthalidone oral	Active				Oral	Every Day 4	01/06/2014 00:0	01/09/2014	
	GEN: chlorthalidone									
01/09/14	B9TO ramipril Oral	Active				Oral	2 times per day 4 06:3	01/07/2014 21:0	01/09/2014	
	GEN: ramipril									
01/09/14	B9TO carvedilol Oral	Active				Oral	2 times per day 4 06:3	01/07/2014 01:0	01/09/2014	
	GEN: carvedilol									

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

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

**Other Phone #**  
 No Data

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

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

**Other Phone #**  
 No Data

**EMERGENCYC-ONTACT**  
 Healthcare same as above                      **Healthcare Agent**  
 Agent  
 No Data                      No Data

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

**Work Phone #**  
 No Data

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

**Relationship**  
 No Data

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

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

(5TB6) BIDWELL, TARA RN                      (B9TO) TOLLIVER, BRENNAN RN

CONTINUED



MAURICE, EUGENE G  
 Cobb  
 Adm Database  
 FROM: 01/03/14 11:49 TO: 01/09/14 21:00  
 ROOM: \*341-01\* ADM: 01/07/14 05:44  
 AGE: 65Y SEX: M MD: CHERVU, ARUN  
 DOB: 01/02/1949 ID: 1400300500 MR: 001632858  
 REQUESTED: 01/09/14 18:30  
 OPT OUT:  
 Page: 2

<b>Advanced Directive</b>	<b>CPR Designation</b>	<b>Wants Limit Tx</b>
No Data	No Data	No Data
<b>Comment</b>		
No Data		
<b>Patient Wishses</b>		<b>Patient Questions</b>
No Data		No Data
<b>Nurse Comments</b>		
No Data		

**LANGUAGE**

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

**MEDICALHISTORY**

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

(JL45) LAUDRY, JENNIFER, RN

CONTINUED



MAURICE, EUGENE G  
 Cobb  
 Adm Database  
 FROM: 01/03/14 11:49 TO: 01/09/14 21:00  
 ROOM: \*341-01\* ADM: 01/07/14 05:44  
 AGE: 65Y SEX: M MD: CHERVU, ARUN  
 DOB: 01/02/1949 ID: 1400300500 MR: 001632858  
 REQUESTED: 01/09/14 18:30  
 OPT OUT:  
 Page: 3

**MEDICALHISTORY (cont)**

(JL45)

**PREVHOSPSURG**

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

**BLOODTRANSFUSN**

<b>Prior Transfusion</b> no (01/03/14 11:49)(JL45)	<b>Prior Reaction</b> none (01/03/14 11:49)(JL45)
--	---

**DISEASESADLT**

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

(JL45) LANDRY, JENNIFER, RN

CONTINUED





MAURICE, EUGENE G  
 Cobb  
 Adm Database  
 FROM: 01/03/14 11:49 TO: 01/09/14 21:00  
 ROOM: \*341-01\* ADM: 01/07/14 05:44  
 AGE: 65Y SEX: M MD: CHERVU, ARUN  
 DOB: 01/02/1949 ID: 1400300500 MR: 001632858  
 REQUESTED: 01/09/14 18:30  
 OPT OUT:  
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Admission Databas	01/03
<b>COMMUNICATION</b>	11:49
CommunicatinAids	glasses w/pt
Learning Prefs	verbal
Learning Barrier	none
<b>FUNCTIONLABILITY</b>	11:49
FunctionalStatus	no limitations
<b>ADM PAIN ASSESS</b>	11:49
Give Self Report	yes
Informant	self
Ongoing Pain	no
CARE PROVIDERS	JL45

PedPCP

EmergencyCont

Language Spoken

ParentQuestions

Diseases

Expostodisease

Blood Trans

PrevHosp/Surgery

<b>Why?</b>	<b>Where?</b>	<b>When?</b>
No Data	No Data	No Data

LANDRY, JENNIFER(JL45)FIN

CONTINUED

MAURICE, EUGENE G MR: 001632858 ID: 1400300500 DOB: 01/02/1949 - Adm\_Database  
 ROOM: \*341-01\*

Page: 5

PERM

MAURICE, EUGENE G  
Cobb  
Adm Database  
FROM: 01/03/14 11:49 TO: 01/08/14 21:00  
ROOM: \*341-01\* ADM: 01/07/14 05:44  
AGE: 65Y SEX: M MD: CHERVU, ARUN  
DOB: 01/02/1949 ID: 1400300500 MR: 001632858  
REQUESTED: 01/09/14 18:30  
OPT OUT:

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**PrevHosp/Surgery (cont)**

Where?  
No Data

**Prev Surgery**

**Prev Illness**

**med Hist ROS**

**Peds Medical Hx**

**Medicines**

**Family History**

**Family Info**

**VRE**

**Living Hist/Stat**

**Spiritual Prefs**

CONTINUED



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

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**Spiritual Prefs (cont)**

**Cultural Prefs**

**Substance Abuse**

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

LANDRY, JENNIFER(JL45)RN

LAST PAGE



HHSADXHX

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

## Admission History Assessment

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

Name: MAURICE, EUGENE G.

Age: 65 yr

Acct: 1400300500

Opt Out: No

Gender: M

MRN: 001632858

Physician: Chervu, Arun G., MD

Rm-Bed: 341 - 01

Admit Dt: 01/07/2014 05:44

DOB: 01/02/1949



HHSADXHX

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

## Admission History Assessment

(continued)

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

Name: MAURICE, EUGENE G.

Age: 65 yr

Acct: 1400300500

Opt Out: No

Gender: M

MRN: 001632858

Physician: Chervu, Arun G., MD

Rm-Bed: 341 - 01

Admit Dt: 01/07/2014 05:44

DOB: 01/02/1949

HHSADXHX

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

## Admission History Assessment

(continued)

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

Name: MAURICE, EUGENE G.

Age: 65 yr

Acct: 1400300500

Opt Out: No

Gender: M

MRN: 001632858

Physician: Chervu, Arun G., MD

Rm-Bed: 341 - 01

Admit Dt: 01/07/2014 05:44

DOB: 01/02/1949

HHSADXHX

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

## Admission History Assessment

(continued)

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

Name: MAURICE, EUGENE G.

Age: 65 yr

Acct: 1400300500

Opt Out: No

Gender: M

MRN: 001632858

Physician: Chervu, Arun G., MD

Rm-Bed: 341 - 01

Admit Dt: 01/07/2014 05:44

DOB: 01/02/1949

HHSADXHX

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

## Admission History Assessment

(continued)

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

Name: MAURICE, EUGENE G.

Age: 65 yr

Acct: 1400300500

Opt Out: No

Gender: M

MRN: 001632858

Physician: Chervu, Arun G., MD

Rm-Bed: 341 - 01

Admit Dt: 01/07/2014 05:44

DOB: 01/02/1949

HHSADXHX

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

## Admission History Assessment

(continued)

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

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

Name: MAURICE, EUGENE G.

Age: 65 yr

Acct: 1400300500

Opt Out: No

Gender: M

MRN: 001632858

Physician: Chervu, Arun G., MD

Rm-Bed: 341 - 01

Admit Dt: 01/07/2014 05:44

DOB: 01/02/1949

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

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

KENNEDY, SOPHIA(SK16)RN

SAMPLE, LAUREN(LS24)Nursing Mgt/Supervisor

CONTINUED



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

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

KENNEDY, SOPHIA(SK16)RN

SAMPLE, LAUREN(LS24)Nursing Mgt/Supervisor

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

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MAURICE, EUGENE G  
 Cobb  
 Discharge Report  
 FROM: 01/03/14 11:49 TO: 01/09/14 21:09  
 ROOM: \*341-01\* ADM: 01/07/14 05:44  
 AGE: 65Y SEX: M MD: CHERVU ARJUN  
 DOB: 01/02/1949 ID: 1400300500 MR: 001632858  
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FLWSHEET	01/07						01/08
<b>CARDIOVASCULAR-Cont.</b>	15:00	16:20	20:01	20:08	22:08	00:03	
Capillary Refill	1-2 seconds			1-2 seconds			
Pulses							
R Radial	2+ normal			2+ normal			
L Radial	2+ normal			2+ normal			
R Post-Tibial	2+ normal			2+ normal			
L Post-Tibial	2+ normal			2+ normal			
R Dorsalis pedis	2+ normal			2+ normal			
L Dorsalis pedis	2+ normal			2+ normal			
Edema							
Generalized	none			none			
Device Location							
<b>GASTROINTESTINAL</b>	15:00	16:20	20:01	20:08	22:08	00:03	
Abdomen	soft non-tender non-distended			soft non-tender non-distended			
Bowel Sounds							
All Quadrants	active			active			
<b>GENITOURINARY</b>	15:00	16:20	20:01	20:08	22:08	00:03	
Urinary Source	voiding			voiding			
Urine Consistency	clear			clear			
Urine Color	yellow			yellow			
<b>MUSCULOSKELETAL</b>	15:00	16:20	20:01	20:08	22:08	00:03	
Movement							
All Extremities	full ROM symmetric			full ROM symmetric			
<b>SKIN</b>	15:00	16:20	20:01	20:08	22:08	00:03	
Skin Condition	dry warm			dry warm			
Turgor	elastic			elastic			
Skin Integrity	intact			wound			
Sensory Perceptn	4-no impairment			4-no impairment			
Moisture	4-rarely moist			4-rarely moist			
Activity	1-bedfast			1-bedfast			
Mobility	3-slightly limtd			3-slightly limtd			
Nutrition	3-adequate			3-adequate			
Shear&Friction	3-no prob apprnt			3-no prob apprnt			
Skin Scale Total	18Total 18 or mo re-low			18Total 18 or mo re-low			
Peach Sign Door	no			no			
<b>INCISION/WOUND</b>	15:00	16:20	20:01	20:08	22:08	00:03	
Incision/Wnd #1							
Trauma	other (specify) &			abrasion &			
Surg/procedural	closed			closed			
Ulcer	vascular			vascular			
Side	left			left			
Location	neck			neck			
CARE PROVIDERS	LS24			SK16			

KENNEDY, SOPHIA(SK16)RN

SAMPLE, LAUREN(LS24)Nursing Mgt/Supervisor

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MAURICE, EUGENE G MR: 001632858 ID: 1400300500 DOB: 01/02/1949 - Discharge Report  
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MAURICE, EUGENE G  
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 Discharge Report  
 FROM: 01/03/14 11:49 TO: 01/09/14 21:09  
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FLWSHEET	01/07						01/08
<b>INCISION/WOUND-Cont.</b>	15:00	18:20	20:01	20:08	22:08	00:03	
Wound Appearance	dry pink			dry pink			
Wound Drain		JP		JP			
Drain Status		patent to bulb suction draining		patent to gravity intact draining			
Drain Drainage		serosanguinous		moderate amount serosanguinous			
01/07/14 15:00 Trauma(LS24): enderectomy							
01/07/14 20:08 Trauma(SK16): enderectomy							
<b>PSYCHOSOCIAL</b>	15:00	18:20	20:01	20:08	22:08	00:03	
Mood/Affect	appropriate			appropriate			
Behavior	cooperative			cooperative			
Family Interact							
W/Healthcar Team	supportive present			not present			
W/Patient	supportive present			not present			
Signs/sx abuse	no						
<b>PAIN</b>	15:00	18:20	20:01	20:08	22:08	00:03	
Pt Denies Pain	patient denies			patient denies			
<b>PERIPHERAL IVS</b>	15:00	18:20	20:01	20:08	22:08	00:03	
Location #1							
Anatomy	hand			hand			
Access type	straight cath			straight cath			
IV Cath size	20ga			20ga			
Side	right			right			
IV Dressing	transparent			transparent			
IV Site Assessmt	clean dry non-tender			clean dry			
IV Line Status	infusing			patent infusing			
<b>ADL's</b>	15:00	18:20	20:01	20:08	22:08	00:03	
Assistance	assisted care		assisted care	assisted care		assisted care	
Activity	resting		resting other (specify)	resting		resting other (specify)	
Patient Turned	reposition self		reposition self	reposition self		reposition self	
Safety							
Rounding	ID band on allergy band on BR need check call it w/in rch phone w/in rch items in reach pain check position check		ID band on allergy band on BR need check call it w/in rch phone w/in rch items in reach pain check position check	ID band on allergy band on call it w/in rch phone w/in rch items in reach pain check position check		ID band on allergy band on BR need check call it w/in rch phone w/in rch items in reach pain check position check	
CARE PROVIDERS	LS24	LS24	5L6B	SK16		5L6B	

BARKSDALE, LYDIA(5L6B)CCP

KENNEDY, SOPHIA(SK16)RN

SAMPLE, LAUREN(LS24)Nursing Mgt/Supervisor

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MAURICE, EUGENE G MR: 001632858 ID: 1400300500 DOB: 01/02/1949 - Discharge Report  
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MAURICE, EUGENE G  
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FLWSHEET	01/07						01/08
ADL's Cont.	15:00	16:20	20:01	20:08	22:08	00:03	
	pump check		pump check			pump check	
Safety							
Bed Status	bed low rails up x3		bed low rails up x3	bed low rails up x2		bed low rails up x3	
CARE PROVIDERS	LS24		5L6B	SK16		5L6B	

BARKSDALE, LYDIA(5L6B)CCP

KENNEDY, SOPHIA(SK16)RN

SAMPLE, LAUREN(LS24)Nursing Mgt/Supervisor

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MAURICE, EUGENE G  
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FLWSHEET	01/08					
CATHETER INSERT	00:08	01:06	02:08	02:39	04:08	04:09
Urine Color				yellow		
FALL RISK Hendri	00:08	01:06	02:08	02:39	04:08	04:09
Goal				no fall		
24 HR CHART CHK	00:08	01:06	02:08	02:39	04:08	04:09
24hr Chart Check		done				
NEUROLOGICAL	00:08	01:06	02:08	02:39	04:08	04:09
Basic Assessment	assess unchanged		assess unchanged	assess unchanged	assess unchanged	
CARDIOVASCULAR	00:08	01:06	02:08	02:39	04:08	04:09
Device Location						
GENITOURINARY	00:08	01:06	02:08	02:39	04:08	04:09
Urinary Source				voiding		
Urine Consistency				clear		
Urine Color				yellow		
PSYCHOSOCIAL	00:08	01:06	02:08	02:39	04:08	04:09
Mood/Affect				appropriate		
Behavior				cooperative		
Family Interact						
W/Healthcar Team				not present		
W/Patient				not present		
ADL's	00:08	01:06	02:08	02:39	04:08	04:09
Assistance				assisted care		assisted care
Activity				resting		resting
Patient Turned						reposition self
Safety						
Rounding				ID band on allergy band on call it w/in rch phone w/in rch items in reach pain check position check		ID band on allergy band on BF need check call it w/in rch phone w/in rch items in reach pain check position check pump check
Safety						
Bed Status				rails up x3		bed low rails up x3
CARE PROVIDERS	SK16	SK16	SK16	SK16	SK16	5L6B

BARKSDALE, LYDIA(5L6B)CCP

KENNEDY, SOPHIA(SK16)RN

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 ROOM: \*341-01\*

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MAURICE, EUGENE G  
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 OPT OUT:

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

KENNEDY, SOPHIA(SK16)RN

TOLLIVER, BRENNAN(B9T0)RN

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MAURICE, EUGENE G  
 Cobb  
 Discharge Report  
 FROM: 01/03/14 11:49 TO: 01/09/14 21:09  
 ROOM: \*341-01\* ADM: 01/07/14 05:44  
 AGE: 65Y SEX: M MD: CHERVU ARUN  
 DOB: 01/02/1949 ID: 1400300500 MR: 001632858  
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FLWSHEET	01/08					
NEUROLOGICAL-Cont.	06:08	08:00	08:30	09:00	09:30	10:00
<b>Shape</b>						
Both Pupils		equal round				
<b>Reaction</b>						
Both Pupils		brisk				
<b>Eye Movement</b>						
Both Pupils		follows				
<b>Sensation</b>						
RUE		pain sense touch sense				
LUE		pain sense touch sense				
RLE		pain sense touch sense				
LLE		pain sense touch sense				
Eye Opening Verbal Response Motor Response Glasgow Score		4-spontaneously 5-oriented x 3 6-ObeyVerbalComm 15Total				
<b>Consciousness</b>						
LOC		0-alert				
RESPIRATORY	06:08	08:00	08:30	09:00	09:30	10:00
Assessment						assess unchanged
<b>BREATH SOUNDS</b>						
All Lobes		clear				
Resp Pattern		regular unlabored				
Chest Excursion		symmetric				
Trachea Deviation		midline				
Cough		none				
CARDIOVASCULAR	06:08	08:00	08:30	09:00	09:30	10:00
Assessment						assess unchanged
Heart Sounds		S1 S2				
JVD		non-distended				
Capillary Refill		1-2 seconds				
<b>Pulses</b>						
R Radial		2+ normal				
L Radial		2+ normal				
R Post-Tibial		2+ normal				
L Post-Tibial		2+ normal				
R Dorsalis pedis		2+ normal				
L Dorsalis pedis		2+ normal				
<b>Edema</b>						
Generalized		none				
CARE PROVIDERS		B9T0				B9T0

TOLLIVER, BRENNAN(B9T0)RN

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MAURICE, EUGENE G MR: 001632858 ID: 1400300500 DOB: 01/02/1949 - Discharge Report  
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MAURICE, EUGENE G  
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FLWSHEET	01/08					
<b>CARDIOVASCULAR-Cont.</b>	06:08	08:00	08:30	09:00	09:30	10:00
Device Location						
<b>GASTROINTESTINAL</b>	06:08	08:00	08:30	09:00	09:30	10:00
Assessment						assess unchanged
Abdomen		soft non-tender				
Bowel Sounds						
All Quadrants		active				
<b>GENITOURINARY</b>	06:08	08:00	08:30	09:00	09:30	10:00
Assessment						assess unchanged
Urinary Source		voiding				
Urine Consistency		clear				
Urine Color		yellow				
<b>MUSCULOSKELETAL</b>	06:08	08:00	08:30	09:00	09:30	10:00
Assessment						assess unchanged
Movement						
All Extremities		full ROM symmetric				
<b>SKIN</b>	06:08	08:00	08:30	09:00	09:30	10:00
Assessment						assess unchanged
Skin Condition		dry warm				
Turgor		elastic				
Sensory Perceptn		4-no impairment				
Moisture		4-rarely moist				
Activity		1-bedfast				
Mobility		3-slightly limtd				
Nutrition		3-adequate				
Shear&Friction		3-no prob apprnt				
Skin Scale Total		18Total 18 or mo re-low				
Peach Sign Door		no				
<b>INCISION/WOUND</b>	06:08	08:00	08:30	09:00	09:30	10:00
Incision/Wnd #1						
Trauma		other (specify) &				other (specify) &
Surg/procedural		closed				closed
Ulcer		vascular				vascular
Side		left				left
Location		neck				neck
Wound Appearance		dry pink				dry pink other (specify) &
Closure						staples
Dressing Status						dry intact
Wound Drain		JP				
CARE PROVIDERS		B9T0				B9T0

TOLLIVER, BRENNAN(B9T0)RN

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MAURICE, EUGENE G MR: 001632858 ID: 1400300500 DOB: 01/02/1949 - Discharge Report  
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MAURICE, EUGENE G  
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FLWSHEET	01/08					
INCISION/WOUND-Cont.	06:08	08:00	08:30	09:00	09:30	10:00
Drain Status		patent to gravity intact				
Drain Drainage		moderate amount serosanguinous				
01/08/14 08:00 Trauma(B9T0): surgical incision, carotid endarectomy						
01/08/14 10:00 Trauma(B9T0): surgical incision						
01/08/14 10:00 Wound Appearance(B9T0): hematoma						
PSYCHOSOCIAL	06:08	08:00	08:30	09:00	09:30	10:00
Assessment						assess unchanged
Mood/Affect		appropriate				
Behavior		cooperative				
Family Interact						
W/Healthcar Team		not present				
W/Patient		not present				
PAIN	06:08	08:00	08:30	09:00	09:30	10:00
Pt Denies Pain		patient denies				patient denies
PERIPHERAL IVS	06:08	09:00	08:30	09:00	09:30	10:00
Location #1						
Assessment uncha						yes
Anatomy		hand				
Access type		straight cath				
IV Cath size		20ga				
Side		right				
IV Dressing		transparent				
IV Site Assesmt		clean dry non-tender				
IV Line Status		patent infusing				
ADL's	06:08	09:00	08:30	09:00	09:30	10:00
Assistance		assisted care				
Activity		resting				
Patient Turned		reposition self				
Safety						
Rounding		ID band on allergy band on BR need check call it w/in rch phone w/in rch items in reach pain check position check pump check				
Safety						
Bed Status		bed low rails up x3				
CARE PROVIDERS		B9T0				B9T0

TOLLIVER, BRENNAN(B9T0)RN

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MAURICE, EUGENE G MR: 001632858 ID: 1400300500 DOB: 01/02/1949 - Discharge Report  
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MAURICE, EUGENE G  
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FLWSHEET	01/08						
SPECIAL EVENTS	10:30	11:00	11:30	12:00	12:30	13:00	
General Comments							
#1	&	&	&	&	&	&	&
01/08/14 10:30 #1(B9T0):	no change in left neck						
01/08/14 11:00 #1(B9T0):	no change left neck						
01/08/14 11:30 #1(B9T0):	left neck with lessening firmness on lowe edge of incision, upper edge of incision unchanged						
01/08/14 12:00 #1(B9T0):	lowe edge of incision continues to improve with lessening firmness, no visible bleeding, no change in upper edge of incision						
01/08/14 12:30 #1(B9T0):	lower edge of incision now soft with no visible hematoma, upper edge of incision continues to have firmness and swelling. notified jennifer malcom of improvement to lowe edge of incision site.						
01/08/14 13:00 #1(B9T0):	no change at incision site.						
NEUROLOGICAL	10:30	11:00	11:30	12:00	12:30	13:00	
Basic Assessment				assess unchanged			
RESPIRATORY	10:30	11:00	11:30	12:00	12:30	13:00	
Assessment				assess unchanged			
CARDIOVASCULAR	10:30	11:00	11:30	12:00	12:30	13:00	
Assessment				assess unchanged			
Device Location							
GASTROINTESTINAL	10:30	11:00	11:30	12:00	12:30	13:00	
Assessment				assess unchanged			
GENITOURINARY	10:30	11:00	11:30	12:00	12:30	13:00	
Assessment				assess unchanged			
MUSCULOSKELETAL	10:30	11:00	11:30	12:00	12:30	13:00	
Assessment				assess unchanged			
SKIN	10:30	11:00	11:30	12:00	12:30	13:00	
Assessment				assess unchanged			
INCISION/WOUND	10:30	11:00	11:30	12:00	12:30	13:00	
Incision/Wnd #1							
Trauma					&		
01/08/14 12:00 Trauma(B9T0):	no change, see special events						
PSYCHOSOCIAL	10:30	11:00	11:30	12:00	12:30	13:00	
Assessment				assess unchanged			
PAIN	10:30	11:00	11:30	12:00	12:30	13:00	
Pt Denies Pain				patient denies			
PERIPHERAL IVS	10:30	11:00	11:30	12:00	12:30	13:00	
Location #1							
Assessment uncha				yes			
CARE PROVIDERS	B9T0	B9T0	B9T0	B9T0	B9T0	B9T0	B9T0
TOLLIVER, BRENNAN(B9T0)RN							

CONTINUED

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

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PERM



MAURICE, EUGENE G  
 Cobb  
 Discharge Report  
 FROM: 01/03/14 11:49 TO: 01/08/14 21:09  
 ROOM: \*341-01\* ADM: 01/07/14 05:44  
 AGE: 65Y SEX: M MD: CHERVU ARJUN  
 DOB: 01/02/1949 ID: 1400300500 MR#: 001632859  
 REQUESTED: 01/09/14 18:30  
 OPT OUT:

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FLWSHEET	01/08					
<b>FALL RISK Hendri</b>	13:30	13:35	14:00	14:30	15:07	15:56
Goal			no fall			no fall
<b>SPECIAL EVENTS</b>	13:30	13:35	14:00	14:30	15:07	15:56
General Comments						
#1		&	(modified)	&	&	&
01/08/14 13:30 #1(B9T0): no change at incision site.						
01/08/14 13:35 #1(B9T0): Applied ice pack to incision site.						
01/08/14 14:00 #1(B9T0): no change at incision site. ambulated patient approximately 100 ft. with standby assist. patient gait normal						
01/08/14 14:30 #1(B9T0): lower edge of incision site appears slightly swollen and firm again, notified jennifer malcom of change.						
01/08/14 15:07 #1(B9T0): no change in left neck						
<b>NEUROLOGICAL</b>	13:30	13:35	14:00	14:30	15:07	15:56
Basic Assessment			assess unchanged			assess unchanged
<b>RESPIRATORY</b>	13:30	13:35	14:00	14:30	15:07	15:56
Assessment			assess unchanged			assess unchanged
<b>CARDIOVASCULAR</b>	13:30	13:35	14:00	14:30	15:07	15:56
Assessment			assess unchanged			assess unchanged
Device Location						
<b>GASTROINTESTINAL</b>	13:30	13:35	14:00	14:30	15:07	15:56
Assessment			assess unchanged			assess unchanged
<b>GENITOURINARY</b>	13:30	13:35	14:00	14:30	15:07	15:56
Assessment			assess unchanged			assess unchanged
<b>MUSCULOSKELETAL</b>	13:30	13:35	14:00	14:30	15:07	15:56
Assessment			assess unchanged			assess unchanged
<b>SKIN</b>	13:30	13:35	14:00	14:30	15:07	15:56
Assessment			assess unchanged			assess unchanged
<b>INCISION/WOUND</b>	13:30	13:35	14:00	14:30	15:07	15:56
Incision/Wnd #1						
Trauma				&		&
01/08/14 14:00 Trauma(B9T0): no change, see special events						
01/08/14 15:56 Trauma(B9T0): no change						
<b>PSYCHOSOCIAL</b>	13:30	13:35	14:00	14:30	15:07	15:56
Assessment			assess unchanged			assess unchanged
<b>PAIN</b>	13:30	13:35	14:00	14:30	15:07	15:56
Pt Denies Pain			patient denies			
<b>PERIPHERAL IVS</b>	13:30	13:35	14:00	14:30	15:07	15:56
Location #1						
Assessment uncha			yes			yes
<b>CARE PROVIDERS</b>	B9T0	B9T0	B9T0	B9T0	B9T0	B9T0

TOLLIVER, BRENNAN(B9T0)RN

LAST PAGE

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

Page: 12

PERM

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

## Admission History Change Report

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

Name: MAURICE, EUGENE G.

Age: 65 yr

Acct: 1400300500

Opt Out: No

Gender: M

MRN: 001632858

Physician: Chervu, Arun G., MD

Rm-Bed: 341 - 01

Admit Dt: 01/07/2014 05:44

DOB: 01/02/1949

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

## Admission History Change Report

(continued)

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

Name: MAURICE, EUGENE G.

Age: 65 yr

Acct: 1400300500

Opt Out: No

Gender: M

MRN: 001632858

Physician: Chervu, Arun G., MD

Rm-Bed: 341 - 01

Admit Dt: 01/07/2014 05:44

DOB: 01/02/1949

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

## Admission History Change Report

(continued)

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

Name: MAURICE, EUGENE G.

Age: 65 yr

Acct: 1400300500

Opt Out: No

Gender: M

MRN: 001632858

Physician: Chervu, Arun G., MD

Rm-Bed: 341 - 01

Admit Dt: 01/07/2014 05:44

DOB: 01/02/1949

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

## Admission History Change Report

(continued)

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

Name: MAURICE, EUGENE G.

Age: 65 yr

Acct: 1400300500

Opt Out: No

Gender: M

MRN: 001632858

Physician: Chervu, Arun G., MD

Rm-Bed: 341 - 01

Admit Dt: 01/07/2014 05:44

DOB: 01/02/1949

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

## Admission History Change Report

(continued)

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

Name: MAURICE, EUGENE G.

Age: 65 yr

Acct: 1400300500

Opt Out: No

Gender: M

MRN: 001632858

Physician: Chervu, Arun G., MD

Rm-Bed: 341 - 01

Admit Dt: 01/07/2014 05:44

DOB: 01/02/1949

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

## Admission History Change Report

(continued)

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

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

Name: MAURICE, EUGENE G.

Age: 65 yr

Acct: 1400300500

Opt Out: No

Gender: M

MRN: 001632858

Physician: Chervu, Arun G., MD

Rm-Bed: 341 - 01

Admit Dt: 01/07/2014 05:44

DOB: 01/02/1949

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

NO DATA FOUND FOR MODULE: 1. hhs\_probdet

## Allergy Detail

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

## Medication Detail

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

Name: MAURICE, EUGENE G.

Age: 65 yr

Acct: 1400300500

Opt Out: No

Gender: M

MRN: 001632858

Physician: Chervu, Arun G., MD

Rm-Bed: 341 - 01

Admit Dt: 01/07/2014 05:44 DOB: 01/02/1949



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

## Medication Detail (continued)

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

NO DATA FOUND FOR MODULE: 4. hhs\_imm\_det

Name: MAURICE, EUGENE G.

Age: 65 yr

Acct: 1400300500

Opt Out: No

Gender: M

MRN: 001632858

Physician: Chervu, Arun G., MD

Rm-Bed: 341 - 01

Admit Dt: 01/07/2014 05:44 DOB: 01/02/1949

Cobb

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

NO DATA FOUND FOR MODULE: 1. hhs\_problems

**Allergy History**

Checked Date/Time	Action	Checked Date/Time	User	Encounter#	Reaction	Severity	Onset Date	Allergy Type	Responsibility	Reaction to Patient	Discharge Reason
01/07/2014 06:50 AM	Confirmed	01/07/2014 06:50 AM	Bidwell, Tara RN		Primary: Alternates: Miscellaneous	**		Miscellaneous	**	**	
01/03/2014 02:27 PM	Modify	01/03/2014 02:27 PM	Landry, Jennifer RN		Primary: Alternates: Miscellaneous	--		Miscellaneous	--	--	
01/03/2014 11:50 AM	A35	01/03/2014 11:50 AM	Landry, Jennifer RN		Primary: Alternates: Miscellaneous	--		Miscellaneous	--	--	

**Medication History**

Checked Date/Time	Action	Checked Date/Time	User	Dose	Frequency	Refills	Reason	Checked Date/Time	User	Discharge Reason
01/08/2014 08:15 AM	Modify	01/08/2014 08:15 AM	Tolliver, Brennan RN	Dose: Every Day Oral PRN: No Indication: -- Type: -- Special Instructions: -- Strength/Form: 81 mg SIG: -- AKA: -- Comments: -- Info Source: -- Rx Date: -- D/C Date: --	Every Day Oral	Refills: -- Reason: --	Refills: -- Reason: --	01/08/2014 08:00	Prochaska, J	Discharge Last Given DT: -- Next Dose Due: 01/08/2014 00:00 Ordered on Discharge: (Yes) Reason Not Ordered: --
01/07/2014 06:51 AM	Modify	01/07/2014 06:51 AM	Bidwell, Tara RN	Dose: Every Day Oral PRN: No Indication: -- Type: -- Special Instructions: -- Strength/Form: 81 mg SIG: -- AKA: -- Comments: -- Info Source: -- Rx Date: -- D/C Date: --	Every Day Oral	Refills: -- Reason: --	Refills: -- Reason: --	01/08/2014 00:00	Prochaska, J	Discharge Last Given DT: -- Next Dose Due: -- Ordered on Discharge: (No) Reason Not Ordered: --
01/03/2014 02:27 PM	Modify	01/03/2014 02:27 PM	Messersch, Hhs RN	Dose: Every Day Oral PRN: No Indication: -- Type: -- Special Instructions: -- Strength/Form: 81 mg SIG: -- AKA: -- Comments: -- Info Source: -- Rx Date: -- D/C Date: --	Every Day Oral	Refills: -- Reason: --	Refills: -- Reason: --	01/08/2014 00:00	Prochaska, J	Discharge Last Given DT: -- Next Dose Due: -- Ordered on Discharge: (No) Reason Not Ordered: --

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

Cobb

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

Medication History (continued)

Dispenser Status	Action	Standard Date Time	Level	Details	Reconciliation	Discharge
carvedilol Oral (carvedilol Oral) Active	Modify	01/03/2014 02:27 PM	Mekesson, Hls RN	Dose: Every day Oral PRN: No Indication: -- Type: -- Special Instructions: -- Strength/Form: 81 mg SIG: -- AKA: -- Comments: -- Info Source: -- Rx Date: -- D/C Date: --	Last Taken D/T: Taken as Directed: -- Reason: -- Average Doses Missed per Week: Average PRN Doses: 0 per Ordered on Admission: (No) Reason Not Ordered: -- Patient Pharmacy: -- Pharmacy Phone: --	Last Given D/T: Next Dose Due: Ordered on Discharge: Unknown Reason Not Ordered: --
carvedilol Oral (carvedilol Oral) Active	Modify	01/03/2014 12:20 PM	Lundr, Jennifer RN	Dose: Every day Oral PRN: No Indication: -- Type: -- Special Instructions: -- Strength/Form: 81 mg SIG: -- AKA: -- Comments: -- Info Source: -- Rx Date: -- D/C Date: --	Last Taken D/T: Taken as Directed: Unknown Reason: -- Average Doses Missed per Week: Average PRN Doses: 0 per Ordered on Admission: Unknown Reason Not Ordered: -- Patient Pharmacy: -- Pharmacy Phone: --	Last Given D/T: Next Dose Due: Ordered on Discharge: Unknown Reason Not Ordered: --
carvedilol Oral (carvedilol Oral) Active	Modify	01/09/2014 08:14 AM	Tolliver, Brennan, RN	Dose: 2 times per day Oral PRN: No Indication: -- Type: -- Special Instructions: -- Strength/Form: 12.5 mg SIG: -- AKA: -- Comments: -- Info Source: -- Rx Date: -- D/C Date: --	Last Taken D/T: 01/07/2014 06:51 Taken as Directed: No Reason: -- Average Doses Missed per Week: -- Average PRN Doses: 0 per Ordered on Admission: No Reason Not Ordered: -- Patient Pharmacy: -- Pharmacy Phone: --	Last Given D/T: -- Next Dose Due: 01/08/2014 21:00; Ordered on Discharge: (Yes) Reason Not Ordered: --
carvedilol Oral (carvedilol Oral) Active	Modify	01/07/2014 06:51 AM	Doherty, Tara, RN	Dose: 2 times per day Oral PRN: No Indication: -- Type: -- Special Instructions: -- Strength/Form: 12.5 mg SIG: -- AKA: -- Comments: -- Info Source: -- Rx Date: -- D/C Date: --	Last Taken D/T: 01/07/2014 06:51 Taken as Directed: (No) Reason: -- Average Doses Missed per Week: -- Average PRN Doses: 0 per Ordered on Admission: (No) Reason Not Ordered: -- Patient Pharmacy: -- Pharmacy Phone: --	Last Given D/T: -- Next Dose Due: -- Ordered on Discharge: (No) Reason Not Ordered: --

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

Cobb

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

Medication History (continued)

Dispenser Status	Action	Standard Date/Time	Level	Details	Reconciliation	Discharge
carvedilol Oral (carvedilol Oral) Active	Modify	01/03/2014 02:27 PM	Mckesson, Hhs RN	Dose: 2 times per day Oral PRN: No Indication: -- Type: -- Special Instructions: -- Strength/Form: 12.5 mg SIG: -- AKA: -- Comments: -- Info Source: -- Rx Date: -- D/C Date: -- Refills: -- Reason: --	Last Taken D/T: -- Taken as Directed: -- Reason: -- Average Doses Missed per Week: -- Average PRN Doses: -- Ordered on Admission: -- Reason Not Ordered: -- Patient Pharmacy: -- Pharmacy Phone: --	Last Given D/T: -- Next Dose Due: -- Ordered on Discharge: ( ) Reason Not Ordered: --
	Modify	01/03/2014 02:27 PM	Mckesson, Hhs RN	Dose: 2 times per day Oral PRN: No Indication: -- Type: -- Special Instructions: -- Strength/Form: 12.5 mg SIG: -- AKA: -- Comments: -- Info Source: -- Rx Date: -- D/C Date: -- Refills: -- Reason: --	Last Taken D/T: -- Taken as Directed: ( ) Reason: -- Average Doses Missed per Week: -- Average PRN Doses: ( ) Ordered on Admission: ( ) Reason Not Ordered: -- Patient Pharmacy: -- Pharmacy Phone: --	Last Given D/T: -- Next Dose Due: -- Ordered on Discharge: Unknown Reason Not Ordered: --
	Add	01/03/2014 12:34 PM	Landry, Jennifer RN	Dose: 2 times per day Oral PRN: No Indication: -- Type: -- Special Instructions: -- Strength/Form: 12.5 mg SIG: -- AKA: -- Comments: -- Info Source: -- Rx Date: -- D/C Date: -- Refills: -- Reason: --	Last Taken D/T: -- Taken as Directed: Unknown Reason: -- Average Doses Missed per Week: -- Average PRN Doses: 0 per Ordered on Admission: Unknown Reason Not Ordered: -- Patient Pharmacy: -- Pharmacy Phone: --	Last Given D/T: -- Next Dose Due: -- Ordered on Discharge: Unknown Reason Not Ordered: --
chlordane Oral (chlordane Oral) Active	Modify	01/08/2014 08:15 AM	Toivier, Brennan RN	Dose: Every day Oral PRN: No Indication: -- Type: -- Special Instructions: -- Strength/Form: 80 mg SIG: -- AKA: -- Comments: -- Info Source: -- Rx Date: -- D/C Date: -- Refills: -- Reason: --	Last Taken D/T: 01/08/2014 08:00 Taken as Directed: No Reason: -- Average Doses Missed per Week: -- Average PRN Doses: 0 per Ordered on Admission: No Reason Not Ordered: -- Patient Pharmacy: -- Pharmacy Phone: --	Last Given D/T: -- Next Dose Due: 01/09/2014 08:00 Ordered on Discharge: (Yes) Reason Not Ordered: --

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

Cobb

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

Medication History (continued)

Dispenser Status	Active	Standard Date Time	Level	Details	Reconciliation	Discharge
chlorothalidone Oral (chlorothalidone Drel) Active	Confirm	01/07/2014 06:52 AM	Bowel, Taz. RN	Dose: Every day Oral RN No. Indication: Type: Special Instructions: Strength/Form: 50 mg SIG: AKA: Comments: Info Source: Rx Date: D/C Date: Fields: Reason:	Last Taken D/T: 01/05/2014 00:00 Taken as Directed: No Average Doses Missed per Week: Average Pkty Doses (0 per 1) Ordered on Admission: Reason Not Observed: Patient Pharmacy: Pharmacy Phone:	Last Given D/T: Next Dose Due: Ordered on Discharge: No Reason Not Observed
	Modify	01/07/2014 06:52 AM	Bowel, Taz. RN	Dose: Every day Oral RN No. Indication: Type: Special Instructions: Strength/Form: 50 mg SIG: AKA: Comments: Info Source: Rx Date: D/C Date: Fields: Reason:	Last Taken D/T: 01/05/2014 00:00 Taken as Directed: No Average Doses Missed per Week: Average Pkty Doses (0 per 1) Ordered on Admission: Reason Not Observed: Patient Pharmacy: Pharmacy Phone:	Last Given D/T: Next Dose Due: Ordered on Discharge: (N/A) Reason Not Observed
	Modify	01/03/2014 02:27 PM	Mekesour, Hls RN	Dose: Every day Oral RN No. Indication: Type: Special Instructions: Strength/Form: 50 mg SIG: AKA: Comments: Info Source: Rx Date: D/C Date: Fields: Reason:	Last Taken D/T: Taken as Directed: Average Doses Missed per Week: Average Pkty Doses: Ordered on Admission: Reason Not Observed: Patient Pharmacy: Pharmacy Phone:	Last Given D/T: Next Dose Due: Ordered on Discharge: (N/A) Reason Not Observed
	Modify	01/03/2014 02:27 PM	Mekesour, Hls RN	Dose: Every day Oral RN No. Indication: Type: Special Instructions: Strength/Form: 50 mg SIG: AKA: Comments: Info Source: Rx Date: D/C Date: Fields: Reason:	Last Taken D/T: Taken as Directed: Average Doses Missed per Week: Average Pkty Doses (1) Ordered on Admission: Reason Not Observed: Patient Pharmacy: Pharmacy Phone:	Last Given D/T: Next Dose Due: Ordered on Discharge: Unknown Reason Not Observed

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

Cobb

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

Medication History (continued)

Dispenser Status	Action	Standard Date Time	Order	Details	Reconciliation	Discharge
chlorothalidone Oral (chlorothalidone Dival) Active	Add	01/03/2014 12:34 PM	Lanery, Jennifer RN	Dose: Every day Oral PRN: No Indication: -- Type: -- Special Instructions: -- Strength/Form: 50 mg SIG: -- AKA: -- Comments: -- Info Source: -- Rx Date: -- D/C Date: --	Last Taken D/T: -- Taken as Directed: Unknown Reason: -- Average Doses Missed per Week: -- Average PRN Doses: 0 per Ordered on Admission: Unknown Reason Not Ordered: -- Patient Pharmacy: -- Pharmacy Phone: --	Last Given D/T: -- Next Dose Due: (01/08/2014 21:00) Ordered on Discharge: (Yes) Reason Not Ordered: --
ramipril Oral (ramipril Oral) Active	Modify	01/08/2014 08:15 AM	Toiliver, Brennan RN	Dose: 2 times per day Oral PRN: No Indication: -- Type: -- Special Instructions: -- Strength/Form: 10 mg SIG: -- AKA: -- Comments: -- Info Source: -- Rx Date: -- D/C Date: --	Last Taken D/T: 01/07/2014 06:30 Taken as Directed: No Reason: -- Average Doses Missed per Week: -- Average PRN Doses: 0 per Ordered on Admission: No Reason Not Ordered: -- Patient Pharmacy: -- Pharmacy Phone: --	Last Given D/T: -- Next Dose Due: (01/08/2014 21:00) Ordered on Discharge: (Yes) Reason Not Ordered: --
	Modify	01/07/2014 09:54 AM	Birrell, Tara, RN	Dose: 2 times per day Oral PRN: No Indication: -- Type: -- Special Instructions: -- Strength/Form: 10 mg SIG: -- AKA: -- Comments: -- Info Source: -- Rx Date: -- D/C Date: --	Last Taken D/T: (01/07/2014 08:30) Taken as Directed: (No) Reason: -- Average Doses Missed per Week: -- Average PRN Doses: 0 per Ordered on Admission: (No) Reason Not Ordered: -- Patient Pharmacy: -- Pharmacy Phone: --	Last Given D/T: -- Next Dose Due: -- Ordered on Discharge: (No) Reason Not Ordered: --
	Modify	01/03/2014 02:27 PM	Mohesson, Hhs RN	Dose: 2 times per day Oral PRN: No Indication: -- Type: -- Special Instructions: -- Strength/Form: 10 mg SIG: -- AKA: -- Comments: -- Info Source: -- Rx Date: -- D/C Date: --	Last Taken D/T: -- Taken as Directed: -- Reason: -- Average Doses Missed per Week: -- Average PRN Doses: -- Ordered on Admission: -- Reason Not Ordered: -- Patient Pharmacy: -- Pharmacy Phone: --	Last Given D/T: -- Next Dose Due: -- Ordered on Discharge: (0) Reason Not Ordered: --

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

Cobb

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

Medication History (continued)

Dispenser Status	Action	Standard Date Time	Level	Details	Reconciliation	Discharge
ramipril Oral (ramipril Oral) Active	Modify	01/03/2014 02:27 PM	Molaison, Hhs RN	Dose: 2 times per day Oral PRN: No Indication: -- Type: -- Special Instructions: -- Strength/Form: 10 mg SIG: -- AKA: -- Comments: -- Info Source: -- Rx Date: -- Refills: -- Reason: --	Last Taken D/T: -- Taken as Directed: () Reason: -- Average Doses Missed per Week: -- Average PRN Doses: () Ordered on Admission: () Reason Not Ordered: -- Patient Pharmacy: -- Pharmacy Phone: --	Last Given D/T: -- Next Dose Due: -- Ordered on Discharge: Unknown Reason Not Ordered: --
	Add	01/03/2014 12:33 PM	Landry, Jennifer RN	Dose: 2 times per day Oral PRN: No Indication: -- Type: -- Special Instructions: -- Strength/Form: 10 mg SIG: -- AKA: -- Comments: -- Info Source: -- Rx Date: -- Refills: -- Reason: --	Last Taken D/T: -- Taken as Directed: Unknown Reason: -- Average Doses Missed per Week: -- Average PRN Doses: () per Ordered on Admission: Unknown Reason Not Ordered: -- Patient Pharmacy: -- Pharmacy Phone: --	Last Given D/T: -- Next Dose Due: -- Ordered on Discharge: Unknown Reason Not Ordered: --
Wyten 10-60 Oral (ezetimibe-simvastatin Oral) Active	Modify	01/09/2014 08:14 AM	Tolliver, Brehnan RN	Dose: Every day Oral PRN: No Indication: -- Type: -- Special Instructions: -- Strength/Form: 10-80 mg SIG: -- AKA: -- Comments: -- Info Source: -- Rx Date: -- Refills: -- Reason: --	Last Taken D/T: 01/06/2014 00:00 Taken as Directed: No Reason: -- Average Doses Missed per Week: -- Average PRN Doses: () per Ordered on Admission: No Reason Not Ordered: -- Patient Pharmacy: -- Pharmacy Phone: --	Last Given D/T: -- Next Dose Due: 01/08/2014 21:00 Ordered on Discharge: (Yes) Reason Not Ordered: --
	Modify	01/07/2014 08:30 AM	Daniel, Tara RN	Dose: Every day Oral PRN: No Indication: -- Type: -- Special Instructions: -- Strength/Form: 10-80 mg SIG: -- AKA: -- Comments: -- Info Source: -- Rx Date: -- Refills: -- Reason: --	Last Taken D/T: 01/06/2014 00:00 Taken as Directed: (No) Reason: -- Average Doses Missed per Week: -- Average PRN Doses: () per Ordered on Admission: (No) Reason Not Ordered: -- Patient Pharmacy: -- Pharmacy Phone: --	Last Given D/T: -- Next Dose Due: -- Ordered on Discharge: (No) Reason Not Ordered: --

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

Cobb

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

Medication History (continued)

Dispenser Status	Action	Standard Date Time	Level	Details	Reconciliation	Discharge
Vytorin 10-80 Oral (ezetimibe-simvastatin Oral) Active	Modify	01/03/2014 02:27 PM	Mekescon: Hhs R/N	Dose: Every day Oral RN: No Indication: -- Type: -- Special Instructions: -- Strength/Form: 10-80 mg SIG: -- AKA: -- Comments: -- Info Source: -- R: Date: -- Fields: Reason: --	Last Taken D/T: -- Taken as Directed: -- Reason: -- Average Doses Missed per Week: -- Average Daily Doses: -- Ordered on Admission: -- Reason Not Ordered: -- Patient Pharmacy: -- Pharmacy Phone: --	Last Given D/T: -- Next Dose Due: -- Ordered on Discharge: Unknown Reason Not Ordered: --
	Modify	01/03/2014 02:27 PM	Mekescon: Hhs R/N	Dose: Every day Oral RN: No Indication: -- Type: -- Special Instructions: -- Strength/Form: 10-80 mg SIG: -- AKA: -- Comments: -- Info Source: -- R: Date: -- Fields: Reason: --	Last Taken D/T: -- Taken as Directed: -- Reason: -- Average Doses Missed per Week: -- Average Daily Doses: -- Ordered on Admission: -- Reason Not Ordered: -- Patient Pharmacy: -- Pharmacy Phone: --	Last Given D/T: -- Next Dose Due: -- Ordered on Discharge: Unknown Reason Not Ordered: --
	Add	01/03/2014 12:34 PM	Landy: Jennifer R/N	Dose: Every day Oral RN: No Indication: -- Type: -- Special Instructions: -- Strength/Form: 10-80 mg SIG: -- AKA: -- Comments: -- Info Source: -- R: Date: -- Fields: Reason: --	Last Taken D/T: -- Taken as Directed: Unknown Reason: -- Average Doses Missed per Week: -- Average Daily Doses: 0 per Ordered on Admission: Unknown Reason Not Ordered: -- Patient Pharmacy: -- Pharmacy Phone: --	Last Given D/T: -- Next Dose Due: -- Ordered on Discharge: Unknown Reason Not Ordered: --

NO DATA FOUND FOR MODULE: 4\_hhs\_imm\_his

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



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

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**Allergy History**

Confirm Dt/By	Type	Allergy	Primary Reaction	Severity	Onset Dt	Comment
01/07/14	5TB6 MA	No Known Allergies				

**Medication History**

ConfirmDt/By	Medication	Status	StartDt	StopDt	Dose	Route	Freq	LastTaken	NextDoseDue	Comment
01/09/14	B9TO Vytorin 10-80 oral	Active				Oral	Every Day	01/06/2014 21:0	01/09/2014	
	GEN: ezetimibe-simvastatin									
01/09/14	B9TO aspirin Oral	Active				Oral	Every Day	01/06/2014 00:0	01/09/2014	
	GEN: aspirin									
01/09/14	B9TO chlorthalidone oral	Active				Oral	Every Day	01/06/2014 00:0	01/09/2014	
	GEN: chlorthalidone									
01/09/14	B9TO ramipril Oral	Active				Oral	2 times per day	01/07/2014 06:3	01/09/2014 21:0	
	GEN: ramipril									
01/09/14	B9TO carvedilol Oral	Active				Oral	2 times per day	01/07/2014 06:5	01/09/2014 01:0	
	GEN: carvedilol									

**Peds Social Hist**

**Social History**

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

**PedReligBelief**

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

(5TB6) BIDWELL, TARA RN

(5BT6) TOLLIVER, BRENNAN RN

CONTINUED



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

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**PedReligBelief (cont)**

Cultural Prefs Affect	Treatment?	Comments
	No Data	No Data

**PedsSubstanceUse**

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

**Peds Language**

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

**Peds Vision**

Vision	Comments
No Data	No Data

**Peds Hearing**

Hearing	Comments
No Data	No Data

**Peds Plan ofCare**

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

**Peds Blood Trnsf**

Ever had a Blood Transfusion?

CONTINUED



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

**Peds Blood Trnsf (cont)**

No Data  
 Transufion Reaction?  
 No Data  
 If Yes Describe No Data

**PedsMedical Hist**

<b>Cardiovascular</b>	<b>Comments</b>
No Data	No Data
<b>Endocrine</b>	<b>Comments</b>
No Data	No Data
<b>Gastrointestinal</b>	<b>Comments</b>
No Data	No Data
<b>Renal</b>	<b>Comments</b>
No Data	No Data
<b>Respiratory</b>	<b>Comments</b>
No Data	No Data
<b>Neurologic</b>	<b>Comments</b>
No Data	No Data
<b>Orthopedic</b>	<b>Comments</b>
No Data	No Data
<b>Skin</b>	<b>Comments</b>
No Data	No Data
<b>Psychological</b>	<b>Comments</b>
No Data	No Data
<b>Teeth</b>	<b>Comments</b>
No Data	No Data

**Peds PrevHosp/Sg**

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

**Peds Exp to Dis**

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

CONTINUED



MAURICE, EUGENE G  
 Cobb  
 Pediatric Database Report  
 FROM: 01/03/14 11:49 TO: 01/08/14 21:00  
 ROOM: \*341-01\* ADM: 01/07/14 05:44  
 AGE: 65Y SEX: M MD: CHERVU, ARUN  
 DOB: 01/02/1949 ID: 1400300500 MR: 001632858  
 REQUESTED: 01/09/14 18:30  
 OPT OUT:

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**Peds Exp to Dis (cont)**

No Data		No Data
<b>Comments</b>		
No Data		
<b>When?</b>	<b>Immunizations</b>	<b>Comments</b>
No Data	No Data	No Data
<b>Isolation</b>		<b>Comments</b>
No Data		No Data

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

LAST PAGE

PERM

MAURICE, EUGENE G  
 Cobb  
 Pt Education Discharge  
 FROM: 01/03/14 11:49 TO: 01/08/14 21:09  
 ROOM: \*341-01\* ADM: 01/07/14 05:44  
 AGE: 65Y SEX: M MD: CHERVU ARUN  
 DOB: 01/02/1949 ID: 1400300500 MR: 001632858  
 REQUESTED: 01/09/14 18:30  
 OPT OUT:

Page: 1

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

LANDRY, JENNIFER(JL45)RN

TOLLIVER, BRENNAN(B9T0)RN

LAST PAGE

MAURICE, EUGENE G MR: 001632858 ID: 1400300500 DOB: 01/02/1949 - Pt Education Discharge  
 ROOM: \*341-01\* Page: 1

PERM

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

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

Staff Initials	Staff Name
SK16	SOPHIA KENNEDY RN

Name: MAURICE, EUGENE G.

Age: 65 yr

Acct: 1400300500

Opt Out: No

Gender: M

MRN: 001632858

Physician: Chervu, Arun G., MD

Rm-Bed: 341 - 01

Admit Dt: 01/07/2014 05:44 DOB: 01/02/1949

MAURICE, EUGENE G  
 Cobb  
 Plan of Care  
 FROM: 01/03/14 11:49 TO: 01/08/14 21:09  
 ROOM: \*341-01\* ADM: 01/07/14 05:44  
 AGE: 65Y SEX: M MD: CHERVU ARUN  
 DOB: 01/02/1949 ID: 1400300500 MF: 001632859  
 REQUESTED: 01/09/14 18:30  
 OPT OUT:  
 Page: 1

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

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

LAST PAGE



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

Legend Charting

**General Comments #1**

(O) Perform Date: 01/08/14 14:00 Chart Date: 01/08/14 15:11 Chart Inits.: B9T0

Value:

*Annotation: no change at incision site.*

(M) Perform Date: 01/08/14 14:00 Chart Date: 01/08/14 15:12 Chart Inits.: B9T0

Value:

*Annotation: (no change at incision site. ambulated patient approximately 100 ft, with standby assist, patient gait normal.)*

**Care Providers:**

B9T0 TOLLIVER, BRENNAN, RN

LAST PAGE

MAURICE, EUGENE G MR: 001632858 ID: 1400300500 DOB: 01/02/1949 - Mod/Inact Assessments Report  
ROOM: \*341-01\* Page: 1

PERM



WellStar Cobb Hospital  
Discharge Plan

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

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

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

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

=====  
Screening Results

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

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

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

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

Patient Discharge Risk Level

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

=====  
Problems Identified

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

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

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

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

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

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

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

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

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

HCPCS CPT-4 CODE HCPCS DESCRIPTION

---

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

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

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

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

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

DIAGNOSIS	DESCRIPTION/POA	DIAGNOSIS	DESCRIPTION/POA
1. (P) 433.10	OCL CRTD ART WO INFRCT/Y	4. 414.00	COR ATH UNSP VSL NTV/G/Y
2. 401.9	HYPERTENSION NOS/Y	5. V45.81	AORTOCORONARY BYPASS/E
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3. 88.71	DX ULTRASOUND-HEAD/NECK	01/07/14	CHERVU,ARUN


HCPCS CPT-4 CODE HCPCS DESCRIPTION

---

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

# Cobb CDS Department

## CDS Worksheet on Account Number:

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

---

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



\*1-CDS\*

WELLSTAR HEALTH SYSTEM  
HEALTH INFORMATION MANAGEMENT DEPARTMENT

<b>Section:</b> DOCUMENT CAPTURE
<b>Title:</b> ALTERNATE MEDIA DOCUMENTATION

## ALTERNATE MEDIA NOTIFICATION

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

Please contact HIM Department for further

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

**Patient Name:** \_\_\_\_\_

**Encounter Number:** \_\_\_\_\_

**Discharge Date:** 1/8/14

**Medium:** photos (1)





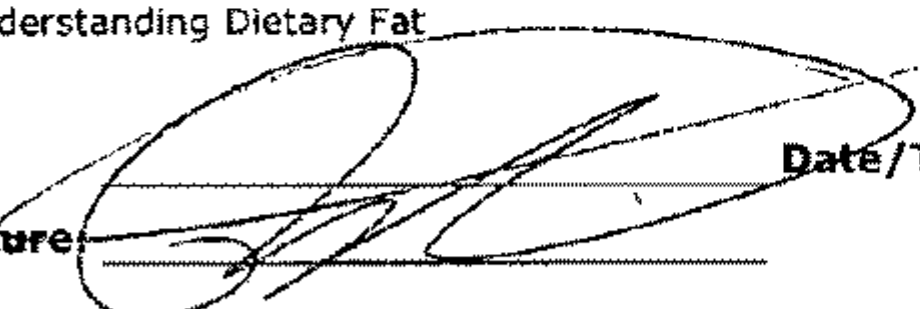
WellStar Health System

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

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

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

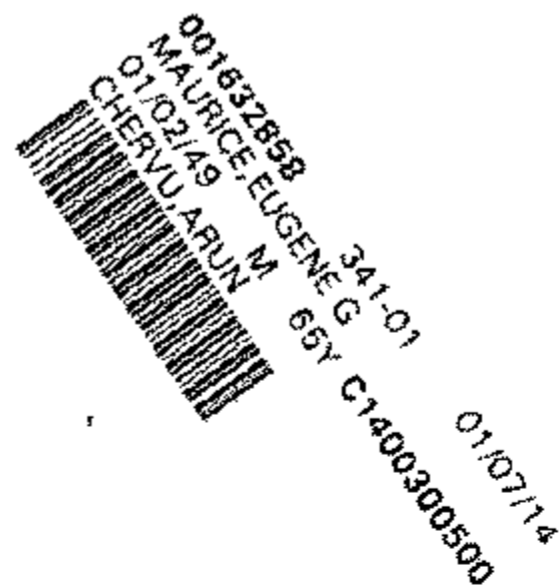
Educator Name: \_\_\_\_\_ Date/Time: \_\_\_\_\_

Educator Signature: 

Patient Name: \_\_\_\_\_ Date/Time: 1-8-14

Patient Signature: 

**POOR ORIGINAL**



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

Parking Code: 1111 #  
- Tylenol only for pain

**Preoperative Instructions** Follow MD Instructions on Aspirin

**Day Before Surgery**

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

**Morning of Surgery**

1. Please report to the Surgery Center

Date: 1/7/14 Arrival Time: 0530 AM/PM Surgery Time: 0730 AM/PM

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

*I understand and assume responsibility for the above instructions.*

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

Nurse: Jandy RN Date: 1/3/14 Time: 1202

WellStar

- Cobb  Douglas  Kennestone  
 Paulding  Windy Hill

Preoperative Instructions

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



\*1-WS0544\*

Cobb Pre-Op Surgery Worksheet

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

01/07/14



H 57

W 108.1

Vital Sign

BP: 135/73

Temp: 97.7

Pulse: 79

Resp: 10

O<sub>2</sub> Sat: 100

WC0001 (Rev. 7/05)

Surgery Time: \_\_\_\_\_

OR #: \_\_\_\_\_

Anes Dr.: \_\_\_\_\_

Patient Type:  OPS



OSS

AM

prep 4

Tara

ORIGINAL

 <p><b>Wellstar Health System</b></p> <p><input type="checkbox"/> Cobb      <input type="checkbox"/> Douglas      <input type="checkbox"/> Kennestone  <input type="checkbox"/> Paulding      <input type="checkbox"/> Windy Hill</p> <p><b>PHYSICIAN REQUEST AND INFORMED  CONSENT TO PROCEDURE OR DIAGNOSTIC  TEST</b></p>	<p>9 001632858 - 01/07/14  MAURICE, EUGENE G  01/02/49 M 65Y C1400300500  CHERVU, ARUN</p>  <p>716 1000</p>
---	--

**DO NOT SIGN THIS FORM WITHOUT READING AND UNDERSTANDING ITS CONTENTS.**

Patient Name: Eugene Maurice Date: 1/3/14  
I understand that the following procedure(s) which has (have) been described to me is (are) to be performed on the patient:

Carotid Endarterectomy  Left  Right

The diagnosis requiring the procedure: Carotid Stenosis

The purpose of the procedure: Prevent stroke

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

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

and that as a result of this procedure being performed there may be material risk of:

**INFECTION, ALLERGIC REACTION, DISFIGURING SCAR, SEVERE LOSS OF BLOOD, LOSS OR LOSS OF FUNCTION OF ANY LIMB OR ORGAN, PARALYSIS, OR PARTIAL PARALYSIS, PARAPLEGIA, QUADRIPLÉGIA, BRAIN DAMAGE, CARDIAC OR RESPIRATORY ARREST OR DEATH.**


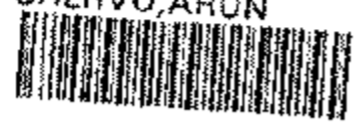
In addition to these material risks, there may be other possible risks involved in this procedure including but not limited to:

bleeding, infection, stroke, heart problems, injury to nerves of tongue and vocal cords, recurrent blockage

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

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

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

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

**BLOOD TRANSFUSION CONSENT**

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

Signature of Patient Eugene G. Maurin      Date 1-3-13      Time 10:15

Signature of person Authorized to Sign \_\_\_\_\_      Relation to Patient \_\_\_\_\_

Witness to Signature Rae Burnett      Date 1/3/13      Time 10:15 Am

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

Signature of Patient \_\_\_\_\_      Date \_\_\_\_\_

Signature of person Authorized to Sign \_\_\_\_\_      Relation to Patient \_\_\_\_\_

Witness to Signature \_\_\_\_\_

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

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

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

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

Signature of Patient Eugene G. Maurin      Date 1-3-13      Time 10:15

Relationship if not Patient \_\_\_\_\_

Patient unable to sign because: \_\_\_\_\_

Witness to signature: Rae Burnett      Date 1/3/13      Time 10:15 Am

This consent may have other consents included as referenced.

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

**DO NOT USE THESE ABBREVIATIONS:** U, IU, µg, Zeros incorrectly (examples 2.0, .2), QD, qd, QOD, qod, blanket orders (examples "continue previous meds" or "continue home meds"), MS, MSO<sub>4</sub>, MgSO<sub>4</sub>, Pit, PIT, HCTZ, HCl, MTX, AZT, ARA-A or ARA-C.

1/8/14  
1:36 PM

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

*[Handwritten Signature]*

DATE / TIME / SIGNATURE

1/8/14  
9 AM

DC time


*[Handwritten Signature]*

DATE / TIME / SIGNATURE

DATE / TIME / SIGNATURE

- WellStar**
- Cobb  Douglas  Kennestone
  - Paulding  Windy Hill

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



**Physician's Orders**

FORM# WS0416

ESI# 20140

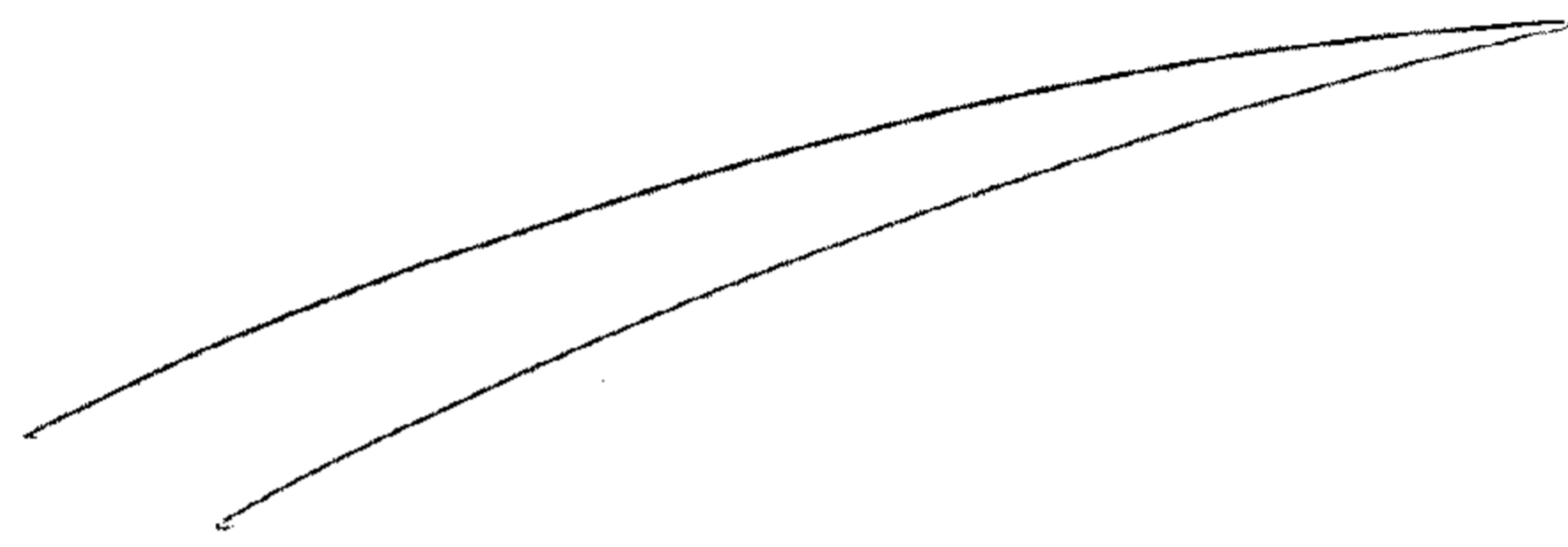
Revision Date (12/2008)



\*1-WS0416\*

**DO NOT USE THESE ABBREVIATIONS:** U, IU, µg, Zeros incorrectly (examples 2.0, .2), QD, qd, QOD, qod, blanket orders (examples "continue previous meds" or "continue home meds"), MS, MSO<sub>4</sub>, MgSO<sub>4</sub>, Pit, PIT, HCTZ, HCl, MTX, AZT, ARA-A or ARA-C.

1/8/14 @ 1-06. 2ph<sup>o</sup> chart check dme. - Amgen



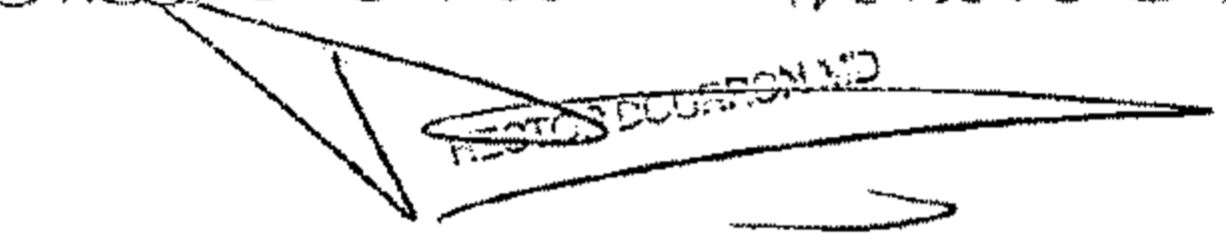
DATE / TIME / SIGNATURE

1/8/14 0748

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

DATE / TIME / SIGNATURE

V.O. RBAC Dr. Davron / J. Malcom, RN-CVA



1/8/14 0915

- 1. Hold discharge for now
- 2. NPO x meds #44
- 3. Continue to ✓ @ neck @ 30°. Call c changes. 1/8/14 1:38p

DATE / TIME / SIGNATURE

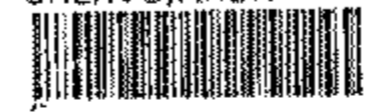
V.O. RBAC Dr. Davron / J. Malcom, RN-CVA

**WellStar**

Cobb  Douglas  Kennestone

Paulding  Windy Hill

001632858 341-01 01/07/14  
 MAURICE, EUGENE G  
 01/02/48 M 65Y C1400300500  
 CHERVU, ARUN



**Physician's Orders**

FORM# WS0416

ES# 20140

Revision Date (12/2008)



1/8/14 JES 0945

\*1-WS0416\*

Patient: Maurice, Eugene G DOB: 01/02/1949	Account: 1400300500 MRN: 001632858	Allergies: NKA
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HIM Approval: November 2013  
Created By: Arun Chervu, MD

# Carotid Endarterectomy Postoperative

Enter Zynx Tracking Order #: 44180 in HEO/STAR *44180*

**© Indicates Core Measure - MUST BE ADDRESSED WITHOUT EXCEPTION**

## Admit

**Status**

Inpatient

Diagnosis S/P Left CEA

**Admitting Physician**  
Arun Chervu MD

**Estimated Length of Stay**

Past Midnight Tomorrow

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

**Unit**

Recovery Room

Progressive Care *(1115 → 1415)*

**Activity**

Elevate head of bed 30-45 degrees *430*

Bed rest *11/17/14*

Up with assistance in AM first day post op *1250*

**Nursing Orders**

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

Vital Signs per PACU, then

Vital Signs per Critical Care protocol

*Arun Chervu*

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

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

*Chervu* *1/7/14 1550*



Patient: Maurice, Eugene G Account: 1400300500 Allergies: NKA  
DOB: 01/02/1949 MRN: 001632858

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

**Dressing Care**

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

**Diet**

Regular

**IV Fluids**

Lactated ringers at 60 mL/hr

**Medications**

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

**Prophylactic Antibacterial**

- ceFAZolin 1 gram intravenously every 6 hours for 3 doses

**Contingency/PRN**

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

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

**Nitrates**

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

**Constipation**

Physician Signature

Date 1/7/14 Time 11:20

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

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



Patient: Maurice, Eugene G DOB: 01/02/1949	Account: 1400300500 MRN: 001632858	Allergies: NKA
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magnesium hydroxide (MOM) 30 milliliter orally every 6 hours as needed for constipation

**Antiemetics**

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

**Critical Care**

cloNIDine (Catapres) 0.1 milligram orally every 4 hours as needed for SBP greater than 180

niCARdipine (Cardene) Start at 5 milligram/hour continuous intravenous infusion as needed for sustained SBP greater than 160, may increase in increments of 2.5 mg/hr every 15 minutes to a maximum of 15 mg/hr

phenylephrine (Neosynephrine) start at 100-180 microgram/minute continuous intravenous infusion as needed for sustained SBP less than 100, once blood pressure stabilized reduce to 40-60 mcg/min

atropine 0.4 milligram intravenously as needed for HR less than 40 and SBP less than 90

dextran (dextran 40) 20 milliliter/hour until bottle infused

dexamethasone (Decadron) 4 milligram intravenously every 6 hours for 4 doses

Other D/C Cardene and Neosynephrine drips if goes to floor

**PACU Nursing to Complete**

Pre-op antibiotics given: Date 1/7/14 / Time Aug 25 15:09

Post-op antibiotics given: Date 0 / Time \_\_\_\_\_

Incision Closure Time 1104

Epidural for pain management? YES/NO NO

Ensure SCD is ordered. If not, contact MD for order NO

Ensure Anticoagulant is ordered. If not, contact MD unless hysterectomy or contraindicated

Beta Blocker ordered? YES/NO Date 1/7/14 / Time 0600 / NO

**Laboratory**

H & H at 0600 on post op day 1 HSP

**Respiratory**

Oxygen therapy via Respiratory CPG, maintain oxygen saturation at 90% 94

**Consults**

Consult to Care Coordination for discharge planning 1/7/14

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

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

[Large handwritten signature]

**PHYSICIAN INTRAOPERATIVE ORDERS**

Allergies: NKDA

Must check (  ) order to be initiated

**MEDICATIONS ORDERED BY SURGEON / ADMINISTERED BY ANESTHESIA:**

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

**LOCAL ANESTHETICS:**

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

**IRRIGATIONS:**

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

**ANTIBIOTIC EYE DROPS:**

- ciprofloxacin ophthalmic solution  neomycin, polymixin B and hydrocortisone (Cortisporin) ophthalmic suspension
- Other: \_\_\_\_\_

**OINTMENTS:**

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

**MISCELLANEOUS:**

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

**TREATMENT:**

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

**LABS:**

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

**MEDICAL IMAGING:**

- Portable X-ray  C-Arm / Fluoroscopy
- Verbal Order / Read Back and Confirmed

Dr. Chervu / Mangal Rao 1/7/14 @ 7:30 AM/PM  
 Registered Nurse Signature Date / Time

Chervu Arun 1/7/14 11:00 AM/PM  
 Physician Signature Date / Time

**WellStar**

- Cobb  Douglas  Kennestone
- Paulding  Windy Hill

**PHYSICIAN INTRAOPERATIVE ORDERS**

001632858 01/07/14  
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 CHERVU, ARUN



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

ALLERGIES:

NKDA

WEIGHT:

Kg 108.1

HEIGHT:

5'7"

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

*Jana Bedard*  
 Pre-Op Nurse Signature / Credentials

11/7/13  
 Date

0655 AM / PM  
 Time

Post-Op Nurse Signature / Credentials

11/7/14  
 Date

07 PM / PM  
 Time

Physician Signature

01/07/14

WellStar  
 Cobb  Windy Hill

001632858  
 MAURICE, EUGENE G  
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Pre / Post Operative Anesthesia Orders



**PEDIATRIC DOSING TABLES**


Preoperative Sedation																			
<b>Midazolam</b> • 0.5 mg/kg PO (max 20 mg) • 0.08 - 0.5 mg/kg IM • 1 mg/kg PR • 0.2 - 0.3 mg/kg IN • 0.2 mg/kg OT	<b>Ketamine</b> • 6 mg/kg PO • 0.2 - 5 mg/kg IM • 8 - 10 mg/kg PR • 3 mg/kg IN																		
<b>acetaminophen (Tylenol) elixir 160 mg/ 5 mL (10-15 mg/kg ) 3 to 5 mL/10 kg PO</b>	<b>acetaminophen 120/ codeine 12 mg per 5 mL (Tylenol with Codeine) elixir</b> Age 3-6: 5 mL every 6-8 hours Age 7-12: 10 mL every 6-8 hours <b>Not recommended in children under 3 years</b>																		
Postoperative Pain Management																			
<table border="0"> <thead> <tr> <th colspan="2">Mild to Moderate</th> </tr> </thead> <tbody> <tr> <td><b>Ketorolac</b></td> <td>0.75 - 1 mg/kg IV</td> </tr> <tr> <td><b>Ibuprofen</b></td> <td>10 mg/kg PO</td> </tr> <tr> <td><b>Acetaminophen</b></td> <td>10 - 15 mg/kg PO 30 - 40 mg/kg PR</td> </tr> </tbody> </table>	Mild to Moderate		<b>Ketorolac</b>	0.75 - 1 mg/kg IV	<b>Ibuprofen</b>	10 mg/kg PO	<b>Acetaminophen</b>	10 - 15 mg/kg PO 30 - 40 mg/kg PR	<table border="0"> <thead> <tr> <th colspan="2">Moderate to Severe (begin with ½ dose and titrate to effect)</th> </tr> </thead> <tbody> <tr> <td><b>Morphine</b></td> <td>0.1 mg/kg IV</td> </tr> <tr> <td><b>Meperidine</b></td> <td>1 mg/kg IV</td> </tr> <tr> <td><b>FentaNYL</b></td> <td>1 mcg/kg IV</td> </tr> <tr> <td><b>Codeine</b></td> <td>1 mg/kg PO</td> </tr> </tbody> </table>	Moderate to Severe (begin with ½ dose and titrate to effect)		<b>Morphine</b>	0.1 mg/kg IV	<b>Meperidine</b>	1 mg/kg IV	<b>FentaNYL</b>	1 mcg/kg IV	<b>Codeine</b>	1 mg/kg PO
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Administration Abbreviations	
IM = Intramuscular	IV = Intravenous
PR = Per Rectum	PO = By Mouth
OT = Oral Transmucosal	IN = Intranasal

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

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

**FOR REFERENCE ONLY**

WellStar <input type="checkbox"/> Cobb <input type="checkbox"/> Windy Hill	001632858    01/07/14 MAURICE, EUGENE G 01/02/49    M    65Y    C1400300500 CHERVU, ARUN 
<b>Pre / Post Operative Anesthesia Orders</b>	

V.T.E. / Thrombosis Assessment for Surgical and Medical Patients  
 Must check (✓) order to be initiated  
 Bullet point (\*) applies to all patients  
 Omit assessment for outpatients with a surgery time of less than 60 minutes

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

Patient Diagnosis \_\_\_\_\_ Type of surgery planned \_\_\_\_\_

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

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

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

**STEP 2- RECOMMENDED PROPHYLACTIC REGIMENS FOR EACH RISK GROUP**

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

Assessment Nurse [Signature] Date 8/7/13 Time 1:55 AM / PM

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

**WellStar**

- Cobb     Paulding     Kennestone  
 Douglas     Windy Hill

**VTE/Thrombosis Assessment Orders**

FORM # WS0940

ESI# 86464

Pg. 1 of 2

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



\*2-WS0940\*

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

Must check (☑) order to be initiated

Bullet point (•) applies to all patients

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

Total Risk Factor Score (from Page 1)  5

STEP 3- PHYSICIAN ORDERS:

Compression Devices:

• Sequential pneumatic compression (Calf SCDs)

Provide unless one of the following applies:

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

PLUS

Pharmacologic Prophylaxis:

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

Contraindications to Pharmacologic Prophylaxis:

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

Laboratory Evaluation:

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

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

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

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

WellStar

- Cobb  Paulding  Kennestone
- Douglas  Windy Hill

VTE/Thrombosis Assessment Orders

FORM # WS0940 ESI# 86464

PATIENT IDENTIFICATION

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



Preoperative Diagnostic Orders

Patient Name Eugene Maurice Date of Birth 1/2/49  
 Date of Surgery 1/07/14 Surgeon Chervu Scheduled Procedure: Left carotid endarterectomy

Test (Please check the appropriate box)	Reason (Please check the appropriate box)	ICD-9 Code	Test (Please check the appropriate box)	Reason (Please check the appropriate box)	ICD-9 Code
<input type="checkbox"/> EKG	<input type="checkbox"/> Hypertension	401.9	<input type="checkbox"/> Blood Glucose	<input type="checkbox"/> Diabetes Mellitus	250.OX
	<input type="checkbox"/> Hypothyroidism	244.9		<input type="checkbox"/> Liver disorder (describe)	
	<input type="checkbox"/> Coronary Artery Disease	414.OX		<input type="checkbox"/> Other (describe)	
	<input type="checkbox"/> Heart Block	426.X	<input type="checkbox"/> Chest X-ray	<input type="checkbox"/> Malignancy (describe)	
	<input type="checkbox"/> Arterial Fibrillation	427.31		<input type="checkbox"/> Diabetes Mellitus	250.OX
	<input type="checkbox"/> CHF	428.0		<input type="checkbox"/> Hypertension	401.9
	<input type="checkbox"/> Asthma	493.90		<input type="checkbox"/> Coronary Artery Disease	414.OX
	<input type="checkbox"/> Dysrhythmia	427.X		<input type="checkbox"/> Anemia	285.9
	<input type="checkbox"/> Syncope	780.2		<input type="checkbox"/> Dysrhythmia	427.X
	<input type="checkbox"/> Pallor	782.61		<input type="checkbox"/> CHF	428.0
	<input type="checkbox"/> Abd pain	789.OX		<input type="checkbox"/> Phlebitis	451.X
	<input type="checkbox"/> Post CABG	V15.1		<input type="checkbox"/> Esophageal disease	530.9
	<input type="checkbox"/> Other (describe)			<input type="checkbox"/> COPD	496
<input checked="" type="checkbox"/> CBC	<input type="checkbox"/> Malignancy (describe)		<input checked="" type="checkbox"/> Pro Time	<input type="checkbox"/> Chronic bronchitis	491.X
	<input type="checkbox"/> Renal disease (describe)			<input type="checkbox"/> Emphysema	492.8
	<input type="checkbox"/> Oral disease (describe)			<input type="checkbox"/> Asthma	493.90
	<input type="checkbox"/> GI disease (describe)			<input type="checkbox"/> Edema	782.3
	<input type="checkbox"/> Breast disease (describe)			<input type="checkbox"/> Dysphasia	787.2
	<input type="checkbox"/> GU disease (describe)			<input type="checkbox"/> Other (describe)	
	<input type="checkbox"/> GYN disease (describe)				
	<input type="checkbox"/> Dermatitis	692.X		<input type="checkbox"/> Atrial Fibrillation	427.31
	<input type="checkbox"/> Diabetes Mellitus	250.OX		<input type="checkbox"/> Long term use of anticoagulants	V58.61
	<input type="checkbox"/> Peripheral Vascular Disease	443.9		<input type="checkbox"/> Peripheral vascular disease	443.9
	<input type="checkbox"/> Hernia Abd. Cavity (describe)			<input type="checkbox"/> Coronary Artery Disease	414.OX
	<input type="checkbox"/> Intestinal bowel disease (describe)			<input type="checkbox"/> Phlebitis	451.OX
	<input type="checkbox"/> Rheumatoid arthritis	714.0		<input type="checkbox"/> Gastric Ulcer (describe)	
	<input type="checkbox"/> Pain in joint (describe site)	719.4X		<input type="checkbox"/> Hematuria	599.7
	<input type="checkbox"/> Malaise and fatigue	760.79		<input type="checkbox"/> Post Menopausal bleed	627.1
	<input type="checkbox"/> Anemia	285.9		<input type="checkbox"/> Hemoptysis	786.3
	<input type="checkbox"/> Hypertension	401.9		<input type="checkbox"/> Other (describe)	
	<input type="checkbox"/> CHF	428.0			
	<input type="checkbox"/> Asthma	493.90			
	<input type="checkbox"/> Other (describe)				
<input type="checkbox"/> Hepatic Function	<input type="checkbox"/> CHF	428.0	<input checked="" type="checkbox"/> BMP		
<input type="checkbox"/> Hepatitis Panel			<input type="checkbox"/> Electrolytes		
	<input type="checkbox"/> Abdominal Pain	789.OX	<input type="checkbox"/> BUN		
	<input type="checkbox"/> Other (describe)		<input type="checkbox"/> Creatinine		
<input checked="" type="checkbox"/> Type & Hold (Screen)			<input type="checkbox"/> Pregnancy Test		
<input type="checkbox"/> Type & Crossmatch					

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

MD Signature [Signature] Date/Time 1/3/14, 10:15 AM / PM  
 RN Signature \_\_\_\_\_ Date/Time \_\_\_\_\_ AM / PM

WellStar

Cobb  Douglas  Kennestone  
 Paulding  Windy Hill

Preoperative Diagnostic Orders

Form# WS0286

Item# 63526

Page 1 of 1

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



\*1-WS0286\*

HIM Approved 12/2008



### Preoperative Admission Orders

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

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

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

**WellStar**  
 Cobb  Douglas  Kennestone  
 Paulding  Windy Hill  
**Preoperative Admission Orders**

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



FORM #WS0345 ITEM #65178



\*1-WS0345\*

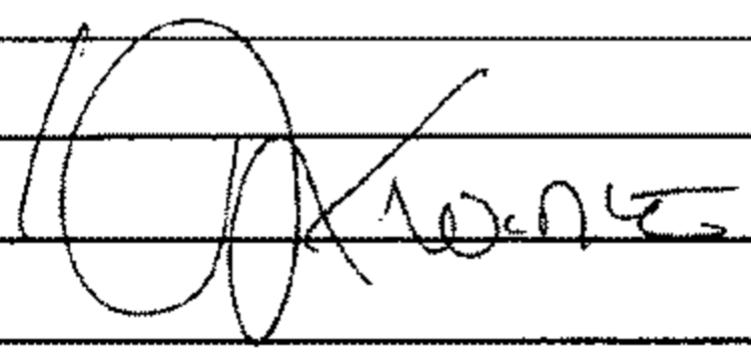
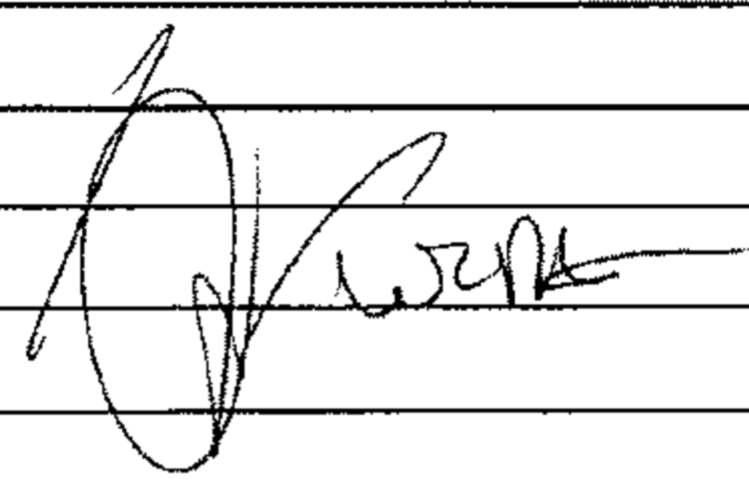
FAXED

Page 1 of 1

HIM Approved 9/2010

1/3/14

WELLSTAR PROGRESS NOTES

DATE	Time AM/PM	NOTES
11/8/14	1:31 PM	<p>Vascular</p> <ul style="list-style-type: none"> <li>- Stools remaining @ Neck</li> <li>- Fract ankle</li> <li>- soft, no swallowing issues</li> <li>- Ice pack</li> <li>- Feed of</li> <li>✓ in 2 hrs - Probable discharge</li> </ul>
		
11/2/14	5:01	<p>Vascular</p> <ul style="list-style-type: none"> <li>Ⓞ Neck soft</li> <li>ok to DC home</li> <li>Instructions given</li> </ul>
		

WELLSTAR

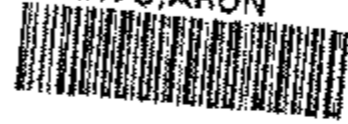
- Cobb 
  Douglas 
  Kennestone  
 Paulding 
  Windy Hill 
  Other \_\_\_\_\_

PROGRESS NOTES

Form # WS1650

ITEM # 1650

Page 1 of 1

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




\*1-WS1550\*

HIM Approved 10/2008



FORM: 1110110  
 Progress Note - MAURICE, EUGENE G - 01/08/14 07:02  
 (SUMMARIZED PATIENT DATA ONLY, COMPLETE DATA ONLINE.)

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

VITAL SIGNS Most recent value for 01/08 (Range for past 24 hrs excluding most recent value)  
 Temp #1 98.1F 0<sup>04:09</sup> (97.2F 0-57.9F A) BP #1 140/60mm<sup>04:09</sup> (120-159/64-73) SpO2 95% Roo<sup>04:09</sup> (93% One 95% Roo)  
 Pulse #1 69bpm M<sup>04:09</sup> (58bpm M-74bpm M) BP Equip Portab (Portab) Pulse Ox E Spotck (Spotck)  
 Respiratio 18/min<sup>04:09</sup> (16-16/0)

INTAKE most recent value for 01/08 (Range for past 24 hrs excluding most recent value)  
 Oral ml 240<sup>10:14</sup> (320) LR 0<sup>09:21</sup>

OUTPUT Most recent value for 01/08 (Range for past 24 hrs excluding most recent value)  
 Urine ml 500<sup>06:57</sup> (400-700) JP #1 ml 8<sup>09:58</sup>  
 I&O (01/07 07:01-01/08 07:01) 560/2668 Net -2048 I&O (01/08 07:01-07:02) ---/--- Net ---

ALL LABS Most recent value for 01/08 (Range for past 36 hrs excluding most recent value)  
 HGB AND HCT HEMOGLOBIN 12.4 L<sup>06:27</sup> HEMATOCRIT 38 L<sup>06:27</sup>

ROUTINE MEDICATIONS \*indicates new or change in med order in last 24 hours. () indicates shortened med name.  
 \*Dexamethason() 4 MG IV Q6H \*Pravastatin () 80 MG ORAL QHS \*Ramipril 10 MG ORAL BID  
 \*Carvedilol 12.5 MG ORAL BID \*Ezetimibe 10 MG ORAL QHS \*Heparin Sodi() 5000 UNIT SUBC Q8H  
 \*Aspirin 81 MG ORAL DAILY \*Chlorthalido() 50 MG ORAL DAILY

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

INFUSING IVS & DRIPS  
 Lactated Ringers 60 ml/hr

POOR ORIGINAL

1/8/14 0745  
 Pt A&O, NAD, & new cl  
 Neuro: @UE/@UE 5/5 strength  
 Tongue midline, speech clear  
 Lungs: CTA @U: RRR @abd: soft, NT  
 @UE: Warm, well perfused  
 @neck: soft, mildly tender, flat  
 Jennifer Malcom, RN  
 Imp: head left  
 Plan: Discharge  
 for in pt

2285199

1/8/14 0910  
 called to pt's room for clo @neck swelling. @neck is  
 fuller now. Pt in NAD, comfortable,  
 breathing clo difficulty. Notified  
 Dr. Dourran who would like to hold  
 discharge & continue to observe pt vascular  
 surgery closely for now.



PATIENT ID: 1400300500

Jennifer Malcom, RN  
 1/8/14 1:30

WELLSTAR PROGRESS NOTES

DATE	Time AM/PM	NOTES
1/7/14	1030	<div data-bbox="731 756 1496 1356"> </div> <div data-bbox="731 1470 1496 2070"> </div>

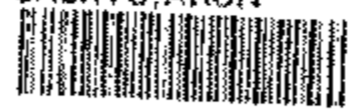
POOR ORIGINAL

WELLSTAR  
 Cobb  Douglas  Kennestone  
 Paulding  Windy Hill  Other \_\_\_\_\_

PROGRESS NOTES

Form # WS1650 ITEM # 1650

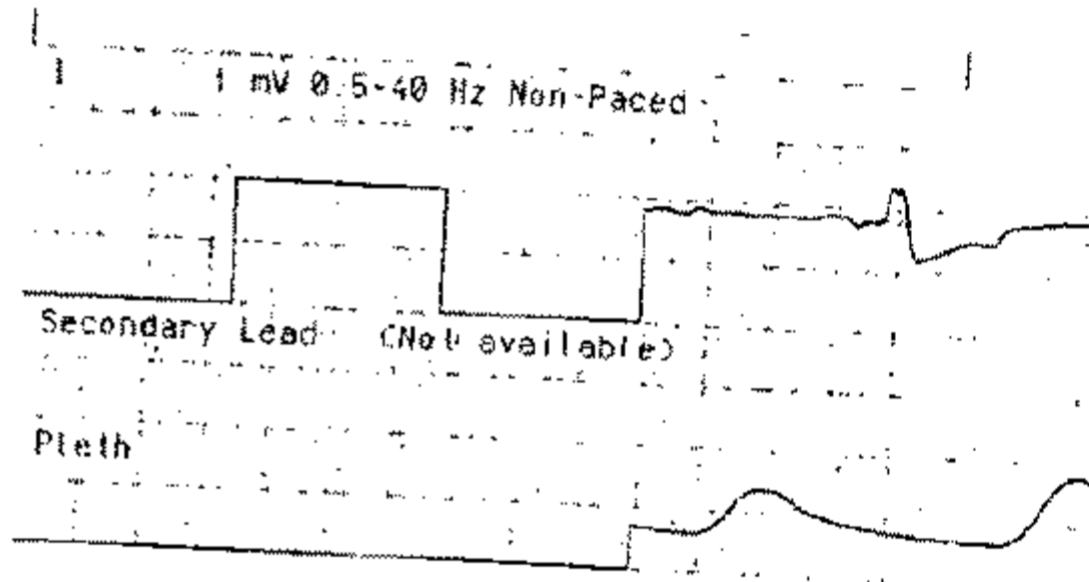
001632858 01/07/14  
 MAURICE, EUGENE G  
 01/02/49 M 65Y C1400300500  
 CHERVU, ARUN



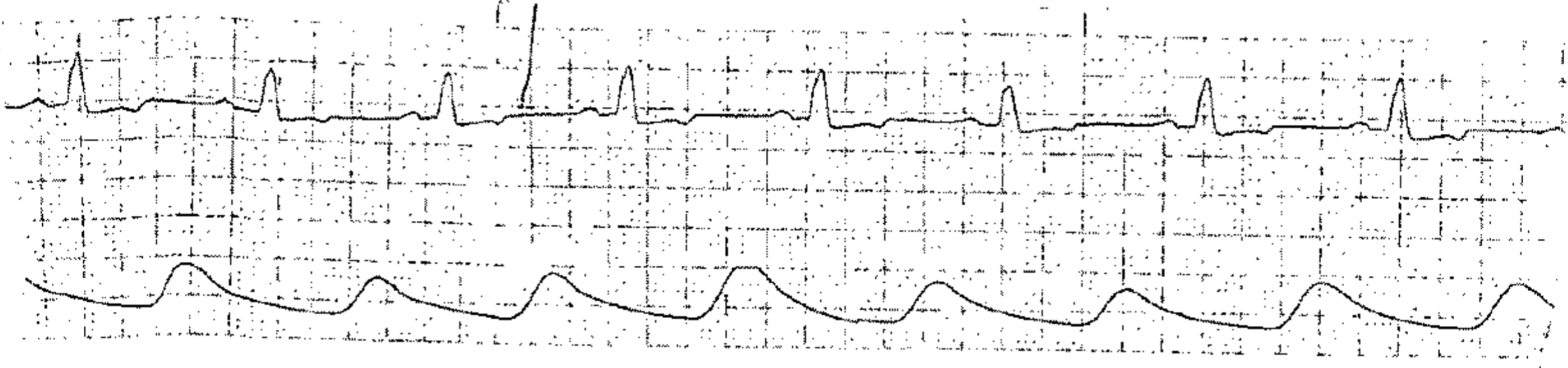
**INTERPRETATION**

**RHYTHM STRIP RECORD** 1126 **RHYTHM STRIP - 6 SECOND STRIP**

DATE: 1/7/14 TIME: (SAM/A10) 7 Jan 14 11:28 25 mm/sec  
 ATRIAL RATE 62 No Patient Admitted CIR03  
 VENT. RATE  
 INTERVALS PR QRHR 62 bpm  
 T WAVE ST PVC  
 ECTOPY ulse 61 bpm  
 (Nsg)-INTERPRETATION BP 142/65 (83) mmHg 7 Jan 14 11:25  
 RT 146/51 (86) mmHg  
 R 27 rpm



LEAD SR  
 NURSE'S SIGNATURE *[Signature]*

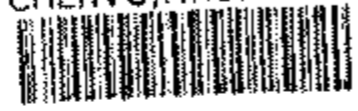


NURSE'S SIGNATURE  
 DATE: TIME:  
 ATRIAL RATE  
 VENT. RATE  
 INTERVALS PR QRS QTc  
 T WAVE ST  
 ECTOPY  
 (Nsg)-INTERPRETATION  
 LEAD  
 NURSE'S SIGNATURE

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

WellStar  
 Cobb  Douglas  Kennestone  
 Paulding  Windy Hill  
**Rhythm Strip Record**

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


FORM # WS0280

ITEM 63129

Revision Date (09/2011)  
 HIM Approved 09/2011



\*1-WS0280\*

page ①  
of ②

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

Diagnosis: Carotid stenosis  
Procedure: Carotid endarterectomy

PRE-PROCEDURE		PRE-ANESTHESIA EVALUATION		MONITORS AND EQUIPMENT		ANESTHETIC TECHNIQUE		AIRWAY MANAGEMENT		ANESTHESIA TIME			
<input checked="" type="checkbox"/> Chart Reviewed <input checked="" type="checkbox"/> Anesthesia State: Awake <input type="checkbox"/> Uncooperative <input type="checkbox"/> Confused		<input checked="" type="checkbox"/> ASA P <input checked="" type="checkbox"/> Permit Signed <input type="checkbox"/> Approaching <input type="checkbox"/> Calm <input type="checkbox"/> Asleep <input type="checkbox"/> Unresponsive		<input type="checkbox"/> Main <input type="checkbox"/> Preoxygenated <input type="checkbox"/> Non-invasive B/P <input type="checkbox"/> Left <input type="checkbox"/> High <input type="checkbox"/> Continuous EKG <input type="checkbox"/> V Lead EKG <input type="checkbox"/> Pulse Oximeter <input type="checkbox"/> End Tidal CO <sub>2</sub> <input type="checkbox"/> Arterial Warming <input type="checkbox"/> Hair Hugger <input type="checkbox"/> KC Pad		<input type="checkbox"/> Esophageal <input type="checkbox"/> Other <input type="checkbox"/> General: <input checked="" type="checkbox"/> Pre-Oxygenation <input type="checkbox"/> Rapid Sequence <input type="checkbox"/> Circula Pressure <input type="checkbox"/> IV Induction <input type="checkbox"/> TIVA <input type="checkbox"/> Inhalation <input type="checkbox"/> Regional: <input type="checkbox"/> Spinal <input type="checkbox"/> Epidural <input type="checkbox"/> Other <input type="checkbox"/> Site		Intubation: <input type="checkbox"/> Oral <input type="checkbox"/> Nasal <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Blind <input type="checkbox"/> Stylet <input type="checkbox"/> Magill's <input type="checkbox"/> Fiber Optic <input type="checkbox"/> Awake <input type="checkbox"/> Secured at _____ cm <input type="checkbox"/> Attempts: _____		Tube Size: 7.5 <input type="checkbox"/> RAE <input type="checkbox"/> Armored <input type="checkbox"/> Endobronch. <input type="checkbox"/> Uncuffed <input checked="" type="checkbox"/> Cuffed <input type="checkbox"/> Suffed <input type="checkbox"/> BBS <input type="checkbox"/> ET CO <sub>2</sub> present <input type="checkbox"/> Blood <input type="checkbox"/> ZMAC <input type="checkbox"/> CMMA <input type="checkbox"/> Atraumatic <input type="checkbox"/> Easy		START: 0725 IN ROOM: 0730 STOP: 1120 ASA: 1 REMARKS: Art. line placed in (B) radial artery p induction by Dr. Balasingh	
<b>PRE-INDUCTION VALUES</b> BP: _____ P: _____ R: _____ SAT: _____		<b>PATIENT SAFETY</b> <input checked="" type="checkbox"/> Suction Checked <input checked="" type="checkbox"/> Safety Belt On <input type="checkbox"/> Arms L/R on Armboards <90° <input type="checkbox"/> Armboard Restraints <input type="checkbox"/> Arms Tucked L/R <input type="checkbox"/> Ax Roll <input type="checkbox"/> Pressure points checked and padded <input type="checkbox"/> Eye Care: <input type="checkbox"/> Taped <input type="checkbox"/> Goggles <input type="checkbox"/> Pass <input type="checkbox"/> Goggles		<b>PREMEDICATION</b> <input checked="" type="checkbox"/> Versed _____ Mg IV @ 0725 <input type="checkbox"/> Fentanyl _____ Mg IV @ _____		<b>ANTIBIOTIC</b> Antibiotic: Ancef IV @ 0804 Antibiotic: _____ IV @ _____		<b>TOURNIQUET</b> mm Hg _____ time _____ min		<b>PATIENT SUMMARY</b> N1004		<b>VITAL SIGNS</b> 	
<b>FLUIDS / AGENTS</b> Oxygen L/Mn: 10 <input type="checkbox"/> N <sub>2</sub> O Air L/Mn: _____ <input type="checkbox"/> DES 2 SEVO %: 1.6 <input checked="" type="checkbox"/> PROP <input type="checkbox"/> ETOM <input type="checkbox"/> STP mg: 200 <input checked="" type="checkbox"/> LIDO <input type="checkbox"/> SUK mg: 40 <input checked="" type="checkbox"/> RDC <input type="checkbox"/> VEC <input type="checkbox"/> Nimbox mg: 50 FENTANYL mg: 100 ZOPRANOLONE mg: _____ ROBINUL / NEOSTIGMINE mg: _____ Ephedrine mg: 10.5		<b>FLUIDS</b> <input type="checkbox"/> LR <input type="checkbox"/> NS <input type="checkbox"/> UR <input type="checkbox"/> NS Urine (NO FOLEY) ml: _____ EBL ml: _____		<b>MONITORS</b> SaO <sub>2</sub> %: 100 ET CO <sub>2</sub> : 37 P <sub>10</sub> : 1.0 Temp Skin Other (Ceph) °F: 36.3		<b>RECOVERY</b> <input type="checkbox"/> PACU <input type="checkbox"/> SOS <input type="checkbox"/> ICU Time: 115 B/P: 100/47 O <sub>2</sub> Sat: 97 P: 62 R: 16 T: 98.5							
<b>VENT</b> Tidal Volume: CV Resp. Rate: CV Peak Pressure: cmH <sub>2</sub> O PEEP: cmH <sub>2</sub> O		<b>REMARKS / POSITION</b> supine M. Wolff, MD D. Perle, MD M.D.		<b>ANESTHETIC</b> WellStar <input checked="" type="checkbox"/> Cobb <input type="checkbox"/> Douglas <input type="checkbox"/> Kennestone <input type="checkbox"/> Paulding <input type="checkbox"/> Windy Hill ANESTHESIA RECORD		<b>RELIEF</b>		<b>PAQU</b> <input checked="" type="checkbox"/> Airway Patent <input checked="" type="checkbox"/> Awake/Responsive <input type="checkbox"/> Sedated <input type="checkbox"/> Intubated <input type="checkbox"/> VRS <input type="checkbox"/> Ventilator <input type="checkbox"/> Satisfactory Condition		<b>REPORT GIVEN</b> <input checked="" type="checkbox"/> Monitors <input checked="" type="checkbox"/> Mask Oxygen <input type="checkbox"/> T-Piece Oxy. <input type="checkbox"/> Oral/nasal airway			

0855 - Dextran infusion started 20ml/hr PRK  
 0908 - 6000 units Heparin IV, PRK

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



page 2  
of 2

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

Diagnosis: SEE PAGE ONE  
Procedure: SEE PAGE ONE

<b>PRE-PROCEDURE</b> <input type="checkbox"/> Identified <input type="checkbox"/> H & P <input type="checkbox"/> Chart Reviewed <input type="checkbox"/> Permit Signed Pre-anesthesia Status: <input type="checkbox"/> Awake <input type="checkbox"/> Anxious <input type="checkbox"/> Uncooperative <input type="checkbox"/> Calm <input type="checkbox"/> Asleep <input type="checkbox"/> Confused <input type="checkbox"/> Unresponsive	
<b>PRE-ANESTHESIA EVALUATION</b> Immediate pre-induction evaluation/assessment complete <input type="checkbox"/> Yes <input type="checkbox"/> No Plan of Care Remains Same <input type="checkbox"/> Yes <input type="checkbox"/> No Initials: _____	
<b>PRE-INDUCTION VALUES</b> BP: _____ SAT: _____	
<b>PATIENT SAFETY</b> <input type="checkbox"/> Machine Checked <input type="checkbox"/> Safety Box On <input type="checkbox"/> Aired L.R. in Ambioventilator <input type="checkbox"/> Ambioventilator <input type="checkbox"/> Any blocked L.R. <input type="checkbox"/> Pressure points checked and padded <input type="checkbox"/> Eye Care: <input type="checkbox"/> Taped <input type="checkbox"/> Ointment <input type="checkbox"/> Goggles	
<b>PREMEDICATION</b> <input type="checkbox"/> Versed <input type="checkbox"/> Morphine <input type="checkbox"/> Fentanyl <input type="checkbox"/> Morphine	
<b>ANTIBIOTIC</b> Antibiotic: _____ Antibiotic: _____	
<b>TOURNIQUET</b> mm Hg _____ time _____ min	
<b>PATIENT SUMMARY</b> NOOIA	
<b>MONITORS AND EQUIPMENT</b> <input type="checkbox"/> Sati <input type="checkbox"/> PreO2 <input type="checkbox"/> Esoph <input type="checkbox"/> Other <input type="checkbox"/> Non-Invasive BP <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Continuous FKG <input type="checkbox"/> Y Lead M/G <input type="checkbox"/> Pulse Oximetry <input type="checkbox"/> Oxygen Sat <input type="checkbox"/> End Tidal CO <sub>2</sub> <input type="checkbox"/> Gas Analyzer <input type="checkbox"/> Active Warming <input type="checkbox"/> Heat Blanket <input type="checkbox"/> Bair Hugger <input type="checkbox"/> THERM <input type="checkbox"/> BIS <input type="checkbox"/> KC Pad <input type="checkbox"/> Fluid Warmer	
<b>ANESTHETIC TECHNIQUE</b> General: <input type="checkbox"/> Pre-Oxygenation <input type="checkbox"/> LTA <input type="checkbox"/> Rapid Sequence <input type="checkbox"/> Cricoid Pressure <input type="checkbox"/> IV Induction <input type="checkbox"/> TIVA Regional: <input type="checkbox"/> Spinal <input type="checkbox"/> Epidural <input type="checkbox"/> Other <input type="checkbox"/> Safe <input type="checkbox"/> Awake <input type="checkbox"/> General <input type="checkbox"/> Intubation <input type="checkbox"/> Difficult <input type="checkbox"/> Calorator _____ cm <input type="checkbox"/> Neg. CSF <input type="checkbox"/> Neg. blood <input type="checkbox"/> Neg. parathesia <input type="checkbox"/> Neg. test dose Drug: _____ Dose: _____ Time: _____	
<b>AIRWAY MANAGEMENT</b> Intubation: <input type="checkbox"/> Oral <input type="checkbox"/> Nasal <input type="checkbox"/> Direct <input type="checkbox"/> Endobronch <input type="checkbox"/> Blind <input type="checkbox"/> Uncuffed <input type="checkbox"/> Cuffed <input type="checkbox"/> Stylet <input type="checkbox"/> Cuffed <input type="checkbox"/> Magill's <input type="checkbox"/> R B S <input type="checkbox"/> Fiber Optic <input type="checkbox"/> ET CO <sub>2</sub> present <input type="checkbox"/> Awake <input type="checkbox"/> Blades <input type="checkbox"/> MAC <input type="checkbox"/> Miller <input type="checkbox"/> Secured at _____ cm <input type="checkbox"/> Atraumatic <input type="checkbox"/> Attention <input type="checkbox"/> Easy Airway: <input type="checkbox"/> Oral <input type="checkbox"/> Nasal <input type="checkbox"/> Difficult <input type="checkbox"/> Mask Case <input type="checkbox"/> See Remarks <input type="checkbox"/> IMA <input type="checkbox"/> Nasal Cannula	
<b>ANESTHESIA TIME</b> START: 0725 IN ROOM: 0730 STOP: 1120 ASA: 1 REMARKS: _____	
<b>VITAL SIGNS</b> 1100 * 1100 * 1130 * 1200 * 1230 * 1300 * 1330	
<b>FLUIDS / AGENTS</b> Oxygen: _____ L/min N <sub>2</sub> O: _____ L/min DFS: _____ % PROP: _____ mg UDC: _____ mg ROC: _____ mg FENTANYL: _____ mcg ZOFRAN: _____ mg TORADOL: _____ mg ROBINUL / NEOSTIGMINE: _____ mg Phenylephrine: _____ mg	
<b>MONITORS</b> SaO <sub>2</sub> : _____ % ET CO <sub>2</sub> : _____ mmHg FiO <sub>2</sub> : _____ % Temp: _____ °F Tidal Volume: _____ ml Resp. Rate: _____ /min Peak Pressure: _____ cmH <sub>2</sub> O PEEP: _____ cmH <sub>2</sub> O	
<b>RECOVERY</b> <input type="checkbox"/> PACU <input type="checkbox"/> ICU B/P: _____ P: _____ T: _____ PACU: <input type="checkbox"/> Report Given <input type="checkbox"/> Awake/Responsive <input type="checkbox"/> Monitors <input type="checkbox"/> Secured <input type="checkbox"/> Mask Oxygen <input type="checkbox"/> VSS <input type="checkbox"/> Intubated <input type="checkbox"/> T-Piece Oxy. <input type="checkbox"/> Satisfactory Condition <input type="checkbox"/> Oral/Nasal Airway	

WellStar  
 Cobb  Douglas  Kennestone  
 Paulding  Windy Hill  
ANESTHESIA RECORD

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

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

**ANESTHESIA-RELATED ISSUES**

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

**PRIOR SURGERIES AND DATES**

- No prior surgeries  
CABG 11-1-92

**HEART DISEASE**

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

**LUNG DISEASE**

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

**LUNG DISEASE (CONTINUED)**

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

**GI / KIDNEY / LIVER DISEASE**

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

**ENDOCRINE DISEASE**

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

**BLOOD DISORDERS**

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

**NEUROLOGIC DISEASE**

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

**NEUROLOGIC DISEASE (CONT'D)**

- Anxiety
- Depression

**FEMALE-RELATED ISSUES**

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

**OTHER MEDICAL CONDITIONS**

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

MEDICATIONS: ASPIRIN 81mg  
RAMIPRIL 10mg x 2  
CARVEDILOL 12.5mg x 2  
CHLORTHALIDONE 50mg  
VALIUM 10-80 3/wk

**ALLERGIES:**

WDA

Height: 5'7" Weight: 230  
Date of Procedure: 1-7-14  
Diagnosis: \_\_\_\_\_

Proposed Procedure: \_\_\_\_\_

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

WellStar

- Cobb  Douglas  Kennestone Main
- Kennestone SDS  Paulding  Windy Hill

Pre-Anesthetic Assessment and Consultation

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



FORM #2-WC0020 ITEM #83978

Page 1 of 2

4/2013

HIM Approved 4/2013



\*2-WC0020\*



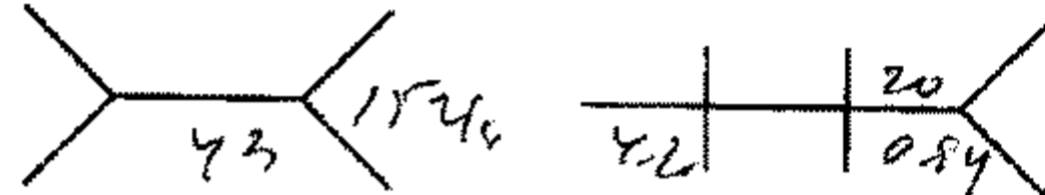
Do Not Write Below This Line - For Physician Use Only

**AIRWAY EXAM:** MAL 1 2 3 4  
 Good ROM  TMD greater than or equal to 3 FB  
 CAPS / FULL / PARTIAL

SpO2 \_\_\_\_\_ BP \_\_\_\_\_ HR \_\_\_\_\_  
 RR \_\_\_\_\_ SpO2 \_\_\_\_\_  
 See nursing notes for vital\*

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

**LAB WORK:**



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

**PROBLEM LIST:**

Circle those that apply and strike those that do not

CAD ~~S/I CMA~~

HTN

Tobacco

↑ BMI\*

OSA

DM

Asthma

GERD

EKG:  NSR / WNL

ECHO:

SA

EF 55-60!

Stress Test: 1/8 ECG

Cardiac Clearance:

Chest x-ray:  NAD

Pulmonary Clearance:

**BETA BLOCKER**

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

**ASA STATUS:** 1 2 3 4 5 E

Risks, benefits, and options discussed. Questions regarding anesthetic risks were solicited and answered. Patient was warned of the risk of dental injury.

GA

LMA

GETA

RSI

SAB

MAC

EPIDURAL

A-LINE

BLOCK

CVL

PONV PROPHYLAXIS

**24 HOUR POST-ANESTHESIA NOTE:**

For use for inpatients only

No anesthetic complications  VS stable  
 Discharged on day of surgery  Neuro intact  
 Pain controlled

Comments: \_\_\_\_\_  
 Authenticated by  
 Wilmer Balasing, M.D.  
 On 01/23/2014 08:44:54 AM

Anesthesia Provider

Date / Time

Signature

Date / Time

**WellStar**

Cobb  Douglas  Kennestone Main  
 Kennestone SDS  Paulding  Windy Hill

**Pre-Anesthetic Assessment and Consultation**

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



WellStar

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

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

1-3-14  
Date of Receipt

1-2-49  
Date of Birth

EUGENE G. MAURICE  
Patient Name

\_\_\_\_\_  
Print Name of Authorized Personal Representative

Eugene G. Maurice  
Signature of Patient

\_\_\_\_\_  
Signature of Authorized Personal Representative

\_\_\_\_\_  
Please Indicate Relationship to Patient

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


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

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

Signature of WellStar Representative: \_\_\_\_\_ Date: \_\_\_\_\_

*Please  the appropriate facility:*

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

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

## Patient Admissions Packet Table of Contents and Acknowledgment Form

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

POOR ORIGINAL

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

Maurice, Eugene

Name of Patient

[Signature]

Signature of Nurse or Other Healthcare Provider

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

WellStar

Cobb  Douglas  Kennestone

Paulding  Windy Hill  Other \_\_\_\_\_

Patient Admissions Packet - Table of Contents

001632858

01/07/14

MAURICE, EUGENE G

01/02/49 M 65Y C1400300500

KER

CHERVU, ARUN



FORM # WS0644

(White Copy: Chart / Yellow Copy: Patient)

Revision Date (12/2011)



\*1-WS0644\*

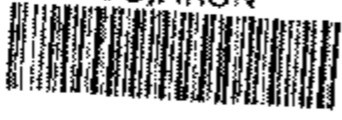
DATE	TIME	DEPT CODE	STAFF INITIALS	EDUCATION TOPIC	Please check (✓) the appropriate column in each category (see code legend below)																	
					LEARNER			METHOD				OUTCOME										
					P	F	O	D	W	T	G	V	V	N	D	R						
1/2	12:00			Admission education provided and discussed with patient per Admission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

Department Code: CR = Cardiac Rehab D = Diabetic Educator L = Lactation N = Food and Nutrition Therapy NS = Nursing OT = Occupational Therapy P = Pharmacy	PT = Physical Therapy XR = Radiology / Imaging RT = Respiratory SS = Social Services SLP = Speech Language Pathologist W = Wound / Ostomy / Cont	Learner Code: P = Patient F = Family O = Other	Method Code: D = Demonstration W = Written T = Video/CCTV G = Group/Class	Outcome Code: V = Verbalized Understanding N = Needs Reinforcement D = Return Demonstration Satisfactorily R = Refused Teaching
---	---	---	---	---

INITIAL	SIGNATURE	INITIAL	SIGNATURE
1/2	<i>[Signature]</i>		
1/17/13	<i>[Signature]</i>		

<b>WellStar</b> <input type="checkbox"/> Cobb <input type="checkbox"/> Douglas <input type="checkbox"/> Kennestone <input type="checkbox"/> Paulding <input type="checkbox"/> Windy Hill <b>Interdisciplinary Patient / Family Education Record</b>	001632858 MAURICE, EUGENE G 01/02/49 M 65Y C1400300500 CHERVU, ARUN 	01/07/14 SPP #PF-05 HIM Approved 6/2011
--	---	---



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

WellStar

- Cobb  Douglas  Kennestone
- Paulding  Windy Hill

**Interdisciplinary Patient / Family  
Education Record**

FORM #WS0169

ITEM #60860

Page 2

\*2-WS0169\*

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



red 6/2011

Preoperative Diagnosis: Critical Left Carotid Stenosis

Postoperative / Final Diagnosis: None

Procedure Performed: Left Carotid Endarterectomy + Bovine Pericardial Patch

Performing Physician: P. Chelmsky

Assistant:  None S. Rivers PA-C C. Stevens PA-C

Anesthesia: GBT (Dr. Bolony)

Findings: \_\_\_\_\_

high grade stenosis  
high carotid bifurcation  
Aorta, aortic arch, all  
efforts well, tongue  
in midline

Vascu-Guard®  
REF VG-0108N  
PN 3213-0108-0011  
LOT SPCE113-0910030

Implant(s): \_\_\_\_\_

Specimen / Device Removed: carotid plaque Hyalin 6000

Blood Loss: 200cc, plaque 1300cc; dry

Physician Signature P. Chelmsky Date 1/7/14 Time 11:00 AM / PM

Operative Report Dictated

**For Outpatient only**

Discharge Follow-up Instructions: \_\_\_\_\_

Condition on Discharge: \_\_\_\_\_

Discharge Medications: \_\_\_\_\_

Activities / Diet: \_\_\_\_\_

Physician Signature \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_ AM / PM

WellStar  
 Cobb  Douglas  Kennestone  
 Paulding  Windy Hill

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

**PROCEDURE PROGRESS / DISCHARGE NOTE**



FORM #WS0236

ITEM #61633

Page 1 of 1

\*1-WS0238\*

Rev. 10/2011  
HIM Approved 9/2011

**H&P Update**

Select one:

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

OR

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

---

---

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---

*Maurice Eugene G. Chervu*  
Physician Signature

1/7/14  
Date

0650 AM / PM  
Time

**WellStar**

- Cobb  Douglas  Kennestone  
 Paulding  Windy Hill

**H&P Update**

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





**Vascular Surgical Associates**

**Austell Office**

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

**Patient: Eugene G Maurice  
(418960)**

**Date of Birth: 01/02/1949**

**Phone: (678) 398-9479**

**Encounter Date: 01/03/2014**

**History of Present Illness**

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

**History**

**Allergy**

No Known Drug Allergies (01/03/2014)

**Past Medical**

CAROTID ARTERY STEN, NO INFARCT

Hypertension

Heart Attack

**Other Medical History**

Unspecified Diagnosis

**Social**

Tobacco use: Never smoker

Alcohol use: Moderate alcohol use

**Medications**

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

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

Aspirin (81MG Tablet, Oral daily) Active.

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

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

Medications Reconciled.

**Family**

Heart Disease: Mother, Brother

Hypertension: Father, Mother, Brother, Sister

Cancer: Sister

**Past Surgical**

Coronary Artery Bypass Graft (1992) 6

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



**Review of Systems**

**Respiratory:** Not Present- Shortness of breath.

**Cardiovascular:** Not Present- Chest Pain.

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



## Physical Exam

### General

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

### Integumentary

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

### Chest and Lung Exam

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

### Cardiovascular

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

#### **Palpation/Percussion:**

**Point of Maximal Impulse:** - Normal.

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

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

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

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

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

#### **Lower Extremity:**

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

### Abdomen

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


### Neurologic

Neurologic evaluation reveals - Neurologically grossly intact and nonfocal.

### Musculoskeletal

**Impression - General** - no gross deformity.

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



**Vital Signs**

**Date:** 01/03/2014 09:41 AM

**Temperature:**

**Pulse:** 58

**Blood Pressure:** 159/79

**Height:**

**Weight:**

**BMI:** -

**BSA:** -

**Date:** 01/03/2014 09:41 AM

**Temperature:**

**Pulse:** 66

**Blood Pressure:** 156/72

**Height:** 67 in

**Weight:** 241 lb, 2 oz

**BMI:** 37.77 kg/m<sup>2</sup>

**BSA:** 2.27 m<sup>2</sup>

**Assessment & Plan**

**CAROTID ARTERY STEN, NO INFARCT**

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

Current Plans:

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

*Called by Dr. Cheng  
Cardiac Echo  
=> EFOR w/o  
suggestion of  
pulmonary  
hypertension.  
Will proceed  
with left carotid  
endarterectomy.*

Future Procedures:

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

cc: Abdul Sheikh MD

*Arun Chervu*

Electronically Signed By Arun Chervu MD

01/03/2014, 10:40 AM

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



*1/7/14  
0650h*  
*[Signature]*

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

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

**NEUROVASCULAR ASSESSMENT FLOWSHEET**

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

\*\*\*Notify Physician immediately of abnormal findings\*\*\*

Initials	Full Signature & Title	Initials	Full Signature & Title	Initials	Full Signature & Title
		AD	M. Eugene G		

WellStar

- Cobb  Douglas  Kennestone  
 Paulding  Windy Hill

Neurovascular Assessment Flowsheet

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



FORM #WS0569

ITEM #17043

Page 1 of 1

Rev. 4/2008

HIM Approved 4/2008



\*1-WS0569\*



**Admission Medication Reconciliation Orders**

Wellstar Health System

MAURICE, EUGENE G  
ROOM: BCD4-01 ADM: 01-07-2014 06:44  
AGE: 65 Y SEX: M MD: Chervu, Arun G.  
DOB: 01-02-1949 ID: 1400300500 MR: 001632858  
REQUESTED: 01/07/2014 06:52  
W - 433.10 Carotid Stenosis

**ALLERGIES**

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

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

**ACTIVE HOME MEDICATIONS (including OTC Herbs)**

\*\*\*Pharmacy does not dispense herbal supplements\*\*\*

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

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

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

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

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

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

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

\*\*\*Pharmacy does not dispense herbal supplements\*\*\*

DRUG (GENERIC NAME) (COMMENTS)	DOSE	ROUTE	FREQUENCY	CONFIRMED	LAST TAKEN	Discontinue Order	Restart Order
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**FAKED**  
1/7/14  
1750

Physician Signature:

*[Handwritten Signature]*

Date and Time:

1/7/14, 06:55



**Admission Medication Reconciliation Orders**

Wellstar Health System

MAURICE, EUGENE G  
 ROOM: BC04-D1 ADM: 01-07-2014 05:44  
 AGE: 65 Y SEX: M MD: Chervu, Arun G.  
 DOB: 01-02-1949 ID: 1400300500 MR: 001632858  
 REQUESTED: 01/07/2014 06:52  
 W - 433.10 Carotid Stenosis

**NEW MEDICATION ORDERS**

DRUG	DOSE	ROUTE	FREQUENCY	COMMENTS

*FAKED  
MS*

Physician Signature: *Arjun Chervu* Date and Time: *1/7/14, 06:52* - Place on chart

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





Do NOT Fax to Pharmacy. Place on chart in Discharge tab.  
**Discharge Medication Reconciliation Orders**  
 Wellstar Health System

MAURICE, EUGENE G  
 ROOM: 341-01 ADM: 01-07-2014 05:44  
 AGE: 55 Y SEX: M MD: Chervu, Arun G  
 DOB: 01-02-1949 ID: 1400300500 MR: 001632858  
 REQUESTED: 01/08/2014 07:43  
 W - 433.10 Carotid Stenosis

**ALLERGIES**

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

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

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

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

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

**ANTICHOLINERGIC AGENTS**

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

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

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

Date and Time: 1/8/14 0746

Patient Identification Sticker Required

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

**Discharge Medication Reconciliation Orders**

Wellstar Health System

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

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

HM	Vytorin 10-80 Oral [ezetimibe-simvastatin Oral]	(Strength: 10-80 mg)	Oral	Every day	01/07/2014	Active	Continue <input checked="" type="checkbox"/> Discontinue <input type="checkbox"/>
IP	EZETIMIBE	10 MG=1 TAB (GIVE WITH PRAVASTATIN)	ORAL	NIGHTLY AT BEDTIME		Active	Yes <input type="checkbox"/> (1) Add to HM list (2) Please write RX
IP	PRAVASTATIN SODIUM	80 MG=1 TAB (GIVE WITH ZETIA)	ORAL	NIGHTLY AT BEDTIME		Active	Yes <input type="checkbox"/> (1) Add to HM list (2) Please write RX

**CARDIOVASCULAR DRUGS**

HM	carvedilol Oral [carvedilol Oral]	(Strength: 12.5 mg)	Oral	2 times per day	01/07/2014	Active	Continue <input checked="" type="checkbox"/> Discontinue <input type="checkbox"/>
IP	CARVEDILOL	12.5 MG=(2 x 6.25 MG TAB)	ORAL	TWICE A DAY		Active	Yes <input type="checkbox"/> (1) Add to HM list (2) Please write RX

**DIURETICS**

HM	chlorthalidone Oral [chlorthalidone Oral]	(Strength: 50 mg)	Oral	Every day	01/07/2014	Active	Continue <input checked="" type="checkbox"/> Discontinue <input type="checkbox"/>
IP	CHLORTHALIDONE	50 MG=(2 x 25 MG TAB)	ORAL	ONCE A DAY		Active	Yes <input type="checkbox"/> (1) Add to HM list (2) Please write RX

**ELECTROLYTIC, CALORIC, AND WATER BALANCE**

IP	LACTATED RINGERS	1,000 ML	IV	80 ml/hr		Active	Yes <input type="checkbox"/> (1) Add to HM list (2) Please write RX
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**GASTROINTESTINAL DRUGS**

IP	MAGNESIUM HYDROXIDE	2400 MG=30 ML SUSP (FOR CONSTIPATION)	ORAL	EVERY 6 HOURS AS NEEDED		Active	Yes <input type="checkbox"/> (1) Add to HM list (2) Please write RX
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**HORMONES AND SYNTHETIC SUBSTITUTES**

IP	DEXAMETHASONE SODIUM PHOSPHATE	4 MG=1 ML SOLN (X 4 DOSES)	IV	EVERY 6 HOURS		Active	Yes <input type="checkbox"/> (1) Add to HM list (2) Please write RX
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NEOLUR DOURRON MD

Physician Signature: \_\_\_\_\_

Date and Time: \_\_\_\_\_

1/8/14 0746

Do NOT Fax to Pharmacy. Place on chart in Discharge tab.  
**Discharge Medication Reconciliation Orders**  
 Wellstar Health System

MAURICE, EUGENE G  
 ROOM: 341-01 ADM: 01-07-2014 05:44  
 AGE: 65 Y SEX: M MD: Chervu, Arun C.  
 DOB: 01-02-1948 ID: 1400300600 MR: 001632858  
 REQUESTED: 01/08/2014 07:43  
 W- 433.10 Carotid Stenosis

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

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

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

**RENIN-ANGIOTENSIN-ALDOSTERONE SYS. INHIB**

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

**SERUMS, TOXOIDS, AND VACCINES**

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

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

*[Handwritten Signature]*  
 HECTOR DOUGLASS MD

Date and Time:

1/8/14 07:46

Patient Identification Sticker Required

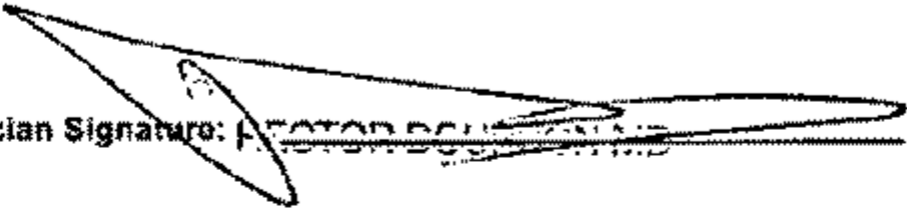


Do NOT Fax to Pharmacy. Place on chart in Discharge tab.  
**Discharge Medication Reconciliation Orders**  
 Wellstar Health System

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

**NEW MEDICATION ORDERS**

DRUG	DOSE	ROUTE	FREQUENCY/RATE	INDICATION

Physician Signature: 

Date and Time: 1/8/14 0746

Place on chart in Discharge tab  
 DO NOT FAX TO PHARMACY

Patient Identification Sticker Required



Home

Medication List For Patient

Wellstar Health System

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

ALLERGIES

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

DISCHARGE MEDICATIONS

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

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

Patient Identification Sticker Required

Home Medication List For Patient  
Wellstar Health System

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

Special Instructions

Stop taking these medications

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

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

Patient Identification Sticker Required

(1115-1416)

ROOM # 341 POST ANESTHESIA RECORD - INPATIENT  
DATE: 1/7/14 SURGEON: Chervu ANESTH: Paulding ANESTH: GEN SPINAL EPIDURAL BLOCK MAC LOCAL  
PROCEDURE: (U) CEA

HISTORY: (U) cardiac disease; HTN, tobacco ALLERGIES: NKA  
ADM ASSESSMENT TIME: 1115 DISCHARGE ASSESSMENT TIME: 1910

AIRWAY:	Natural <input checked="" type="checkbox"/> Oral <input type="checkbox"/> Nasal <input type="checkbox"/> E/TT <input type="checkbox"/> Trach <input type="checkbox"/> LMA <input type="checkbox"/>	Natural <input checked="" type="checkbox"/> Oral <input type="checkbox"/> Nasal <input type="checkbox"/> E/TT <input type="checkbox"/> Trach <input type="checkbox"/>
LOC:	Awake <input checked="" type="checkbox"/> Oriented <input type="checkbox"/> Drowsy <input type="checkbox"/> Confused <input type="checkbox"/> Unresponsive <input type="checkbox"/>	Awake <input checked="" type="checkbox"/> Oriented <input type="checkbox"/> Drowsy <input type="checkbox"/> Confused <input type="checkbox"/> Unresponsive <input type="checkbox"/>
RESP:	Equal <input checked="" type="checkbox"/> Full <input type="checkbox"/> Shallow <input type="checkbox"/> Labored <input type="checkbox"/> Apneic <input type="checkbox"/>	Equal <input checked="" type="checkbox"/> Full <input type="checkbox"/> Shallow <input type="checkbox"/> Labored <input type="checkbox"/> Apneic <input type="checkbox"/>
O2	NRB <input type="checkbox"/> Cannula <input checked="" type="checkbox"/> T-piece <input type="checkbox"/> Vent <input type="checkbox"/> Trach Collar <input type="checkbox"/> Room Air <input type="checkbox"/>	NRB <input type="checkbox"/> Cannula <input checked="" type="checkbox"/> T-piece <input type="checkbox"/> Vent <input type="checkbox"/> Trach Collar <input type="checkbox"/> Room Air <input type="checkbox"/>
BREATH SOUNDS	Clear <input checked="" type="checkbox"/> Rhonchi <input type="checkbox"/> Wheezes <input type="checkbox"/> Crackles <input type="checkbox"/>	Clear <input checked="" type="checkbox"/> Rhonchi <input type="checkbox"/> Wheezes <input type="checkbox"/> Crackles <input type="checkbox"/> SpO2: 98% RR: 19
Comments:	Chervu: 1104 Anesth: 0809	EXPECTED OUTCOME 1. Patent / clear airway maintained. 2. Adequate ventilation maintained.

BP: 105/47 Pulse: 62 Cardiac Rhythm: SR	BP: 131/55 Pulse: 58 Cardiac Rhythm: SB
Temp: 98.1 Skin: Warm <input checked="" type="checkbox"/> Cool <input type="checkbox"/> Dry <input checked="" type="checkbox"/> Moist <input type="checkbox"/>	Temp: 98.0 Skin: Warm <input type="checkbox"/> Cool <input type="checkbox"/> Dry <input checked="" type="checkbox"/> Moist <input type="checkbox"/>
Color: Normal <input checked="" type="checkbox"/> Pale <input type="checkbox"/> Cyanotic <input type="checkbox"/>	Color: Normal <input type="checkbox"/> Pale <input type="checkbox"/> Cyanotic <input type="checkbox"/>
Peripheral Pulses: Radial L <input checked="" type="checkbox"/> R <input checked="" type="checkbox"/> NA <input type="checkbox"/>	Peripheral Pulses: Radial L <input checked="" type="checkbox"/> R <input checked="" type="checkbox"/> NA <input type="checkbox"/>
Pedal LDP <input checked="" type="checkbox"/> LPT <input type="checkbox"/> RDP <input checked="" type="checkbox"/> RPT <input type="checkbox"/>	Pedal LDP <input checked="" type="checkbox"/> LPT <input type="checkbox"/> RDP <input checked="" type="checkbox"/> RPT <input type="checkbox"/>
TEDS: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> SCD/AVI: Y <input type="checkbox"/> N <input checked="" type="checkbox"/>	TEDS: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> SCD/AVI: Y <input type="checkbox"/> N <input checked="" type="checkbox"/>
Capillary Refill: Brisk <input type="checkbox"/> Sluggish <input type="checkbox"/> NA <input type="checkbox"/>	Capillary Refill: Brisk <input type="checkbox"/> Sluggish <input type="checkbox"/> NA <input type="checkbox"/>
Sensation: Normal <input checked="" type="checkbox"/> Dull <input type="checkbox"/> Absent <input type="checkbox"/> NA <input type="checkbox"/>	Sensation: Normal <input checked="" type="checkbox"/> Dull <input type="checkbox"/> Absent <input type="checkbox"/> NA <input type="checkbox"/>
Spinal Level: NA	Spinal Level: NA Discharge @

Comments: Moves all ext. & fingers, assessed by Dr. Chervu	NURSING DIAGNOSIS Potential alteration in cardiovascular function and tissue perfusion related to surgical intervention and effects of anesthesia.	EXPECTED OUTCOME 1. Vital Signs within acceptable limits 2. Cardiac rhythm within acceptable limits 3. No evidence of excessive bleeding 4. A-line patent. Distal extremity warm with adequate capillary refill and sensation.	Comments:
Comments:	NURSING DIAGNOSIS Pain / anxiety due to surgical procedure.	EXPECTED OUTCOME 1. Effect of comfort measure noted. 2. Verbal or non verbal expression of reasonable comfort.	Comments:

PAR Score: 2 (see scale) Pt. Arrived with Personal Effects Bag: Y <input type="checkbox"/> N <input checked="" type="checkbox"/>	PT. CLASS I/II/III/IV Pt. discharged with Personal Effects Bag: Y <input type="checkbox"/> N <input checked="" type="checkbox"/>
Dressing(s): Y <input checked="" type="checkbox"/> NA <input type="checkbox"/> Surg Site WNL <input checked="" type="checkbox"/> N <input type="checkbox"/>	PAR Score: 9 (if < 8 ok by _____ M.D.)
Site #1: (U) neck Site #2: _____	Floor notified of special needs: NA <input type="checkbox"/>
D/I or %Sat: 2 Sp D/I or %Sat: _____	<input checked="" type="checkbox"/> O2 2LPM <input type="checkbox"/> PCA <input type="checkbox"/> Suction Other: _____
Side Rails up Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Padded Y <input type="checkbox"/> N <input type="checkbox"/>	Drain(s) / Line(s) / IV(s) Patent + WNL Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
IV(s) Site WNL Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Patent Y <input checked="" type="checkbox"/> N <input type="checkbox"/>	Dgs / Surg site WNL Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Comments: (PB) hat # 28 ga, 1 IV (PB) hat # 28 ga	Transported to: O2; Monitors: Drip
Drain(s) Patent Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/>	Report to: Lauer, RN Jauru, Jee (PA)
Comments:	Transported by: _____ Time: 1425
ADMITTING RN: _____	DISCHARGE RN: _____

WellStar  
 Cobb  Douglas  Kennestone  
 Paulding  Windy Hill

Post Anesthesia Record - Inpatient

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

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

TIME	Adm	11	11	11	11	11	11	11	11	11	11	11	11	11	11	11
ACTIVITY	2			2		2	2	2	2	2	2	2	2	2	2	2
RESPIRATIONS	2			2		2	2	2	2	2	2	2	2	2	2	2
CIRCULATION Pre-op	1			2		2	2	2	2	2	2	2	2	2	2	2
CONSCIOUSNESS	2			1		2	2	2	2	2	2	2	2	2	2	2
SpO2	1			1		1	1	1	1	1	1	1	1	1	1	1
PAR SCORE	8			8		9	9	9	9	9	9	9	9	9	9	9
NBP	100/47	110/68	112/65	114/65	114/59	115/66	119/66	119/56	120/56	126/59	127/60	131/50	131/50	131/50	131/50	131/50
ABP	150/62	148/62	148/61	144/60	140/58	132/55	135/57	140/58	145/64	137/55	141/57	141/57	141/57	141/57	141/57	141/57
PULSE	62	56	58	57	56	56	57	58	57	64	55	60	58	58	58	58
RESPIRATIONS	16	18	23	20	19	18	14	18	16	18	18	20	19	19	19	19
SpO2	97	94	96	95	95	95	96	96	99	99	99	99	99	99	99	99
TEMP	98.5									98.4						
O2	L = Cannula % = Nebulizer V = Vent T-Piece	2				3				3	2					
FiO2																
TV MODE																
RATE																
PEEP																
Mandibular Support																
Requires ETT/Oral/Nasal/LMA																
Pain Score (0-10)		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Pain Behavior (0-10)		1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Pain Quality																
Position/Reposition	HOB (45)															
Dressing Assessed	CDL															
Neurovascular	check															

**PAR Score**  
 Activity:  
 2 Moves 4 extremities  
 1 Moves 2 extremities  
 0 Able to move 0 extremities  
 Respirations  
 2 Able to deep breathe and cough freely  
 1 Dyspnea or limited breathing  
 0 Apneic  
 Circulation  
 2 BP +/- 20% of preanesthetic level  
 1 BP +/- 20-50% of preanesthetic level  
 0 BP +/- 50% of preanesthetic level  
 Consciousness  
 2 Fully awake  
 1 Arousable on calling  
 0 Not responding  
 SpO2  
 2 SpO2 more than 92% on room air  
 1 Supplemental O2 to maintain SpO2 more than 90%  
 0 SpO2 less than 90% even with O2

**Pain Score**  
 0 No pain relaxed calm expression  
 1-3 slight/mild stressed/tensed expression  
 4-6 moderate guarded movement/facial grimacing  
 7-9 severe moaning/restless  
 10 worst crying out/increased intensity of above behaviors

**Pain Behavior (Infants/children)**  
 S sleeping  
 0 No pain  
 1-3 slight/mild restless/irritual  
 4-6 moderate facial grimacing  
 7-9 severe favors body part (knees at abdomen/pulls at body part)  
 10 worst pain crying uncontrollably

**CARDIAC RHYTHM**  
 SR = Sinus Rhythm  
 ST = Sinus Tachycardia  
 SB = Sinus Bradycardia  
 \* = See note  
 ✓ = Yes  
 - = No  
 N/A = Not applicable

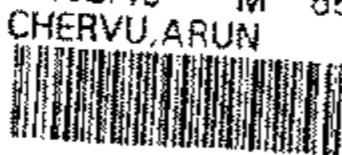
**PERIPHERAL PULSES**  
 0 = Absent  
 +1 = Weak  
 +2 = Normal

**Pain Quality**  
 Thr = Throbbing  
 Cr = Cramping  
 Sh = Sharp  
 T = Tender  
 Pr = Pressure  
 A = Aching  
 D = Dull  
 B = Burning

**Positioning**  
 HOB = Head of Bed  
 L = Left Side  
 R = Right Side  
 B = Back

**ANESTHESIA DISCHARGE/ POST-OP EVAL NOTE**  
 Pt. awake, answers questions, mental status baseline; No anesthetic complications  
 BP (+/-20% baseline), Pulse, RR, SpO2, airway, temp & VAS are acceptable as documented above  
 N/V Treated; Hydration Acceptable; HOP (if applicable) acceptable.  
 Pt. sedated, confused, not sufficiently recovered from anesthesia; post op w/in 48h  
 Comments: \_\_\_\_\_  
 By: \_\_\_\_\_ Date: 11/7/14 Time: \_\_\_\_\_

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

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 01/02/49 M 65Y C1400300500  
 CHERVU, ARUN  


Date: 11/7/11

INTAKE OR:				OUTPUT OR:				MEDICATIONS:				
TIME	SITE	PACU	IN	LTC	TIME	URINE:	AMOUNT	TIME	ROUTE	MEDICATION	REASON	INT
1115	UR	500	500	8					IV	Doxoran 200/4		NO
1230	UR	1000	0	1000								
					OTHER:							
					1700	IP	100					
					OTHER:							
					OTHER:							
					OTHER:							
PACU TOTALS		CRYSTALLOIDS	OTHER:	URINE	OTHER:	OTHER:						
		500			EH							
		2000			200							
TIME	LAB / X-RAY / CONSULT	REASON	TIME	RESULTS / INTERVENTION	INT							
TIME	NOTES:					INT						
1115	pt to preop. Alert/Oriented/V. signs stable. On nasointub					NO						
1150	Rosa/CSRep. updated. Advised pt. will be in Recovery for 3 hrs per his orders.					NO						
1230	Per pt, "I don't have family member in the waiting area," to visit. Karen updated & advised accordingly.					NO						
1240	with @ bedside. left @ 1305					NO						
1400	A-line removed/DLG - No hemostasis. Karen/RN advised to discuss site plan pt. gets up stairs.					NO						
1400	Rosa/CSRep. advised to send family to room					NO						

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 Post Anesthesia Record - Inpatient

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 01/07/14

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

**Section I: Screening Ages 18 and Greater**

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

30

Screening completed by: Arun Chervu RN Date: 1/7/14 Time: 1040 AM / PM

**Section II: Vaccine Orders for Eligible Inpatients**

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

**Section III: Administration**

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

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

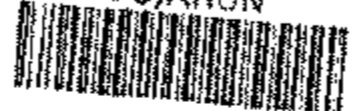
3. Vaccine(s) given:

Pneumococcal vaccine 0.5 mL IM \_\_\_\_\_ (site) Lot # \_\_\_\_\_

Influenza vaccine (adult) 0.5 mL IM \_\_\_\_\_ (site) Lot # \_\_\_\_\_

Administered by: Signature / title: \_\_\_\_\_ Date: \_\_\_\_\_

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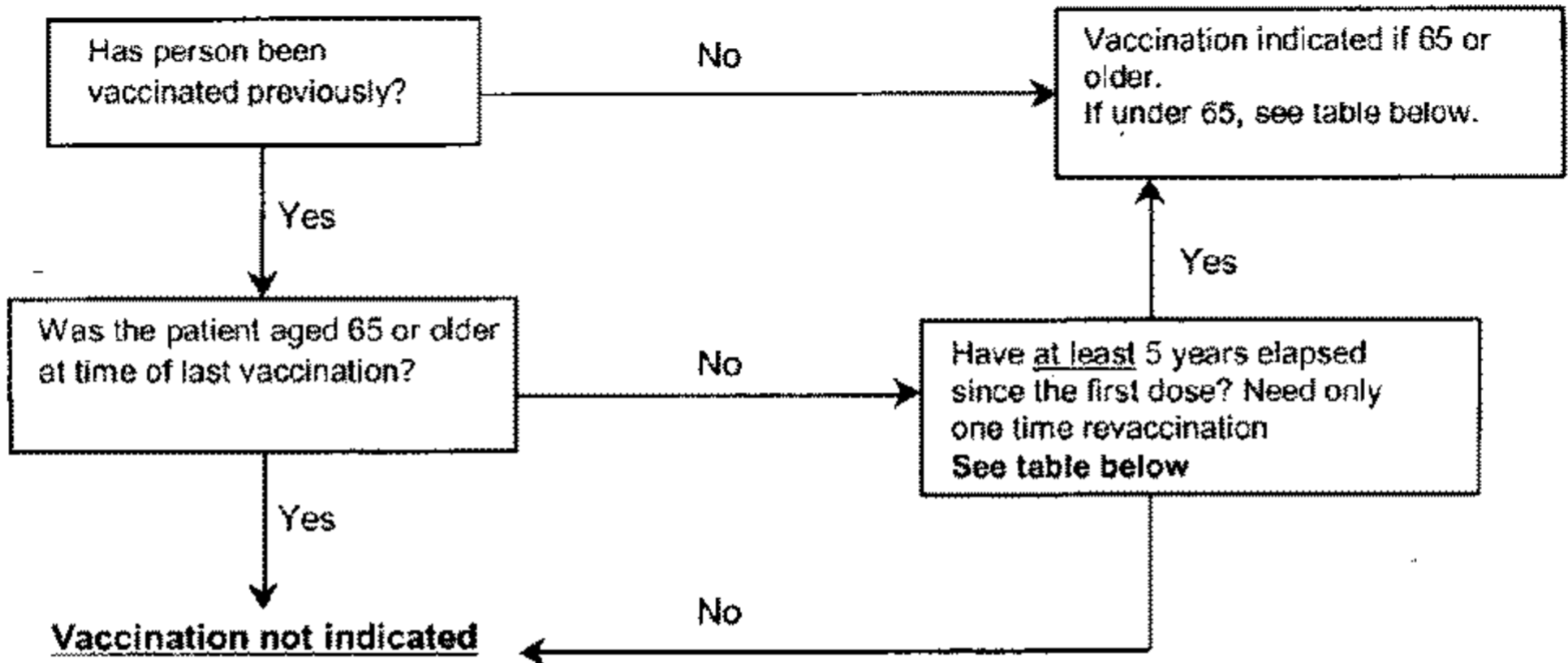
Cobb  Douglas  Kennestone

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**Adult Influenza and Pneumococcal Screening and Vaccination Administration Day 2**

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

**Pneumococcal Vaccine Administer Day 2 - Algorithm for vaccinating eligible persons**




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

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

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

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**Adult Influenza and Pneumococcal Screening and Vaccination Administration Day 2**

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 CHERVU.ARUN  




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

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

<b>RN Initials</b>	<b>MUST BE COMPLETED BY UNIT SENDING TO PROCEDURE / SURGICAL AREA</b>
1 <i>JB</i>	Isolation Precautions: <input type="checkbox"/> Yes <input type="checkbox"/> No Type: <input type="checkbox"/> Contact <input type="checkbox"/> Droplet <input type="checkbox"/> Airborne Receiving Dept./ RN Notified: <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>PROCEDURE VERIFICATION - Nursing Unit / PreOp</b>	<input type="checkbox"/> H&P (OP update within 24 hours of procedure) <input type="checkbox"/> Informed Consent signed and witnessed <input type="checkbox"/> Patient Identification, patient verbalizes correct procedure, and all documentation matches confirmed procedure
<b>PAPERWORK CHECK - Nursing Unit / PreOp</b>	Pacemaker <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, interrogation form (Item #100940) must be on chart. Call device manufacturer if needed. Defibrillator <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, interrogation form (Item #100940) must be on chart. Call device manufacturer if needed.
<i>JB</i>	<input type="checkbox"/> Patient Database <input type="checkbox"/> Blood Administration Record <input type="checkbox"/> Print Inpatient Med Admin Record / TRRF <input type="checkbox"/> Outpatient Home Medication Reconciliation List <input type="checkbox"/> POLST <input type="checkbox"/> Advanced Directive <input type="checkbox"/> PT/ INR/ PTT <input type="checkbox"/> CBC <input type="checkbox"/> Chemistry <input type="checkbox"/> X-rays <input type="checkbox"/> EKG <input type="checkbox"/> Preg test <input type="checkbox"/> BBG <input type="checkbox"/> Blood Products (Type / Screen, Type / Crossmatch) Number of Units: _____ R number: _____

<b>2</b>	<b>PATIENT PREP - Nursing Unit / PreOp Procedure Area / OR</b>
<i>JB</i>	<input type="checkbox"/> Allergy band on patient and allergies listed on patient's Database Height: <u>57</u> Weight: <u>108</u> BMI: <u>16.1</u>
<i>JB</i>	<input type="checkbox"/> Tubes, Drains, Catheters List: _____
<i>JB</i>	<input type="checkbox"/> Anti-embolism hose <input type="checkbox"/> Foot Pump <input type="checkbox"/> Sequential Compression sleeve Other: _____
<i>JB</i>	<input type="checkbox"/> Beta Blocker Therapy Last dose date/ time: <u>1/7/14 0600</u>
<i>JB</i>	<input type="checkbox"/> Anticoagulant Therapy Last dose date/ time: <u>1/6/14</u>
<i>JB</i>	IV Access (existing or started) <input type="checkbox"/> IV # g / site / solution: <u>20 R HAND</u> <input type="checkbox"/> Other: _____
<i>JB</i>	<input type="checkbox"/> VTE Assessment Complete NPO since: <u>0000 1/7</u> Voided at: <u>1/7 0600</u>
<i>JB</i>	Prep: <input type="checkbox"/> None <input type="checkbox"/> Bowel prep → Results: _____ (per Pt or Initials/Date/Time)
<i>JB</i>	<input type="checkbox"/> Skin: → <input type="checkbox"/> chlorhexidine <input type="checkbox"/> CHG Wipes PM Prep: <u>2400</u> (per Pt or Initials/Date/Time) solution AM Prep: <u>0600</u> (per Pt or Initials/Date/Time)
<i>JB</i>	<input type="checkbox"/> Hair removal: clipped
<i>JB</i>	Remove all that apply: Dentures/ Partial Glasses/ Contacts Jewelry/ Body Jewelry Hearing Aid Underwear Hair Clips/ Pins Disposition of belongings: <input type="checkbox"/> Remain in room <input type="checkbox"/> To family / significant other Locked in: <input type="checkbox"/> Prep room <input type="checkbox"/> Security
<i>JB</i>	VS prior to leaving unit: BP: <u>135/73</u> P: <u>79</u> RR: <u>16</u> T: <u>97.5</u> SpO2/O2: <u>100</u> / flow <u>R&amp;R</u>
	Released to Procedure Area / OR via <input type="checkbox"/> Stretcher <input type="checkbox"/> Bed <input type="checkbox"/> Wheelchair <input type="checkbox"/> Ambulatory
	Released by (Floor RN or PreOp RN): <u>Jarub...</u> Date: <u>1/7/14</u> Time: <u>0655</u>
	Report given to (healthcare professional / RN): _____ Date: _____ Time: _____

<b>3</b>	<b>MANDATORY: UNIVERSAL PROTOCOL - PART I - Procedure Area / OR</b>
<i>MAR</i>	<input checked="" type="checkbox"/> H&P (OP update within 24 hours of procedure) <input checked="" type="checkbox"/> Informed Consent signed, witnessed, on chart <input checked="" type="checkbox"/> Patient Identification, patient verbalizes correct procedure, and all documentation matches confirmed procedure
<i>MAR</i>	Side / Site confirmed: <input checked="" type="checkbox"/> Left <input type="checkbox"/> Right Location: <u>neck</u> <input type="checkbox"/> Site Marked by physician <input type="checkbox"/> Site specific bracelet applied <input type="checkbox"/> N/A
<i>MAR</i>	<input checked="" type="checkbox"/> Required test results, blood / antibiotics / irrigation fluids, implants, devices and special needs / equipment are available
	Released to Procedure Area / OR via <input checked="" type="checkbox"/> Stretcher <input type="checkbox"/> Bed <input type="checkbox"/> Wheelchair <input type="checkbox"/> Ambulatory

Thomas A. Kaye 1/7/14 0726  AM  PM  
Procedure Area / OR RN Signature Date Time

**WellStar**  
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**Pre-Procedure Checklist**

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**PRE-PROCEDURE CHECKLIST - page 2**

**ADMITTED FROM:**  Inpatient unit  Telemetry  ED  Home  Other: \_\_\_\_\_

**Education:**  Patient / Family informed of procedural and safety processes, questions answered  Clear Lungs / IS kit Baseline 2400

**FOR OPS / AM ADMISSION**

**Pain Assessment:**  Able to give self-report of pain Pain scale used:  Numeric (0-10)  Faces (0-10)  NVPS  PAINAD

Pain Score: \_\_\_\_\_ Comfort Goal: \_\_\_\_\_

Location(s): \_\_\_\_\_ Onset / Duration: \_\_\_\_\_

Aggravating Factors: \_\_\_\_\_ Alleviating Factors: \_\_\_\_\_

Medications taken today on Medication Administration Record

**PREOPERATIVE AREA MEDICATION ADMINISTRATION**

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

**POST MEDICATION VITAL SIGNS**

Time						
BP						
Pulse						
Respirations						
SpO2 / oxygen						

Above information completed by (RN): [Signature] Date / Time: 1/7/14 10:00 AM / PM

**NURSES NOTES**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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**Pre-Procedure Checklist**

FORM #WS0343 ITEM #24165

Page

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approved 8/2013

**NURSING ASSESSMENT OF PATIENT DISCHARGE READINESS**

670-910-2298

Discharge: Date 1-8-14 Time 1700 AM / PM Patient Phone Number: \_\_\_\_\_

Mode Of Discharge:  Ambulatory  Wheelchair  Ambulance  Carried

Destination:  Home  Facility \_\_\_\_\_  In Care of \_\_\_\_\_

Discharge per Physician Assessment and Order:  Yes  AMA

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

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

Vaccine(s) administered during hospitalization:

Influenza / Date: This Season Pneumococcal / Date: \_\_\_\_\_ Other / Date: \_\_\_\_\_

**PATIENT DISCHARGE INSTRUCTIONS**

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

Healthy Living Guides: Incision Care

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

Patient discharged with the following equipment: \_\_\_\_\_

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

**More information is on the back of this form.**

**FOLLOW-UP APPOINTMENTS AND REFERRALS**

(i.e. Physician, Home Health, Social Services, Outpatient, Cardiac Rehab)

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

**ADDITIONAL INSTRUCTIONS (add contact information for equipment):**

No Driving or lifting > 5 lbs for 2 weeks

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

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

WellStar

- Cobb  Douglas  Kennestone
- Paulding  Windy Hill

Discharge Summary

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FORM #WS0230

ITEM #24163

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rev. 2/2012

ORIGINAL - Chart YELLOW - Patient PINK - Unit  
 \*2-WS0230\*

HIM Approved 1/2012

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

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

**Cardiac Rehabilitation / Registration for Heart Smart or HF Outpatient Classes**

Cobb Hospital: 770-732-4129  
 Douglas Hospital: 770-920-6425  
 Kennestone Hospital: 770-793-7455  
 Paulding Hospital: Contact any of the above numbers for registration

**Diabetes Services**

Diabetes Education Classes, Support Groups, Disease Management, and Weight Management  
 Kennestone, Cobb, Douglas, and Paulding: 770-793-7828

**Nutrition Counseling**

Cobb Hospital: 770-732-3984  
 Douglas Hospital: 770-920-6367  
 Kennestone Hospital: 770-956-7827  
 Paulding Hospital: 770-505-7121

**HEART FAILURE PATIENT:**

Please refer to the Heart Failure booklet for further information.

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

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

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

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

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

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

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

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


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

**WellStar**

- Cobb    Douglas    Kennestone  
 Paulding    Windy Hill

**Discharge Summary**

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



## CONSENT TO ROUTINE PROCEDURES AND TREATMENTS & FINANCIAL RESPONSIBILITY STATEMENT

### Section I CONSENT TO ROUTINE PROCEDURES AND TREATMENTS

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

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

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

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

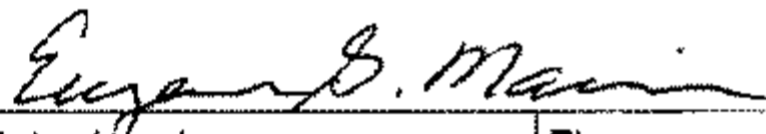
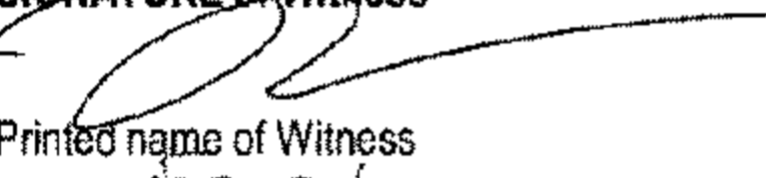
I understand that I have the right to ask questions about a proposed procedure or treatment (including the identity of any person providing or observing treatment and his or her affiliation with WellStar) at any time. I understand the practice of medicine is not an exact science and diagnosis and outcomes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

### Section II MATERNITY PATIENTS

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

### Section III EMERGENCY OR LABORING PATIENTS

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


<b>SIGNATURE of Patient (or Patient Representative*)</b>  		<b>SIGNATURE of Witness</b>   Printed name of Witness MORRIS Lewis	
Date signed 1-3-14	Time 11:21	Date signed 01/03/14	Time 11:38
* Relationship to patient (if applicable)		Name of interpreter (if applicable)	

### Section IV ASSIGNMENT OF BENEFITS/FINANCIAL RESPONSIBILITY

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

**WellStar**  
 Cobb  Douglas  Kennestone  
 Paulding  Windy Hill  Other \_\_\_\_\_

**General Consent to Treat & Financial Responsibility Statement**

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



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

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

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

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

**Section IX ADVANCE DIRECTIVE**

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

**Section X PERSONAL VALUABLES**

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

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

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

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

CKER





COBB HOSPITAL  
P O BOX 102254  
ATLANTA, GA 30362  
(770) 732-4000  
Fax: (770) 968-3322

**ADMISSION RECORD**

CORPORATE NUMBER  
02894730

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

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

CRT Used: 8SD

OPT OUT: No

PUBLICITY:

OPT OUT DATE: 02/17/14

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

Date

Physician's Signature

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

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SIGNATURE of Patient (or Patient Representative*) <i>Eugene G. Maurice</i>		SIGNATURE of Witness <i>Jerrin Mills</i>	
Printed name of Patient Eugene G. Maurice		Printed name of Witness Jerrin Mills	
Date signed Feb 17 2014	Time 1535 AM (PM)	Date signed Feb 17 2014	Time 1535 AM (PM)
* Relationship to patient (if applicable)		Name of interpreter (if applicable)	

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

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



**CONSENT TO ROUTINE PROCEDURES AND TREATMENTS & FINANCIAL RESPONSIBILITY STATEMENT**

**Section I CONSENT TO ROUTINE PROCEDURES AND TREATMENTS**

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

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

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

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

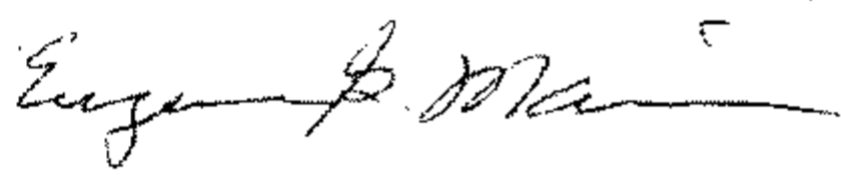

I understand that I have the right to ask questions about a proposed procedure or treatment (including the identity of any person providing or observing treatment and his or her affiliation with WellStar) at any time. I understand the practice of medicine is not an exact science and diagnosis and outcomes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

**Section II MATERNITY PATIENTS**

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

**Section III EMERGENCY OR LABORING PATIENTS**

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

<b>SIGNATURE of Patient (or Patient Representative*)</b> 		<b>SIGNATURE of Witness</b> 	
Date signed <b>FEB 17 2014</b> Time <b>1530</b> AM/PM <b>(PM)</b>		Date signed <b>FEB 17 2014</b> Time <b>1530</b> AM/PM <b>(PM)</b>	
* Relationship to patient (if applicable)		Name of interpreter (if applicable)	

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<b>WellStar</b> <input checked="" type="checkbox"/> Cobb <input type="checkbox"/> Douglas <input type="checkbox"/> Kennestone <input type="checkbox"/> Paulding <input type="checkbox"/> Windy Hill <input type="checkbox"/> Other _____	MR#001632858 R: 306-01 02/17/14 MAURICE, EUGENE G 01/02/49 M 65Y CHERVU, ARUN ACCT# C1404801123 :R 
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HIM Approval: November 2013  
Created By:

### General Admission

Enter Zynx Tracking Order #: 44344 in HEO/STAR

#### Admit

##### Status

Inpatient

##### Estimated Length of Stay

3-4 Days

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

##### Unit

Medical/Surgical

##### Code Status

Attempt Resuscitation/CPR

#### Admitting Physician

Arun Chervu MD

#### Diagnosis

Left Neck Infection, Possible Carotid Patch Infection

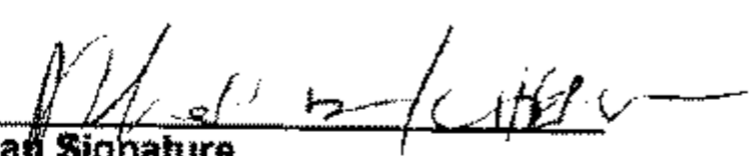
#### Condition

Good

#### Vital Signs

Per unit routine

Notify provider for systolic blood pressure greater than 180 or less than 90, diastolic blood pressure greater than 110 or less than 40, temperature greater than 100.4 or less than 95, heart rate greater than 140 or less than 50, oxygen saturation less than 85%

Physician Signature   
Date 2/17/14 Time 1500  
Printed on: Mon Feb 17 15:11:00 EST 2014

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



ired

**Activity**

Up ad lib

**Nursing Orders**

Please get a full list of patient's medications / dosages from family and / or PCP

**Measure intake and output**

routine

**Diet**

Regular

**Medications**

- aspirin 81 milligram Orally  once a day, first dose stat if not already given
- pantoprazole (Protonix) 40 milligram intravenously  once a day
- docusate sodium (Colace) 100 milligram orally 2 times a day

**Antibacterial Agents (Pharmacy to adjust dose)**

**Select reason for ordering vancomycin below:**

patient at high risk due to acute inpatient hospitalization within the last year

**Additional Medications**

Vancomycin 15 mg/kg IVPB every 12 hours, Pharmacy to adjust -hospitalization within the last 2 months

**Contingency/PRN Medications**

**For Sleep/Itching**

temazepam (Restoril) 15 milligram orally once a day, at bedtime as needed for insomnia, may repeat one dose in 30 minutes ( Do not use in pregnant patients )

**For Constipation**


bisacodyl (Dulcolax) 5 milligram orally  once a day as needed for constipation

**Antiemetics**

Physician Signature 

Date 2/17/14 Time 15:17

Printed on: Mon Feb 17 15:11:00 EST 2014

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


ondansetron (Zofran) 4 milligram orally or intravenously every 6 hours as needed for nausea/vomiting

**For Pain (Do not exceed a total dose of 3000 mg acetaminophen per 24 hours)**

nitroglycerin 0.4 milligram sublingually as needed for chest pain, may repeat every 5 minutes x 3 doses, call if unrelieved

acetaminophen (Tylenol) 650 milligram orally or rectally every 6 hours as needed for mild pain or fever above 101.5 F

HYDROcodone 5 mg - acetaminophen 325 mg (Norco) 1 - 2 tablet orally every 6 hours as needed for moderate pain

morphine 1 - 2 milligram intravenously every 3 hours as needed for severe pain

**For Hypertension**

hydralazine 10 milligrams intravenously every 3 hours as needed for systolic bp greater than 180

clonidine (Catapres) 0.1 milligrams orally every 4 hours as needed for systolic bp greater than 170

**For Anxiety**

ALPRAZolam (Xanax) 0.25 milligram orally every 6 hours as needed for anxiety

**IV Fluids**

Saline lock

**Laboratory**

AM on 2/18/14

CBC with differential

Basic metabolic panel

PT and INR

Other CRP, ESR

**Respiratory**

Respiratory Care per CPG

**MD Consults (if urgent or today consult ordered after 4pm, must be called in by requesting physician)**

Consult to Dr. Josph Havlik Possible infection Today

Physician Signature

Date 2/17/14 Time 1:45

Printed on: Mon Feb 17 15:11:00 EST 2014

MR#001632858 R: 306-01 02/17/14

MAURICE, EUGENE G

01/02/49 M 65Y

CHERVU, ARUN

ACCT# C1404801123

ired





HIM Approval: November 2012  
Created By:

## Venous Thromboembolism (VTE) Prophylaxis

Enter Zynx Tracking Order #: 44170 in HEO/STAR

### Nursing Orders

Sequential pneumatic compression (Calf SCDs)

### Pharmacologic Prophylaxis

*For hospitalized acutely ill general medical patients without contraindications who are confined to bed and have additional risk factors for VTE, DVT prophylaxis with LDUH, an LMWH, or a factor Xa inhibitor should be used, noting that LMWH reduces the risk of major bleeding as compared with UFH*

*Individualized therapy based on the type of agent used, comorbidities, risk factors, and/or type of procedure should be used*

Pharmacologic Prophylaxis Start Date and Time: 2/17/14 / 2000 hrs

heparin 5,000 unit subcutaneously every 8 hours  
(recommended if CrCl less than 30 mL/min, EXCEPT elective hip replacement)

### Laboratory Evaluation

*Labs should be drawn for Inpatients within 1 week, Outpatients within 1 month*

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

Physician Signature

Date 2/17/14 Time 15:09

Printed on: Mon Feb 17 15:09:09 EST 2014

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



1



*Austell Office*

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

**Eugene G Maurice**

**Patient #: 418960**

**DOB: 01/02/1949 (65 years)**

**Regular Medications**

**Aspirin 81MG Tablet**

**Dosage:** 1 (Oral) daily  
Prescribed by: Rae Burnett

**Vytorin 10-80MG Tablet**

**Dosage:** 1 (Oral) every other day  
Prescribed by: Rae Burnett

**Carvedilol 12.5MG Tablet**

**Dosage:** 1 (Oral) two times daily  
Prescribed by: Rae Burnett

**Ramipril 10MG Capsule**

**Dosage:** 1 (Oral) two times daily  
Prescribed by: Rae Burnett

**Diuretic**

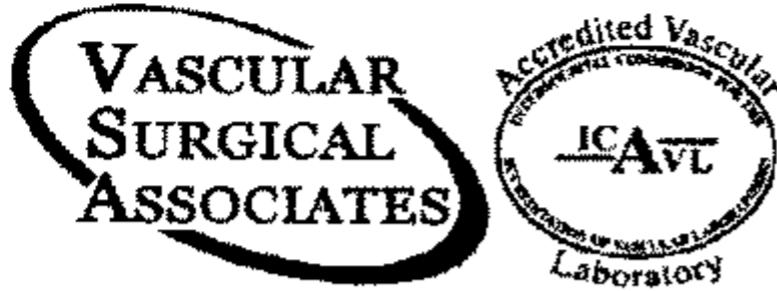
**Dosage:** 1 (Oral) daily  
Prescribed by: Rae Burnett

**Bactrim.DS 800-160MG Tablet**

**Dosage:** 1 (one) Tablet (Oral) 1 PO BID X 10 DAYS for 10 days (local prescription)  
Start Date: 02/11/2014; Prescribed by: Rae Burnett

**Bactroban 2% Ointment**

**Dosage:** 1 (one) Ointment (External) apply to affected area daily for 30 days (local prescription)  
Start Date: 02/07/2014; Prescribed by: Rae Burnett



## Vascular Surgical Associates

### Austell Office

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

---

**Patient: Eugene G Maurice**  
**(418960)**

**Date of Birth: 01/02/1949**

**Phone: (678) 398-9479**

---

**Encounter Date: 02/17/2014**

### History of Present Illness

The patient is a 65 year old male presenting for a post-operative visit. The patient is here today to follow up from a carotid endarterectomy. Patient is 6 weeks postop procedure. Patient has been compliant with post operative instructions. Patient has returned to full activity. He reports that his wound is improving. He denies fever. he states that it has stopped draining.

### History

#### Allergy

No Known Drug Allergies (01/22/2014)

#### Past Medical

CAROTID ARTERY STEN, NO INFARCT

CAROTID ARTERY STEN, NO INFARCT

Heart Attack

Hypertension

#### Other Medical History

Unspecified Diagnosis

#### Social

Tobacco use: Never smoker

Alcohol use: Moderate alcohol use

#### Medications

Bactroban (2% Ointment, 1 (one) Ointment External apply to affected area daily, Taken starting 02/07/2014) Active.

Bactrim DS (800-160MG Tablet, 1 (one) Tablet Oral 1 PO BID X 10 DAYS, Taken starting 02/11/2014) Active.

Diuretic ( Oral daily) Active.

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

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

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

Aspirin (81MG Tablet, Oral daily) Active.

Medications Reconciled.

#### Family

Heart Disease: Mother, Brother

Cancer: Sister

Hypertension: Father, Mother, Brother, Sister

#### Past Surgical

Coronary Artery Bypass Graft (1992) 6

CAROTID ENDARTERECTOMY WITH MANDIBULAR SUBLUXATION (35301) (01/07/2014) CHERVU, RIVERS

---

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

## Review of Systems

**Respiratory:** Not Present- Shortness of breath.

**Cardiovascular:** Not Present- Chest Pain.

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

## Physical Exam

Left neck mainly healed except 2 punctate areas of drainage; ? serosanguinous;

Speech- intact, tongue in midline.

Neuro - alert, oriented, moving all extremities well;

### General

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

### Integumentary

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

### Chest and Lung Exam

Chest and lung exam reveals - quiet, even and easy respiratory effort with no use of accessory muscles and clear to A&P.

### Cardiovascular

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

**Palpation/Percussion:**

**Point of Maximal Impulse:** - Normal.

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

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

### Abdomen

**Palpation/Percussion:** Palpation and Percussion of the abdomen reveal - No Palpable abdominal masses.

### Neurologic

Neurologic evaluation reveals - Neurologically grossly intact and nonfocal.

### Musculoskeletal

**Impression - General** - no gross deformity.



### Vital Signs

**Date:** 02/17/2014 01:46 PM  
**Temperature:**  
**Pulse:** 63 (Regular)  
**Respirations:**  
**Peak Flow:**  
**Blood Pressure:** 152/ 71  
**Reading Type:** Electronic  
**Cuff Location:** Left Arm  
**Position:** Sitting

**Height:**  
**Weight:**  
**Neck:**  
**Waist:**  
**BMI:** -  
**BSA:** -

**Pulse Ox:** -  
**Pain Level:** /10  
**LMP Date:** -  
**Note:**

---

**Date:** 02/17/2014 01:45 PM  
**Temperature:**  
**Pulse:** 62 (Regular)  
**Respirations:**  
**Peak Flow:**  
**Blood Pressure:** 140/ 70  
**Reading Type:** Electronic  
**Cuff Location:** Right Arm  
**Position:** Sitting

**Height:** 66 in  
**Weight:** 235 lb  
**Neck:**  
**Waist:**  
**BMI:** 37.93 kg/m<sup>2</sup>  
**BSA:** 2.23 m<sup>2</sup>

**Pulse Ox:** -  
**Pain Level:** /10  
**LMP Date:** -  
**Note:**

### Assessment & Plan

#### **CAROTID ARTERY STEN, NO INFARCT**

**Today's Impression:** Patient is 6 weeks postop left carotid endarterectomy. The incision site is still not completely healed and there was some purulent drainage last week. I am concerned about possible infection of the graft. I will admit the patient to the hospital and start antibiotics. I will have infectious disease see the patient. I will plan Operative Exploration of left neck incision with possible excision of Bovine pericardial patch, and vein patch repair. Discussed in detail with the patient and his wife. I have reviewed his CTA which does show some fluid around the carotid patch, but given the early timing, I am not sure this is an abscess.

#### Current Plans:

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

#### Future Procedures:

- 03/07/2014: CAROTID DUPLEX SCAN (93880); Routine every 3 months ending after 4 times

cc: Dr. Abdul Sheikh

*Arun Chavin*

---

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

*Electronically Signed By Arun Chervu MD*

*02/17/2014, 02:48 PM*

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

WELLSTAR COBB HOSPITAL

ACCT: 1400300500	MRN: 1632858
NAME: MAURICE, EUGENE G	ADM: 01/07/2014
DOB: 01/02/1949	DIS:
PHYSICIAN: CHERVU, ARUN MD	RM/BED: PAC/01
	PT TYPE: INPATIENT

DATE OF ADMISSION: 01/07/2014

DATE OF OPERATION: 01/07/2014

SURGEON: Arun Chervu, MD

PREOPERATIVE DIAGNOSIS: Critical left carotid stenosis.

POSTOPERATIVE DIAGNOSIS: Critical left carotid stenosis.

OPERATION PERFORMED

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

FIRST ASSISTANT: Stephanie Rivers, PA-C.

SECOND ASSISTANT: Courtney Stevens, PA-C.

ANESTHESIOLOGIST: Wilmer M. Balaoing, MD

ANESTHESIA: General endotracheal.

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

PROCEDURE: In the operating room, the patient underwent general anesthesia. The left neck and chest were prepped and sterilely draped using full barrier precautions. After appropriate timeout, I made a standard incision just anterior to sternocleidomastoid muscle, taken down to the level of the jugular vein. There was a small tear in the jugular vein that I sutured with 6-0 Prolene. The facial vein was ligated and then divided. I then encircled the proximal common carotid artery, taking care to preserve the vagus nerve. The patient had quite a high bifurcation. I encircled the external and then the internal carotid artery where it was soft, taking care to preserve the hypoglossal nerve. I then gave the patient 6000 units of heparin. After waiting 3 minutes for the heparin to circulate, I clamped the distal internal and then the common and external carotid artery. The artery was opened longitudinally using a #12 blade, and

OPERATIVE REPORT  
Page 1 of 2  
PRELIMINARY REPORT  
COPY FOR: CHERVU, ARUN

This fax was received by GFI FaxMaker fax server. For more information, visit: <http://www.gfi.com>

ACCT: 1400300500	MRN: 1632858
NAME: MAURICE, EUGENE G	ADM: 01/07/2014

extending, using a Potts scissors. I then began an endarterectomy plane and achieved a nice proximal endpoint. I did an eversion endarterectomy of the external and then achieved a very nice distal endpoint. There was a lot of loose debris that took some time to clean off in the ICA. Ultimately I felt that I could close. I took a bovine pericardial patch, sewed the top 2 quadrants with 6-0 Prolene. The patch was cut to the appropriate length. I then put in the proximal suture and did the third quadrant. The suture was tied. fourth quadrant was done. I removed the shunt and then irrigated the bed with copious amounts of heparinized saline and dextran solution. The anastomosis was completed. Flow was reconstituted first to the external and after 10 heartbeats to the internal carotid artery. Two hemostatic sutures were required, and then I had very good hemostasis. I then did an intraoperative SonoSite and had excellent flow in the common. The distal common carotid artery had no debris that I can see in the carotid dissection area, and then the excellent flow in the distal internal carotid artery. I put in a J-P drain, did a Valsalva, and no significant bleeding was identified. The platysma was approximated using running 3-0 Vicryl sutures and then skin staples. Surgical and Tegaderm dressing were applied. Final sponge and needle counts correct.

ESTIMATED BLOOD LOSS: Of 200 mL.

IV FLUIDS: Of 1300 mL crystalloid.

TOTAL HEPARIN: Of 6000 units.

SPECIMENS: Carotid plaque, not sent for pathology.

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

Arun Chervu, MD

cc: Abdul M. Sheikh, MD

Dictation Date/Time: 01/07/2014 11:27 A  
Transcription Date/Time: 01/07/2014 11:51 A  
AC:WEB JOB #: 2283658 DOC #: 1718083

OPERATIVE REPORT  
Page 2 of 2  
PRELIMINARY REPORT  
COPY FOR: CHERVU, ARUN

This fax was received by GFI FaxMaker fax server. For more information, visit: <http://www.gfi.com>

NAME: MAURICE, EUGENE  
Medical Record Number: 001632858  
Account Number: 1404801123  
Facility: C  
Report Name: COBB HOSPITAL CONSULTATION REPORT  
DATE OF ADMISSION: 02/17/2014

DATE OF CONSULTATION: 02/17/2014

REQUESTING PHYSICIAN: Arun Chervu, MD

CONSULTING PHYSICIAN: Joseph A. Havlik, Jr., MD, INFECTIOUS DISEASE

REASON FOR CONSULTATION: Concern for postoperative wound infection.

IMPRESSION:

1. Rule out left neck postoperative wound infection versus seroma after left carotid endarterectomy with vein patch done on 01/07/2014; concern for low level infection with staph species, such as coag-negative staph.
2. Peripheral vascular disease.
3. Coronary atherosclerotic heart disease.
4. Hypertension.

RECOMMENDATION:

1. Blood cultures x2.
2. Wound culture.
3. Vancomycin 50 mg/kg IV q.12.
4. Surgical I and D with cultures as per Dr. Chervu.

HISTORY OF PRESENT ILLNESS: This is a 65-year-old Caucasian male with high-grade left carotid stenosis, required carotid endarterectomy with bovine pericardial patch angioplasty on 01/07/2014. The patient developed some postoperative hematoma after the drain was taken out. This eventually went down, but he had some chronic drainage and then over the past weekend the wound reopened when he was playing with his granddaughter. He was seen by Dr. Chervu earlier today. He has not had any fever and has not felt bad. CT scan was done which showed some periwound fluid collection. Wound drainage was cultured and he was sent over for admission to the hospital.

PAST MEDICAL HISTORY: Significant for coronary atherosclerotic heart disease, status post bypass surgery, history of peripheral vascular disease, both right and left carotid disease, also with hypertension.

ALLERGIES: NONE KNOWN.

SOCIAL HISTORY: Previous smoker. No alcohol or recreational drug use. He has currently been working with his son rehabbing houses. Retired from his previous job in IT.

FAMILY HISTORY: Coronary artery disease.

REVIEW OF SYSTEMS:

HEENT: No history recurrent upper respiratory tract infection.

ENDOCRINE: No history of diabetes or thyroid disease.

PULMONARY: No history of chronic lung disease.

CARDIAC: As above.

NAME: MAURICE, EUGENE  
Medical Record Number: 001632858  
Account Number: 1404801123  
Facility: C  
Report Name: COBB HOSPITAL CONSULTATION REPORT

LIVER: No history of chronic liver disease.  
KIDNEY: No history of chronic kidney disease, recurrent urinary tract infection.  
GASTROINTESTINAL: No history of GI illness.  
VASCULAR: As above.  
NEUROLOGICAL: No history of seizures or stroke.  
SKIN: No problems with wound healing.

PHYSICAL EXAMINATION:

VITAL SIGNS: Temperature 97.8, pulse 57, respiratory rate 18, blood pressure 135/64.  
GENERAL: Older middle-aged Caucasian male, alert, oriented x3 in no acute distress. Does not appear ill.  
HEENT: Mouth: No lesion or thrush.  
NECK: Supple. Left neck wound with Band-Aid over the open area, but no significant erythema.  
LUNGS: Clear.  
HEART: Regular rate and rhythm, S1, S2.  
ABDOMEN: Soft. Bowel sounds normoactive. Nontender. Obese abdomen.  
EXTREMITIES: Without significant edema.  
SKIN: He has some flushing of the neck and chest which he said is chronic.  
NEUROLOGIC: Moves all fours without difficulty.

LABORATORY AND DIAGNOSTICS: None available at the time of dictation.

Radiology: No new studies available except verbal report of fluid around the left carotid per Dr. Chervu.

Thank you very much for asking us to see this patient in consultation. Please note I discussed the consultation with Dr. Chervu on the day of consultation. We will continue to follow as needed during his hospitalization.

{End of Report}

Joseph A. Havlik, Jr., MD  
Infectious Disease

JH:WEB JOB #: 2371702 DOC #: :1737136  
D: 02/17/2014 18:53:00  
T: 02/17/2014 19:55:07

Authenticated and Edited by Joseph A Havlik, Jr., MD On 2/21/14 2:51:25 PM

NAME: MAURICE, EUGENE  
Medical Record Number: 001632858  
Account Number: 1404801123  
Facility: C  
Report Name: COBB HOSPITAL CONSULTATION REPORT  
DATE OF ADMISSION: 02/17/2014

DATE OF CONSULTATION: 02/17/2014

REQUESTING PHYSICIAN: Arun Chervu, MD

CONSULTING PHYSICIAN: Joseph A. Havlik, Jr., MD, INFECTIOUS DISEASE

REASON FOR CONSULTATION: Concern for postoperative wound infection.

IMPRESSION:

1. Rule out left neck postoperative wound infection versus seroma after left carotid endarterectomy with vein patch done on 01/07/2014; concern for low level infection with staph species, such as coag-negative staph.
2. Peripheral vascular disease.
3. Coronary atherosclerotic heart disease.
4. Hypertension.

RECOMMENDATION:

1. Blood cultures x2.
2. Wound culture.
3. Vancomycin 50 mg/kg IV q.12.
4. Surgical I and D with cultures as per Dr. Chervu.

HISTORY OF PRESENT ILLNESS: This is a 65-year-old Caucasian male with high-grade left carotid stenosis, required carotid endarterectomy with bovine pericardial patch angioplasty on 01/07/2014. The patient developed some postoperative hematoma after the drain was taken out. This eventually went down, but he had some chronic drainage and then over the past weekend the wound reopened when he was playing with his granddaughter. He was seen by Dr. Chervu earlier today. He has not had any fever, has not felt bad. CT scan was done which showed some periwound fluid collection. Wound drainage was cultured and he was sent over for admission to the hospital.

PAST MEDICAL HISTORY: Significant for coronary atherosclerotic heart disease, status post bypass surgery, history of peripheral vascular disease, both right and left carotid disease, also with hypertension.

ALLERGIES: NONE KNOWN.

SOCIAL HISTORY: Previous smoker. No alcohol or recreational drug use. He has currently been working with his son. Retired from his previous job.

FAMILY HISTORY: Coronary artery disease.

REVIEW OF SYSTEMS:

HEENT: No history recurrent upper respiratory tract infection.

ENDOCRINE: No history of diabetes or thyroid disease.

PULMONARY: No history of chronic lung disease.

CARDIAC: As above.

NAME: MAURICE, EUGENE  
Medical Record Number: 001632858  
Account Number: 1404801123  
Facility: C  
Report Name: COBB HOSPITAL CONSULTATION REPORT

LIVER: No history of chronic liver disease.  
KIDNEY: No history of chronic kidney disease, recurrent urinary tract infection.  
GASTROINTESTINAL: No history of GI illness.  
VASCULAR: As above.  
NEUROLOGICAL: No history of seizures or stroke.  
SKIN: No problems with wound healing.

PHYSICAL EXAMINATION:

VITAL SIGNS: Temperature 97.8, pulse 57, respiratory rate 18, blood pressure 135/64.  
GENERAL: Older middle-aged Caucasian male, alert, oriented x3 in no acute distress. Does not appear ill.  
HEENT: Mouth: No lesion or thrush.  
NECK: Supple. Left neck wound with Band-Aid over the open area, but no significant erythema.  
LUNGS: Clear.  
HEART: Regular rate and rhythm, S1, S2.  
ABDOMEN: Soft. Bowel sounds normoactive. Nontender. Obese abdomen.  
EXTREMITIES: Without significant edema.  
SKIN: He has some flushing of the neck and chest which he said is chronic.  
NEUROLOGIC: Moves all fours without difficulty.

LABORATORY AND DIAGNOSTICS: None available at the time of dictation.  
Radiology: No new studies available except verbal report of fluid around the left carotid per Dr. Chervu.

Thank you very much for asking us to see this patient in consultation. Please note I discussed the consultation with Dr. Chervu on the day of consultation. We will continue to follow as needed during his hospitalization.

{End of Report}

Joseph A. Havlik, Jr., MD  
Infectious Disease

JH:WEB JOB #: 2371702 DOC #: :1737136  
D: 02/17/2014 18:53:00  
T: 02/17/2014 19:55:07



NAME: MAURICE, EUGENE  
Medical Record Number: 001632858  
Account Number: 1404801123  
Facility: C  
Report Name: COBB HOSPITAL OPERATIVE REPORT  
DATE OF ADMISSION: 02/17/2014

DATE OF OPERATION: 02/19/2014

SURGEON: Arun Chervu, MD

PREOPERATIVE DIAGNOSIS: Possible left carotid patch infection.

POSTOPERATIVE DIAGNOSIS: Hematoma over patch, possible infection.

#### OPERATION PERFORMED

1. Exploration of left neck with excision of left bovine pericardial patch and repair of left carotid artery with left greater saphenous vein patch angioplasty.
2. Intraoperative SonoSite.

FIRST ASSISTANT: Hector M. Dourkon, MD

SECOND ASSISTANT: Jeffrey N Winter, MD

ANESTHESIOLOGIST: Thakor B. Patel, MD

ANESTHESIA: General.

INDICATIONS FOR PROCEDURE: The patient is a 65-year-old white male who approximately 6 to 8 weeks ago underwent a left carotid endarterectomy with bovine pericardial patch angioplasty. The patient was taken to the operating room for possible infected patch as he has a draining wound in his neck. Risks and benefits of the planned intervention, including but not limited to bleeding, infection, clotting, arterial injury, stroke, cranial nerve injury, etc, are discussed in detail with the patient and informed consent obtained.

PROCEDURE: In the operating room, the patient underwent general anesthesia. The left neck and chest were prepped and sterilely draped. Given the findings on CT, I most likely felt like I had to remove the patch; therefore, the greater saphenous vein was imaged and then cut down around the ankle. We then opened the neck incision. Initially, there was no gross pus, there was some inflammatory tissue, very adherent. I then got down to the level of the carotid artery. There was an area of the patch that was completely unincorporated with a hematoma. No gross pus was noted. I then encircled the proximal common carotid artery. I then began dissection. The vagus nerve was preserved and then encircled the external carotid artery and the internal carotid artery superiorly. The hypoglossal nerve was identified and carefully preserved. At this point, the patient was given 4500 units of heparin. I then after waiting 3 minutes, clamped the distal internal, the common and external carotid artery. The previous bovine pericardial patch was removed. I then placed a 10 Argyle shunt, good backbleeding was noted, placed on the proximal common.

At this point, I then removed all loose debris. I removed all the sutures and the old patch. I then took our vein patch, spatulated it

NAME: MAURICE, EUGENE  
Medical Record Number: 001632858  
Account Number: 1404801123  
Facility: C  
Report Name: COBB HOSPITAL OPERATIVE REPORT

and then did a vein patch angioplasty. The top 2 quadrants were sewn, the patch was cut to appropriate length, the third quadrant was sewn and the suture was tied. After the fourth quadrant was done, the shunt was then removed. I then completed the anastomosis after irrigating the bed with copious amounts of heparinized saline and dextran solution. Anastomosis completed, flow was reconstituted first to the external and after 10 heartbeats to the internal. One hemostatic suture was required. There was some generalized oozing. The patient was given a total of 20 mg of protamine. At this point, I also used some Arista as well as some thrombin-soaked Gelfoam, Evicel. Ultimately, I had reasonable hemostasis. I did a Valsalva, no significant bleeding sites were identified. I left some Arista in the wound. A JP drain was placed. I closed the platysma using a running 3-0 Vicryl suture and then skin staples. Surgicel and Tegaderm dressing was applied.

The patient tolerated the procedure well. The final sponge and needle counts were correct. At the end of the procedure, the patient was alert and oriented, moving all extremities well, tongue was in midline and speech was intact.

ESTIMATED BLOOD LOSS: 150 mL.

FLUIDS 1100 mL of crystalloid.

COMPLICATIONS: No immediate complications.

SPECIMENS: Gram stain and C and S of hematoma, and then a segment of the patch sent for sonication.

{End of Report}

Arun Chervu, MD  
Vascular Surgery

AC:WEB JOB #: 2377253 DOC #: :1738329  
D: 02/19/2014 18:46:00  
T: 02/19/2014 20:07:18

cc:  
David A. Gose, M.D.

Dr. Shaikh  
Authenticated by Arun Chervu, MD On 02/24/2014 11:01:50 AM

# Cobb CDS Department

## CDS Worksheet on Account Number:

001632858 306-01 02/17/14  
MAURICE, EUGENE G  
01/02/49 M 65Y C1404801123  
CHERVU, ARUN



---

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



\*1-CDS\*

WellStar Cobb Hospital  
Discharge Plan

=====  
Patient Name: EUGENE G. MAURICE  
DOB: 01/02/1949  
Age: 65  
Account Number: 1404801123  
MR Number: 001632858

=====  
Admission Information  
Encounter Type: Inpatient  
Patient Type: INPATIENT  
Admit Date: 02/17/2014  
Admit Time: 03:35 PM  
Admit Reason: OCL CRTD ART WO INFRCT  
Admitting Phys: CHERVU, ARUN MD  
Attending Phys: CHERVU, ARUN MD  
Unit: 3 MEDICAL TELEMTRY  
Room/Bed: 339 / 01

=====  
Discharge Information  
Estimated D/C Date: 02/21/2014  
Estimated LOS: 4  
Actual D/C Date: 02/21/2014  
Actual LOS: 4  
ADT Disch/Disp: Home/Routine Discharge  
Primary Diagnosis: Occlusion, carotid artery w/o infarction

=====  
Assessment Information  
Status: Open  
Discharge Manager: Eshete, Elias CH SS Student  
Transition Manager:

=====  
Problems Identified

-----  
Functional Assessment; Onset 02/19/2014  
02/19/2014 12:36 PM Assessment Form (Eshete, Elias CH SS Student) Findings:  
Ambulatory ; Alert and Oriented  
02/19/2014 12:36 PM Eshete, Elias CH SS Student Ht:144.8CM Wt:108.0KG  
NKA:Allergies

Dx:postoperative wound infection

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

PMH:Significant for coronary atherosclerotic heart

disease, status post bypass surgery, history of peripheral vascular  
disease, both right and left carotid disease, also with hypertension.

Address/Phone: Confirmed to face sheet.

NOK:Spouse, Shirley Maurice. 678-910-2476

Support:Resides with his wife.

HH/Rehab: None

DME:None.

PLOF:Independent in ADL's

MED: Has Rx coverage, CVS on Dallas Hwy.

Transport: Spouse, Shirley Maurice. 678-910-2476

Advance Directives; Onset 02/19/2014

02/19/2014 12:36 PM Assessment Form (Eshete, Elias CH SS Student) Findings:  
Patient has No Advance Directive

Prior Resource Utilization; Onset 02/19/2014

02/19/2014 12:36 PM Assessment Form (Eshete, Elias CH SS Student) Findings:  
No Prior Resources Used

02/19/2014 12:36 PM Eshete, Elias CH SS Student Pt has no PCP, offered a  
Physician referral info but pt refused. He stated he will find a PCP at  
some point of time.

Discharge Plan (Narrative); Onset 02/19/2014

02/19/2014 12:36 PM Assessment Form (Eshete, Elias CH SS Student) Findings:  
02/19/2014 12:36 PM Eshete, Elias CH SS Student The plan is go home where he  
lives with his wife upon DC

Discharge Risk Assessment - Low Risk; Onset 02/19/2014

02/19/2014 12:36 PM Assessment Form (Eshete, Elias CH SS Student) Findings:  
Independent in ADLs ; Able to Direct Medical Care

Patient Discharge Risk Level; Onset 02/19/2014

02/19/2014 12:36 PM Assessment Form (Eshete, Elias CH SS Student) Findings:  
Low Risk - (Risk Level 1)

MAURICE, EUGENE G  
 Cobb  
 I&O Detail Report  
 FROM: 02/17/14 15:35 TO: 02/22/14 12:46  
 ROOM: \*339-01\* ADM: 02/17/14 15:35  
 AGE: 65Y SEX: M MD: CHERVU, ARUN  
 DOB: 01/02/1949 ID: 1404801123 MR: 001632858  
 REQUESTED: 02/22/14 15:39  
 OPT OUT:

Page: 1

FLWSHEET	02/20					
INTAKE	04:00	05:08	06:16	06:17	24-HR	07:10
Oral ml		118 118			118	
0.45 Saline			0 (modified) 0	164  164	164	
OtherMaint fld#1	1150  1150	&			1150	
IV			0 (modified) 0	67  67	67	0  0
Intake Total	1150 1150	118 1268	0 1268	231 1499	1499	0 0
02/20/14 04:00 OtherMaint fld#1(MY62) - LR from PACU						
OUTPUT	04:00	05:08	06:16	06:17	24-HR	07:10
Urine Cath ml	200 200				200	
JP #1 ml		10 10			10	
Output Total	200 200	10 210			210	
I&O SUMMARY	04:00	05:08	06:16	06:17	24-HR	07:10
Intake Total	1150 1150	118 1268	0 1268	231 1499	1499	0 0
Output Total	200 200	10 210			210	
NET	950 950	108 1058	0 1058	231 1289	1289	0 0
CARE PROVIDERS	MY62	MY62	MY62	MY62		JR15

RANDOLPH, JESSICA(JR15)RN

YU, MARIA J(MY62)RN

CONTINUED



MAURICE, EUGENE G  
 Cobb  
 I&O Detail Report  
 FROM: 02/17/14 15:35 TO: 02/22/14 12:46  
 ROOM: \*339-01\* ADM: 02/17/14 15:35  
 AGE: 65Y SEX: M MD: CHERVU, ARUN  
 DOB: 01/02/1949 ID: 1404801123 MR: 001632858  
 REQUESTED: 02/22/14 15:30  
 OPT OUT:

Page: 2

FLWSHEET	02/20					
INTAKE	08:00	08:45	10:00	14:19	15:00	16:30
Oral ml		300				
		300				
IVPB ml				50		
				50		
IV	0					
	0					
Intake Total	0	300		50		
	0	300		350		
02/20/14 14:19 IVPB ml(JR15): ancef						
OUTPUT	08:00	08:45	10:00	14:19	15:00	16:30
Urine ml			120		400	300
			120		520	300
Output Total			120		400	300
			120		520	300
I&O SUMMARY	08:00	08:45	10:00	14:19	15:00	16:30
Intake Total	0	300		50		
	0	300		350		
Output Total			120		400	300
			120		520	300
NET	0	300	-120	50	-400	-300
	0	300	180	230	-170	-300
CARE PROVIDERS	JR15	JR15	JR15	JR15	JR15	JR15

RANDOLPH, JESSICA(JR15)RN

CONTINUED



MAURICE, EUGENE G  
 Cobb  
 I&O Detail Report  
 FROM: 02/17/14 15:35 TO: 02/22/14 12:46  
 ROOM: \*339-01\* ADM: 02/17/14 15:35  
 AGE: 65Y SEX: M MD: CHERVU, ARUN  
 DOB: 01/02/1949 ID: 1404801123 MR: 001632858  
 REQUESTED: 02/22/14 15:30  
 OPT OUT:

Page: 3

FLWSHEET	02/20				02/21	
INTAKE	17:00	17:44	17:45	18:00	04:14	24-HR
Oral ml	500 500			100 600		900
IVPB ml						50
0.45 Saline		779 779				779
IV		90.9 90.9				90.9
Intake Total	500 500	869.9 1369.9		100 1469.9		1820
OUTPUT	17:00	17:44	17:45	18:00	04:14	24-HR
Urine ml			400 700			1220
Urine occur (O)					2 2	2
Output Total			400 700			1220
I&O SUMMARY	17:00	17:44	17:45	18:00	04:14	24-HR
Intake Total	500 500	869.9 1369.9		100 1469.9		1820
Output Total			400 700			1220
NET	500 200	869.9 1069.9	-400 669.9	100 769.9		600
CARE PROVIDERS	JR15	JR15	JR15	JR15	LS81	

RANDOLPH, JESSICA(JR15)RN

SHAW, LASHANA(LS81)CCP

LAST PAGE

PERM



MAURICE, EUGENE G  
 Cobb  
 Vital Signs  
 FROM: 02/17/14 15:36 TO: 02/22/14 12:46  
 ROOM: \*339-01\* ADM: 02/17/14 15:39  
 AGE: 65Y SEX: M MD: CHERWJ AFRIN  
 DOB: 01/02/1949 ID: 1404801123 MP: 001632858  
 REQUESTED: 02/22/14 15:39  
 OPT OUT:

Page: 1

FLWSHEET	02/17					
VITAL SIGNS	16:08	16:55	17:18	18:22	20:31	21:10
Temp #1			97.8F oral			97.9F oral
Pulse #1			57bpm monitor			61bpm monitor
Respirations #1			18/min visual			18/min visual
BP #1			135/64mmHg R arm			176/67mmHg R arm
BP Equip			portable			portable
Height/Length		67in				
Admission Weight		103kg				
BMI		35.5				
BSA		2				
SpO2			96% room air			97% room air
PAIN	16:08	16:55	17:18	18:22	20:31	21:10
Pt Denies Pain	patient denies					patient denies
SEVSEPSISSCREEN	16:08	16:55	17:18	18:22	20:31	21:10
Infection				MD documented		
Antibiotic Therapy				yesNonprophylact		
If yes x1 above				yes-continScreen		
SIRS Criteria						
Temperature				no		
Heart Rate				no		
Respiratory Rate				no		
Mental Status				no		
Hyperglycemia				no		
WBC Count				(modified)	&	
SIRS Positive						
If yes x2 above				no-stop screen		
02/17/14 18:22 WBC Count(DK80): no result yet						
CARE PROVIDERS	DK80	DK80	EC99	DK80	L5J5	2S2S
CLEVELAND, ELLERIE(EC99)CCP		JONES, LAVERNE(L5J5)RN			KIM, DOO(DK80)RN	
SCOTT, SHAWNIQUE(2S2S)NA						

CONTINUED

MAURICE, EUGENE G MR: 001632858 ID: 1404801123 DOB: 01/02/1949 - Vital Signs  
 ROOM: \*339-01\*

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PERM

MAURICE, EUGENE G  
 Cobb  
 Vital Signs  
 FROM: 02/17/14 15:36 TO: 02/22/14 12:46  
 ROOM: \*339-01\* ADM: 02/17/14 15:39  
 AGE: 65Y SEX: M MD: CHERVU AFRIN  
 DOB: 01/02/1949 ID: 1404801123 MP: 001632858  
 REQUESTED: 02/22/14 15:39  
 OPT OUT:

Page: 2

FLWSHEET	02/18					
VITAL SIGNS	00:12	04:27	04:35	08:00	09:24	11:31
Temp #1	98.4F oral		98F oral		98F oral	
Pulse #1	52bpm monitor		56bpm monitor		80bpm monitor	
Respirations #1	18/min visual		18/min visual		16/min visual	
BP #1	132/62mmHg R arm		142/69mmHg R arm		150/77mmHg L arm sitting	
BP Equip	portable		portable		portable	
Height/Length			106.5kg bed scale			57in
Daily Weight						
SpO2	97% room air		95% room air		96% room air	
Pulse Ox Equip					spot check	
PAIN	00:12	04:27	04:35	08:00	09:24	11:31
Pt Denies Pain		patient denies		patient denies		
CARE PROVIDERS	2S2S	DN	2S2S	J33L	JS09	J33L

LEAHY, JENNIFER(J33L)RN  
 SHUMWAY, JASON(JS09)CCP

NJINDA, DIVINE(DN)RN

SCOTT, SHAWNIQUE(2S2S)NA

CONTINUED

MAURICE, EUGENE G MR: 001632858 ID: 1404801123 DOB: 01/02/1949 - Vital Signs  
 ROOM: \*339-01\*

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PERM

MAURICE, EUGENE G  
 Cobb  
 Vital Signs  
 FROM: 02/17/14 15:36 TO: 02/22/14 12:46  
 ROOM: \*339-01\* ADM: 02/17/14 15:39  
 AGE: 65Y SEX: M MD: CHERVU AFRIN  
 DOB: 01/02/1949 ID: 1404801123 MP: 001632858  
 REQUESTED: 02/22/14 15:39  
 OPT OUT:

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FLWSHEET	02/18					
VITAL SIGNS	12:00	15:20	15:55	18:41	20:55	21:15
Temp #1			97.6F oral			97.9F oral
Pulse #1			60bpm monitor		63bpm brachial	63bpm monitor
Respirations #1			16/min visual			18/min visual
BP #1			129/67mmHg L arm lying		157/67mmHg L arm sitting	157/67mmHg L arm
BP Equip			portable		portable	portable
SpO2			97% room air			95% room air
Pulse Ox Equip			spot check			spot check
PAIN	12:00	15:20	15:55	18:41	20:55	21:15
P1 Denies Pain	patient denies	patient denies		patient denies	patient denies	
CARE PROVIDERS	J33L	J33L	JS09	J33L	DA90	2S2S

ADEJUYIGBE, OLUFISAYO(DA90)RN  
 SHUMWAY, JASON(JS09)CCP

LEAHY, JENNIFER(J33L)RN

SCOTT, SHAWNIQUE(2S2S)NA

CONTINUED

MAURICE, EUGENE G MR: 001632858 ID: 1404801123 DOB: 01/02/1949 - Vital Signs  
 ROOM: \*339-01\*

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PERM

MAURICE, EUGENE G  
 Cobb  
 Vital Signs  
 FROM: 02/17/14 15:36 TO: 02/22/14 12:46  
 ROOM: \*339-01\* ADM: 02/17/14 15:39  
 AGE: 65Y SEX: M MD: CHERVU AFRIN  
 DOB: 01/02/1949 ID: 1404801123 MP: 001632858  
 REQUESTED: 02/22/14 15:39  
 OPT OUT:

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FLWSHEET	02/19					
VITAL SIGNS	01:15	04:33	04:35	06:01	08:00	09:50
Temp #1	&			97.6F oral		97.6F oral
Pulse #1				65bpm brachial		55bpm brachial
Respirations #1				18/min visual		18/min visual
BP #1				145/65mmHg L arm lying		138/71mmHg L arm
NIBPmean						
BP Equip				portable		
Daily Weight				108kg bed scale		
SpO2				96% room air		
MAP						
ABP						
02/19/14 01:15 Temp #1(2S2S): refuse vitals						
PAIN	01:15	04:33	04:35	06:01	08:00	09:50
Pt Denies Pain			sleeping	patient denies	patient denies	
SEVSEPSISSCREEN	01:15	04:33	04:35	06:01	08:00	09:50
CurrentSepsis Tx		yes-stop screen				
Infection		MD documented				
AntibioticTherapy		yesNonprophylact				
If yes x1 above		yes-continScreen				
SIRS Criteria						
Temperature		no				
Heart Rate		no				
Respiratory Rate		no				
Mental Status		no				
Hyperglycemia		no				
WBC Count		no				
SIRS Positive						
If yes x2 above		no-stop screen				
CARE PROVIDERS	2S2S	DA90	DA90	DA90	M3D7	M3D7
	ADEJUYIGBE, OLUFISAYO(DA90)RN	DOWDY, MATTHEW(M3D7)RN		SCOTT, SHAWNIQUE(2S2S)NA		

CONTINUED

MAURICE, EUGENE G MR: 001632858 ID: 1404801123 DOB: 01/02/1949 - Vital Signs  
 ROOM: \*339-01\*

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PERM

MAURICE, EUGENE G  
 Cobb  
 Vital Signs  
 FROM: 02/17/14 15:36 TO: 02/22/14 12:46  
 ROOM: \*339-01\* ADM: 02/17/14 15:39  
 AGE: 65Y SEX: M MD: CHERVU AFRIN  
 DOB: 01/02/1949 ID: 1404801123 MP: 001632858  
 REQUESTED: 02/22/14 15:39  
 OPT OUT:

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FLWSHEET	02/20					
VITAL SIGNS	03:45	04:00	04:15	04:30	05:00	05:30
Temp #1		98F oral				
Pulse #1	68bpm	65bpm		64bpm	64bpm	63bpm
Respirations #1	17/min	17/min		17/min	17/min	17/min
BP #1	119/62mmHg	119/62mmHg		93/45mmHg	107/45mmHg	124/52mmHg
NIBPmean	77mmHg	77mmHg		57mmHg	62mmHg	70mmHg
Daily Weight			112.3kg bed scale			
SpO2	93%	92%		93%	94%	92%
MAP	71mmHg	68mmHg		68mmHg	73mmHg	65mmHg
ABP	136/49mmHg	130/47mmHg		135/47mmHg	142/51mmHg	132/43mmHg
CARE PROVIDERS	MY62	MY62	MY62	MY62	MY62	MY62

YU, MARIA J(MY62)RN

CONTINUED

MAURICE, EUGENE G MR: 001632858 ID: 1404801123 DOB: 01/02/1949 - Vital Signs  
 ROOM: \*339-01\*

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MAURICE, EUGENE G  
 Cobb  
 Vital Signs  
 FROM: 02/17/14 15:36 TO: 02/22/14 12:46  
 ROOM: \*339-01\* ADM: 02/17/14 15:39  
 AGE: 65Y SEX: M MD: CHERVU AFRIN  
 DOB: 01/02/1949 ID: 1404801123 MP: 001632858  
 REQUESTED: 02/22/14 15:39  
 OPT OUT:

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FLWSHEET	02/20					
VITAL SIGNS	06:00	07:00	07:15	07:30	07:45	08:00
Temp #1			98.2F oral			
Pulse #1	66bpm	61bpm	67bpm	67bpm	66bpm	73bpm
Respirations #1	17/min	15/min	17/min	18/min	19/min	13/min
BP #1	104/49mmHg	111/52mmHg	112/48mmHg	121/52mmHg	111/47mmHg	102/46mmHg
NIBPmean	61mmHg	65mmHg	65mmHg	70mmHg	62mmHg	59mmHg
SpO2	95%	95%	95%	96%	95%	94%
MAP	75mmHg	73mmHg	86mmHg	74mmHg	69mmHg	77mmHg
ABP	154/50mmHg	149/49mmHg	160/56mmHg	148/50mmHg	106/51mmHg	91/64mmHg
PAIN	06:00	07:00	07:15	07:30	07:45	08:00
Pt Denies Pain			patient denies			
SEVSEPSISSCREEN	06:00	07:00	07:15	07:30	07:45	08:00
CurrentSepsis Tx						yes-stop screen
Infection						MD documented
AntibioticTherapy						yesNonprophylact
If yes x1 above						yes-continScreen
SIRS Criteria						
Temperature						no
Heart Rate						no
Respiratory Rate						no
Mental Status						no
Hyperglycemia						no
WBC Count						yes-above 12000
SIRS Positive						
If yes x2 above						no-stop screen
CARE PROVIDERS	MY62	JR15	JR15	JR15	JR15	JR15

RANDOLPH, JESSICA(JR15)RN

YU, MARIA J(MY62)RN

CONTINUED

MAURICE, EUGENE G MR: 001632858 ID: 1404801123 DOB: 01/02/1949 - Vital Signs  
 ROOM: \*339-01\*

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MAURICE, EUGENE G  
 Cobb  
 Vital Signs  
 FROM: 02/17/14 15:36 TO: 02/22/14 12:46  
 ROOM: \*339-01\* ADM: 02/17/14 15:39  
 AGE: 65Y SEX: M MD: CHERVU AFRIN  
 DOB: 01/02/1949 ID: 1404801123 MR: 001632858  
 REQUESTED: 02/22/14 15:39  
 OPT OUT:

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FLWSHEET	02/20					
VITAL SIGNS	08:30	08:45	09:00	09:15	09:30	09:45
Pulse #1	65bpm	77bpm	63bpm	67bpm	64bpm	64bpm
Respirations #1	18/min	14/min	19/min	17/min	17/min	17/min
BP #1	118/50mmHg	107/55mmHg	126/52mmHg	110/52mmHg	104/51mmHg	103/49mmHg
NIBPmean	66mmHg	67mmHg	71mmHg	66mmHg	63mmHg	61mmHg
SpO2	89%	93%	93%	89%	90%	91%
MAP	80mmHg	96mmHg	77mmHg	75mmHg	75mmHg	72mmHg
ABP	82/78mmHg	97/94mmHg	82/68mmHg			
CARE PROVIDERS	JR15	JR15	JR15	JR15	JR15	JR15

RANDOLPH, JESSICA(JR15)RN

CONTINUED

MAURICE, EUGENE G MR: 001632858 ID: 1404801123 DOB: 01/02/1949 - Vital Signs  
 ROOM: \*339-01\*

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MAURICE, EUGENE G  
 Cobb  
 Vital Signs  
 FROM: 02/17/14 15:36 TO: 02/22/14 12:46  
 ROOM: \*339-01\* ADM: 02/17/14 15:39  
 AGE: 65Y SEX: M MD: CHERVU AFRIN  
 DOB: 01/02/1949 ID: 1404801123 MP: 001632858  
 REQUESTED: 02/22/14 15:39  
 OPT OUT:

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FLWSHEET	02/20					
VITAL SIGNS	10:15	10:30	10:45	11:00	11:15	11:30
Pulse #1	65bpm	75bpm	67bpm	69bpm	68bpm	65bpm
Respirations #1	18/min	16/min	18/min	21/min	18/min	18/min
BP #1	111/50mmHg	132/51mmHg	131/54mmHg	123/53mmHg	131/54mmHg	139/55mmHg
NIBPmean	64mmHg	72mmHg	74mmHg	71mmHg	73mmHg	76mmHg
SpO2	92%	92%	94%	95%	96%	92%
MAP	78mmHg	85mmHg	94mmHg	84mmHg	89mmHg	89mmHg
ABP		91/75mmHg	126/76mmHg	96/73mmHg	108/73mmHg	119/72mmHg
PAIN	10:15	10:30	10:45	11:00	11:15	11:30
Pt Denies Pain				patient denies		
CARE PROVIDERS	JR15	JR15	JR15	JR15	JR15	JR15

RANDOLPH, JESSICA(JR15)RN

CONTINUED

MAURICE, EUGENE G MR: 001632858 ID: 1404801123 DOB: 01/02/1949 - Vital Signs  
 ROOM: \*339-01\*

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MAURICE, EUGENE G  
 Cobb  
 Vital Signs  
 FROM: 02/17/14 15:36 TO: 02/22/14 12:46  
 ROOM: \*339-01\* ADM: 02/17/14 15:39  
 AGE: 65Y SEX: M MD: CHERVU AFUN  
 DOB: 01/02/1949 ID: 1404801123 MP: 001632858  
 REQUESTED: 02/22/14 15:39  
 OPT OUT: Page: 9

FLWSHEET	02/20					
VITAL SIGNS	11:45	12:00	12:15	12:30	12:45	13:00
Pulse #1	69bpm	73bpm	69bpm	67bpm	74bpm	79bpm
Respirations #1	21/min	22/min	19/min	18/min	19/min	18/min
BP #1	122/49mmHg	126/53mmHg	128/69mmHg	136/53mmHg	113/56mmHg	138/60mmHg
NIBPmean	68mmHg	71mmHg	83mmHg	72mmHg	71mmHg	79mmHg
SpO2	93%	91%	94%	89%	93%	93%
MAP	96mmHg	105mmHg	99mmHg	95mmHg	110mmHg	106mmHg
ABP	125/78mmHg	140/85mmHg	127/82mmHg	120/80mmHg	147/92mmHg	119/96mmHg
CARE PROVIDERS	JR15	JR15	JR15	JR15	JR15	JR15

RANDOLPH, JESSICA(JR15)RN

CONTINUED

MAURICE, EUGENE G MR: 001632858 ID: 1404801123 DOB: 01/02/1949 - Vital Signs  
 ROOM: \*339-01\*

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MAURICE, EUGENE G  
 Cobb  
 Vital Signs  
 FROM: 02/17/14 15:36 TO: 02/22/14 12:46  
 ROOM: \*339-01\* ADM: 02/17/14 15:39  
 AGE: 65Y SEX: M MD: CHERVU AFRIN  
 DOB: 01/02/1949 ID: 1404801123 MP: 001632858  
 REQUESTED: 02/22/14 15:39  
 OPT OUT:

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FLWSHEET	02/20					
VITAL SIGNS	13:15	13:30	13:45	14:00	14:15	14:20
Temp #1						98.3F oral
Pulse #1	86bpm	88bpm	79bpm	79bpm	89bpm	
Respirations #1	16/min	19/min	13/min	20/min	24/min	
BP #1	150/61mmHg	157/63mmHg	148/67mmHg	128/55mmHg	119/55mmHg	
NIBPmean	82mmHg	87mmHg	85mmHg	73mmHg	69mmHg	
SpO2	96%	96%	96%	92%	94%	
MAP	116mmHg	120mmHg	94mmHg	89mmHg	102mmHg	
ABP	148/98mmHg	155/103mmHg	125/80mmHg	109/77mmHg	131/88mmHg	
CARE PROVIDERS	JR15	JR15	JR15	JR15	JR15	JR15

RANDOLPH, JESSICA(JR15)RN

CONTINUED

MAURICE, EUGENE G MR: 001632858 ID: 1404801123 DOB: 01/02/1949 - Vital Signs  
 ROOM: \*339-01\*

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MAURICE, EUGENE G  
 Cobb  
 Vital Signs  
 FROM: 02/17/14 15:36 TO: 02/22/14 12:46  
 ROOM: \*339-01\* ADM: 02/17/14 15:39  
 AGE: 65Y SEX: M MD: CHERVU AFRIN  
 DOB: 01/02/1949 ID: 1404801123 MP: 001632858  
 REQUESTED: 02/22/14 15:39  
 OPT OUT:

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FLWSHEET	02/20					
VITAL SIGNS	14:30	15:00	15:30	16:00	16:30	17:00
Pulse #1	77bpm	74bpm	67bpm	64bpm	71bpm	74bpm
Respirations #1	16/min	22/min	20/min	18/min	19/min	21/min
BP #1	129/72mmHg	121/49mmHg	122/51mmHg	123/52mmHg	131/87mmHg	122/53mmHg
NIBPmean	86mmHg	67mmHg	67mmHg	69mmHg	88mmHg	71mmHg
SpO2	94%	93%	93%	91%	100%	95%
MAP	82mmHg	83mmHg	89mmHg			
ABP	100/72mmHg	111/72mmHg	116/75mmHg			
PAIN	14:30	15:00	15:30	16:00	16:30	17:00
Pt Denies Pain		patient denies				
CARE PROVIDERS	JR15	JR15	JR15	JR15	JR15	JR15

RANDOLPH, JESSICA(JR15)RN

CONTINUED

MAURICE, EUGENE G MR: 001632858 ID: 1404801123 DOB: 01/02/1949 - Vital Signs  
 ROOM: \*339-01\*

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PERM

MAURICE, EUGENE G  
 Cobb  
 Vital Signs  
 FROM: 02/17/14 15:36 TO: 02/22/14 12:46  
 ROOM: \*339-01\* ADM: 02/17/14 15:39  
 AGE: 65Y SEX: M MD: CHERVU AFRIN  
 DOB: 01/02/1949 ID: 1404801123 MP: 001632858  
 REQUESTED: 02/22/14 15:39  
 OPT OUT:

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FLWSHEET	02/20					
VITAL SIGNS	17:30	18:00	19:40	19:42	21:58	23:32
Temp #1				98F oral		98.2F oral
Pulse #1	68bpm	69bpm		73bpm monitor		68bpm monitor
Respirations #1	18/min	20/min		19/min visual		18/min visual
BP #1	134/59mmHg	129/112mmHg		149/68mmHg R arm		140/62mmHg R arm
NIBPmean	79mmHg	117mmHg				
BP Equip				portable		portable
Daily Weight			109.6kg bed scale			
SpO2	95%	95%		93% room air		97% room air
Pulse Ox Equip				spot check		spot check
SEVSEPSISSCREEN	17:30	18:00	19:40	19:42	21:58	23:32
CurrentSepsis Tx					no-continuescreen	
Infection					MD documented wound infection	
AntibioticTherapy					yesNonprophylact	
If yes x1 above					yes-continuescreen	
SIRS Criteria						
Temperature					no	
Heart Rate					no	
Respiratory Rate					no	
Mental Status					no	
Hyperglycemia					no	
WBC Count					yes-above 12000	
SIRS Positive						
If yes x2 above					no-stop screen	
CARE PROVIDERS	JR15	JR15	A6SO	LS81	A6SO	LS81
	RANDOLPH, JESSICA(JR15)RN		SHAFER, AMANDA L(A6SO)RN		SHAW, LASHANA(LS81)CCP	

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MAURICE, EUGENE G MR: 001632858 ID: 1404801123 DOB: 01/02/1949 - Vital Signs  
 ROOM: \*339-01\*

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PERM

MAURICE, EUGENE G  
 Cobb  
 Vital Signs  
 FROM: 02/17/14 15:36 TO: 02/22/14 12:46  
 ROOM: \*339-01\* ADM: 02/17/14 15:39  
 AGE: 65Y SEX: M MD: CHERVU AFRIN  
 DOB: 01/02/1949 ID: 1404801123 MP: 001632858  
 REQUESTED: 02/22/14 15:39  
 OPT OUT:

FLWSHEET	02/21			
VITAL SIGNS	04:14	09:06	09:25	12:03
Temp #1	98F oral	97.9F oral		97.5F oral
Pulse #1	64bpm monitor	58bpm monitor		58bpm monitor
Respirations #1	18/min visual	16/min visual		16/min visual
BP #1	118/56mmHg R arm	152/85mmHg R arm		155/78mmHg R arm
BP Equip	portable	portable		portable
Daily Weight	108.23kg bed scale			
SpO2	96% room air	97% room air		98% room air
Pulse Ox Equip	spot check	spot check		spot check
PAIN	04:14	09:06	09:25	12:03
Pt Denies Pain			patient denies	
CARE PROVIDERS	LS81	JS09	LS24	JS09

SAMPLE, LAUREN(LS24)Nursing Mgt/Supervisor    SHAW, LASHANA(LS81)CCP    SHUMWAY, JASON(JS09)CCP

LAST PAGE



Medication Administration Record  
From 02/17/2014 15:35 To 02/21/2014 13:46

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

**Scheduled Medications**

	02/17/2014 15:35 thru 02/18/2014 07:00		02/18/2014 07:01 thru 02/19/2014 07:00			02/19/2014 07:01 thru 02/20/2014 07:00		
	15:35 23:00	23:01 07:00	07:01 15:00	15:01 23:00	23:01 07:00	07:01 15:00	15:01 23:00	23:01 07:00
<b>ASPIRIN</b> Start: 02/17/2014 17:00      81 MG=1 CHEW ORAL Stop: 02/21/2014 13:46      ONCE A DAY  Order Id: 1 Placer Id: RX59949308 MEDS <b>Pharmacy Comments:</b> FIRST DOSE STAT IF NOT ALREADY GIVEN. <b>oNot Given Reasons:</b> 02/19/2014 08:49 Clinical Decision 02/17/2014 18:12 Refused		18:12 DK60		10:03 81 MG J33L			08:49 M3D7	
<b>CARVEDILOL</b> Start: 02/18/2014 00:00      12.5 MG=(2 x 6.25 MG TAB) ORAL Stop: 02/21/2014 13:46      TWICE A DAY  Order Id: 21 Placer Id: RX59955575 MEDS <b>oNot Given Reasons:</b> 02/18/2014 10:03 HR Low 02/18/2014 00:50 Recently Given <b>&amp;Admin Note:</b> 02/19/2014 23:00 MED ADMIN IN PACU		00:50 DN	10:03 J33L	20:55 12.5 MG DA90		08:49 12.5 MG M3D7	23:00& (12.5 MG) R91S	
<b>CHLORTHALIDONE</b> Start: 02/18/2014 09:00      50 MG=(2 x 25 MG TAB) ORAL Stop: 02/21/2014 13:46      ONCE A DAY  Order Id: 22 Placer Id: RX59955577 MEDS <b>oNot Given Reasons:</b> 02/18/2014 10:03 Recently Given			10:03 J33L			08:49 50 MG M3D7		
<b>DEXAMETHASONE SODIUM PHOSPHATE</b> <b>Ingredient:</b> SODIUM CHLORIDE 0.9% 50 ML Start: 02/19/2014 06:00      8 MG=52 ML SOLN IV Stop: 02/19/2014 18:00      ONE TIME DOSE  Order Id: 26 Placer Id: RX59964964 MEDS <b>Pharmacy Comments:</b> ***CALL PHARMACY FOR DOSE*** TO BE GIVEN IN OR						Discon- tinued 18:00		
<b>DEXAMETHASONE SODIUM PHOSPHATE</b> Start: 02/19/2014 20:00      4 MG=1 ML SOLN IV Stop: 02/20/2014 14:01      EVERY 6 HOURS  Order Id: 34 Placer Id: RX59982779 MEDS <b>&amp;Admin Note:</b> 02/19/2014 20:30 DRUG WAS ADMIN ON PRIOR SHIFT IN PACU 02/20/2014 01:42 ADMIN IN PACU						20:30& (4 MG) R91S	01:42& 4 MG R91S	

Name: MAURICE, EUGENE G.

Age: 65 yr

Acct: 1404801123

Opt Out: No

Gender: M

MRN: 001632858

Physician: Chervu, Arun G., MD

Rm-Bed: 339 - 01

Admit Dt: 02/17/2014 15:35    DOB: 01/02/1949

Medication Administration Record  
From 02/17/2014 15:35 To 02/21/2014 13:46

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

**Scheduled Medications**

	02/17/2014 15:35 thru 02/18/2014 07:00		02/18/2014 07:01 thru 02/19/2014 07:00		02/19/2014 07:01 thru 02/20/2014 07:00			
	15:35-23:00	23:01-07:00	07:01-15:00	15:01-23:00	23:01-07:00	07:01-15:00	15:01-23:00	23:01-07:00
<b>DOCUSATE SODIUM (DOK)</b> Start: 02/17/2014 21:00      100 MG=1 CAP ORAL Stop: 02/21/2014 13:46      TWICE A DAY  Order Id: 3 Placer Id: RX59949320 MEDS <b>Pharmacy Comments:</b> HOLD FOR DIARRHEA/LOOSE STOOLS. <b>oNot Given Reasons:</b> 02/20/2014 01:39 P1 Off Unit 02/19/2014 08:49 Refused 02/17/2014 20:24 Refused		20:24 L5J5		10:03 100 MG J33L	20:55 100 MG DA90		08:49 M3D7	01:39 R91S
<b>HEPARIN SODIUM (PORCINE) (HEPARIN (PORCINE))</b> Start: 02/17/2014 20:00      5,000 UNIT=1 ML SOLN Stop: 02/19/2014 10:00      SUBCUTANEOUS Order Id: 16                              EVERY 8 HOURS Placer Id: RX59949965 MEDS <b>Pharmacy Comments:</b> IF PLATELET COUNTS FALL BELOW 100,000/MM3 OR A GREATER THAN 50 PERCENT DROP PLEASE CONTACT PHYSICIAN <b>oNot Given Reasons:</b> 02/18/2014 12:29 Refused 02/19/2014 04:20 Clinical Decision 02/17/2014 20:24 Refused 02/18/2014 04:59 Refused <b>&amp;Admin Note:</b> 02/19/2014 04:20 Pt. going to surgery in am.		20:24 L5J5	04:59 DN	12:29 J33L	20:55 inj=LIQ 5000 UNIT DA90	04:20& DA90	Discon- tinued 10:00	
<b>LISINAPRIL</b> Start: 02/18/2014 00:00      10 MG=1 TAB ORAL Stop: 02/21/2014 13:46      TWICE A DAY  Order Id: 23 Placer Id: RX59955581 MEDS <b>oNot Given Reasons:</b> 02/18/2014 00:50 Recently Given <b>&amp;Admin Note:</b> 02/19/2014 23:00 MED ADMIN IN PACU			00:50 DN	10:03 10 MG J33L	20:55 10 MG DA90		08:49 10 MG M3D7	23:00& (10 MG) R91S
<b>PANTOPRAZOLE SODIUM (PROTONIX)</b> Start: 02/17/2014 17:00      40 MG=1 SOLR IV Stop: 02/21/2014 13:46      ONCE A DAY  Order Id: 2 Placer Id: RX59949314 MEDS <b>Pharmacy Comments:</b> MIX WITH NS PF 10ML AND GIVE OVER 2 MINUTES		18:39 40 MG DK80		10:03 40 MG J33L			08:49 40 MG M3D7	

Name: MAURICE, EUGENE G.

Age: 65 yr

Acct: 1404801123

Opt Out: No

Gender: M

MRN: 001632858

Physician: Chervu, Arun G., MD

Rm-Bed: 339 - 01

Admit Dt: 02/17/2014 15:35    DOB: 01/02/1949

Medication Administration Record  
From 02/17/2014 15:35 To 02/21/2014 13:46

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

02/17/2014 15:35 thru 02/18/2014 07:00		02/18/2014 07:01 thru 02/19/2014 07:00			02/19/2014 07:01 thru 02/20/2014 07:00		
15:35 23:00	23:01 07:00	07:01 15:00	15:01 23:00	23:01 07:00	07:01 15:00	15:01 23:00	23:01 07:00

**Scheduled Medications**

<p><b>TRIMETHOPRIM- SULFAMETHOXAZOLE (SULFAMETHOXAZOLE- TRIMETHOPRIM)</b>                      Start: 02/18/2014 00:00      1 TABLET TAB ORAL                      Stop: 02/19/2014 22:55      TWICE A DAY                       Order Id: 17                      Placer Id: RX59955560 MEDS  <b>Pharmacy Comments:</b>                      THERAPY START DATE:2/11 X 10 DAYS  <b>oNot Given Reasons:</b>                      02/20/2014 01:40 Pt Off Unit</p>		00:50 1 TABLET DN	10:03 1 TABLET J33L	20:55 1 TABLET DA90		08:49 1 TABLET M3D7	Discon- tinued 22:55	01:40 R91S
<p><b>VANCOMYCIN HCL</b>  <b>Ingredient:</b>                      SODIUM CHLORIDE 0.9% 250 ML                      Start: 02/18/2014 12:00      1,500 MG=250 ML SOLR IV                      Stop: 02/20/2014 13:35      EVERY 18 HOURS                       Order Id: 25                      Placer Id: RX59961887 MEDS  <b>Pharmacy Comments:</b>                      THERAPY START DATE:2/18  <b>&amp; Admin Note:</b>                      02/20/2014 00:00 ADMIN IN PACU</p>			12:29 1500 MG J33L		06:03 1500 MG DA90			00:00& (1500 MG) R91S
<p><b>Linked Order: Simultaneous</b></p>								
<p><b>EZETIMIBE (ZETIA)</b>                      Start: 02/18/2014 00:00      10 MG=1 TAB ORAL                      Stop: 02/21/2014 13:46      MON, WED, AND FRI                       Order Id: 19                      Placer Id: RX59955570 MEDS  <b>oNot Given Reasons:</b>                      02/18/2014 00:50 Recently Given                      02/20/2014 01:39 Pt Off Unit</p>		00:50 DN						01:39 R91S
<p><b>PRAVASTATIN SODIUM (PRAVASTATIN)</b>                      Start: 02/19/2014 00:00      80 MG=1 TAB ORAL                      Stop: 02/21/2014 13:46      MON, WED, AND FRI                       Order Id: 20                      Placer Id: RX59955571 MEDS  <b>Pharmacy Comments:</b>                      # THIS THERAPY WAS SUBSTITUTED FOR                      SIMVASTATIN (ZOCOR) TAB 80MG MWF ORAL  <b>oNot Given Reasons:</b>                      02/20/2014 01:39 Pt Off Unit                      02/18/2014 00:50 Recently Given</p>		00:50 DN						01:39 R91S

Name: MAURICE, EUGENE G.      Age: 65 yr      Acct: 1404801123  
 Opt Out: No      Gender: M      MRN: 001632858  
 Physician: Chervu, Arun G., MD      Rm-Bed: 339 - 01      Admit Dt: 02/17/2014 15:35      DOB: 01/02/1949



Cobb

02/22/2014 15:39

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Medication Administration Record  
From 02/17/2014 15:35 To 02/21/2014 13:46

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

02/17/2014 15:35 thru 02/18/2014 07:00		02/18/2014 07:01 thru 02/19/2014 07:00			02/19/2014 07:01 thru 02/20/2014 07:00		
15:35- 23:00	23:01- 07:00	07:01- 15:00	15:01- 23:00	23:01- 07:00	07:01- 15:00	15:01- 23:00	23:01- 07:00

**PRN Medications**

<b>CLONIDINE HCL (CLONIDINE)</b> Start: 02/19/2014 20:00 <b>0.1 MG=1 TAB ORAL</b> Stop: 02/19/2014 19:47 <b>EVERY 4 HOURS AS NEEDED</b>  Order Id: 32 Placer Id: RX59982772 MEDS <b>Pharmacy Comments:</b> CAUTION: SOUND ALIKE/ LOOK ALIKE MEDICATION CAUTION: THIS MEDICATION HAS BEEN IMPLICATED IN CAUSING PATIENT FALLS. FOR SBP > 180									
									Discon- tinued 19:47

Name: MAURICE, EUGENE G.

Age: 65 yr

Acct: 1404801123

Opt Out: No

Gender: M

MRN: 001632858

Physician: Chervu, Arun G., MD

Rm-Bed: 339 - 01

Admit Dt: 02/17/2014 15:35    DOB: 01/02/1949

Medication Administration Record  
From 02/17/2014 15:35 To 02/21/2014 13:46

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

**Scheduled Medications**

	02/20/2014 07:01 thru 02/21/2014 07:00			02/21/2014 07:01 thru 02/21/2014 13:46		
	07:01 15:00	15:01 23:00	23:01 07:00	07:01 13:46		
<b>ASPIRIN</b> Start: 02/17/2014 17:00      81 MG=1 CHEW ORAL Stop: 02/21/2014 13:46      ONCE A DAY  Order Id: 1 Placer Id: RX59949308 MEDS <b>Pharmacy Comments:</b> FIRST DOSE STAT IF NOT ALREADY GIVEN.	08:48 81 MG JR15			08:27 81 MG LS24  Discon- tinued 13:46		
<b>CARVEDILOL</b> Start: 02/18/2014 00:00      12.5 MG=(2 x 6.25 MG TAB) ORAL Stop: 02/21/2014 13:46      TWICE A DAY  Order Id: 21 Placer Id: RX59955575 MEDS	12:16 12.5 MG JR15	21:26 12.5 MG A6SO		08:27 12.5 MG LS24  Discon- tinued 13:46		
<b>CEFAZOLIN 2GM/50ML D5W (CEFAZOLIN IN DEXTROSE (ISO- OS))</b> Start: 02/20/2014 14:00      2 GM=50 ML IV IV Stop: 02/21/2014 13:46      EVERY 8 HOURS  Order Id: 36 Placer Id: RX5994447 MEDS <b>Pharmacy Comments:</b> CAUTION: SOUND ALIKE/ LOOK ALIKE MEDICATION	14:19 2 GM JR15	21:26 2 GM A6SO	05:28 2 GM A6SO	Discon- tinued 13:46		
<b>CHLORTHALIDONE</b> Start: 02/19/2014 09:00      50 MG=(2 x 25 MG TAB) ORAL Stop: 02/21/2014 13:46      ONCE A DAY  Order Id: 22 Placer Id: RX59955577 MEDS	08:48 50 MG JR15			08:27 50 MG LS24  Discon- tinued 13:46		
<b>DEXAMETHASONE SODIUM PHOSPHATE</b> Start: 02/19/2014 20:00      4 MG=1 ML SOLN IV Stop: 02/20/2014 14:01      EVERY 6 HOURS  Order Id: 34 Placer Id: RX59982779 MEDS	08:48 4 MG JR15  Discon- tinued 14:01  14:04 4 MG JR15					
<b>DOCUSATE SODIUM (DOK)</b> Start: 02/17/2014 21:00      100 MG=1 CAP ORAL Stop: 02/21/2014 13:46      TWICE A DAY  Order Id: 3 Placer Id: RX59949320 MEDS <b>Pharmacy Comments:</b> HOLD FOR DIARRHEA/LOOSE STOOLS.	08:48 100 MG JR15	21:26 100 MG A6SO		08:27 100 MG LS24  Discon- tinued 13:46		

Name: MAURICE, EUGENE G.

Age: 65 yr

Acct: 1404801123

Opt Out: No

Gender: M

MRN: 001632858

Physician: Chervu, Arun G., MD

Rm-Bed: 339 - 01

Admit Dt: 02/17/2014 15:35    DOB: 01/02/1949

Medication Administration Record  
From 02/17/2014 15:35 To 02/21/2014 13:46BOLD Medication Charting && Nurse Schedule Comment:  
○ Not Given ( ) Modified \* Override Reason  
& Admin Note  On Hold

## Scheduled Medications

		02/20/2014 07:01 thru 02/21/2014 07:00			02/21/2014 07:01 thru 02/21/2014 13:46					
		07:01- 15:00	15:01- 23:00	23:01- 07:00	07:01- 13:46					
<b>HEPARIN SODIUM (PORCINE) (HEPARIN (PORCINE))</b> Start: 02/20/2014 07:00      5,000 UNIT=1 ML SOLN Stop: 02/21/2014 13:46      SUBCUTANEOUS 3 TIMES A DAY HEPARIN Order Id: 35 Placer Id: RX59982791 MEDS <b>Pharmacy Comments:</b> IF PLATELET COUNTS FALL BELOW 100,000/MM3 OR A GREATER THAN 50 PERCENT DROP PLEASE CONTACT PHYSICIAN		08:48 inj=LAR M 5000 UNIT JR15	21:26 inj=RLQ 5000 UNIT A6SO	05:28 inj=LUQ 5000 UNIT A6SO	Discon- tinued 13:46					
<b>KINETICS - PHARMACY DOSING</b> Start: 02/17/2014 17:00      1 NOTE DOSE MISCELLANEOUS Stop: 02/21/2014 09:46      AS DIRECTED Order Id: 4 Placer Id: RX59949423 MEDS					Discon- tinued 09:46					
<b>LISINAPRIL</b> Start: 02/18/2014 00:00      10 MG=1 TAB ORAL Stop: 02/21/2014 13:46      TWICE A DAY Order Id: 23 Placer Id: RX59955581 MEDS		12:16 10 MG JR15	21:26 10 MG A6SO		08:27 10 MG LS24 Discon- tinued 13:46					
<b>PANTOPRAZOLE SODIUM (PROTONIX)</b> Start: 02/17/2014 17:00      40 MG=1 SOLR IV Stop: 02/21/2014 13:46      ONCE A DAY Order Id: 2 Placer Id: RX59949314 MEDS <b>Pharmacy Comments:</b> MIX WITH NS PF 10ML AND GIVE OVER 2 MINUTES		08:48 40 MG JR15			08:27 40 MG LS24 Discon- tinued 13:46					
<b>VANCOMYCIN HCL</b> <b>Ingredient:</b> SODIUM CHLORIDE 0.9% 250 ML Start: 02/18/2014 12:00 Stop: 02/20/2014 13:35      1,500 MG=250 ML SOLR IV EVERY 18 HOURS Order Id: 25 Placer Id: RX59961887 MEDS <b>Pharmacy Comments:</b> THERAPY START DATE 2/18		Discon- tinued 13:35								
<b>Simultaneous</b> <b>EZETIMIBE (ZETIA)</b> Start: 02/18/2014 00:00      10 MG=1 TAB ORAL Stop: 02/21/2014 13:46      MON, WED, AND FRI Order Id: 19 Placer Id: RX59955570 MEDS					Discon- tinued 13:46					

Name: MAURICE, EUGENE G.      Age: 65 yr      Acct: 1404801123  
Opt Out: No      Gender: M      MRN: 001632858  
Physician: Chervu, Arun G., MD      Rm-Bed: 339 - 01      Admit Dt: 02/17/2014 15:35      DOB: 01/02/1949

Medication Administration Record  
From 02/17/2014 15:35 To 02/21/2014 13:46

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

02/20/2014 07:01 thru 02/21/2014 07:00		02/21/2014 07:01 thru 02/21/2014 13:46	
07:01 15:00	15:01 23:00	23:01 07:00	07:01 13:46

**Scheduled Medications**

<b>PRAVASTATIN SODIUM (PRAVASTATIN)</b> Start: 02/19/2014 00:00 <b>80 MG=1 TAB ORAL</b> Stop: 02/21/2014 13:46 <b>MON, WED, AND FRI</b>  Order Id: 20 Placer Id: RX59955571 MEDS <b>Pharmacy Comments:</b> # THIS THERAPY WAS SUBSTITUTED FOR SIMVASTATIN (ZOCOR) TAB 80MG MWF ORAL				Discon- tinued 13:46		
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**PRN Medications**

<b>ALPRAZOLAM</b> Start: 02/17/2014 17:00 <b>0.25 MG=1 TAB ORAL</b> Stop: 02/21/2014 13:46 <b>EVERY 6 HOURS AS NEEDED</b>  Order Id: 15 Placer Id: RX59949666 MEDS <b>Pharmacy Comments:</b> FOR ANXIETY. CAUTION: SOUND ALIKE/ LOOK ALIKE MEDICATION CAUTION: THIS MEDICATION HAS BEEN IMPLICATED IN CAUSING PATIENT FALLS. PLEASE CONSIDER THIS WHEN ASSIGNING THE 'MEDICATION' SCORE IN THE SCHMID FALL RISK ASSESSMENT.				Discon- tinued 13:46		
<b>ATROPINE SULFATE (ATROPINE)</b> Start: 02/19/2014 20:00 <b>0.4 MG=1 ML SOLN IV</b> Stop: 02/21/2014 13:46 <b>AS NEEDED</b>  Order Id: 33 Placer Id: RX59982778 MEDS <b>Pharmacy Comments:</b> FOR HR < 40 AND SBP < 90				Discon- tinued 13:46		
<b>BISACODYL</b> Start: 02/17/2014 17:00 <b>5 MG=1 TBEC ORAL</b> Stop: 02/21/2014 13:46 <b>EVERY DAY AS NEEDED</b>  Order Id: 6 Placer Id: RX59949479 MEDS <b>Pharmacy Comments:</b> FOR CONSTIPATION.				Discon- tinued 13:46		
<b>CLONIDINE HCL (CLONIDINE)</b> Start: 02/17/2014 17:00 <b>0.1 MG=1 TAB ORAL</b> Stop: 02/21/2014 13:46 <b>EVERY 4 HOURS AS NEEDED</b>  Order Id: 14 Placer Id: RX59949864 MEDS <b>Pharmacy Comments:</b> FOR SYSTOLIC BP GREATER THAN . CAUTION: SOUND ALIKE/ LOOK ALIKE MEDICATION CAUTION: THIS MEDICATION HAS BEEN IMPLICATED IN CAUSING PATIENT FALLS. PLEASE CONSIDER THIS WHEN ASSIGNING THE 'MEDICATION' SCORE IN THE SCHMID FALL RISK ASSESSMENT.				Discon- tinued 13:46		

Name: MAURICE, EUGENE G.

Age: 65 yr

Acct: 1404801123

Opt Out: No

Gender: M

MRN: 001632858

Physician: Chervu, Arun G., MD

Rm-Bed: 339 - 01

Admit Dt: 02/17/2014 15:35    DOB: 01/02/1949

Medication Administration Record  
From 02/17/2014 15:35 To 02/21/2014 13:46

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

02/20/2014 07:01 thru 02/21/2014 07:00			02/21/2014 07:01 thru 02/21/2014 13:46		
07:01-15:00	15:01-23:00	23:01-07:00	07:01-13:46		

**PRN Medications**

<b>HYDRALAZINE HCL (HYDRALAZINE)</b> Start: 02/17/2014 16:57      10 MG=0.5 ML SOLN IV Stop: 02/21/2014 13:46      EVERY 3 HOURS AS NEEDED  Order Id: 13 Placer Id: RX59949863 MEDS <b>Pharmacy Comments:</b> FOR SYSTOLIC BP GREATER THAN 180 CAUTION: SOUND ALIKE/ LOOK ALIKE MEDICATION				Discontinued 13:46		
<b>HYDROCODONE- ACETAMINOPHEN 5- 325MG (HYDROCODONE- ACETAMINOPHEN)</b> Start: 02/17/2014 17:00      1- 2 TABLET TAB ORAL Stop: 02/21/2014 13:46      EVERY 6 HOURS AS NEEDED  Order Id: 11 Placer Id: RX59949858 MEDS <b>Pharmacy Comments:</b> FOR MODERATE PAIN. MAXIMUM DOSE ACETAMINOPHEN PER 24 HOURS: ADULT: 3 GRAM DOCUMENT PAIN SCORE ASSESSMENT BEFORE AND AFTER ADMINISTERING MEDICATION.				Discontinued 13:46		
<b>MAGNESIUM HYDROXIDE (MILK OF MAGNESIA)</b> Start: 02/19/2014 20:00      2,400 MG=30 ML SUSP ORAL Stop: 02/21/2014 13:46      EVERY 6 HOURS AS NEEDED  Order Id: 31 Placer Id: RX59982768 MEDS <b>Pharmacy Comments:</b> FOR COSNTIPATION				Discontinued 13:46		
<b>MORPHINE SULFATE (MORPHINE)</b> Start: 02/17/2014 17:00      1- 2 MG=0.5- 1 ML SYRG IV Stop: 02/21/2014 13:46      EVERY 3 HOURS AS NEEDED  Order Id: 12 Placer Id: RX59949862 MEDS <b>Pharmacy Comments:</b> FOR SEVERE PAIN. CAUTION: SOUND ALIKE/ LOOK ALIKE MEDICATION DOCUMENT PAIN SCORE ASSESSMENT BEFORE AND AFTER ADMINISTERING MEDICATION.				Discontinued 13:46		
<b>MORPHINE SULFATE (MORPHINE)</b> Start: 02/19/2014 20:00      2- 3 MG=1- 1.5 ML SYRG IV Stop: 02/20/2014 17:24      EVERY 2 HOURS AS NEEDED  Order Id: 29 Placer Id: RX59982765 MEDS <b>Pharmacy Comments:</b> CAUTION: SOUND ALIKE/ LOOK ALIKE MEDICATION DOCUMENT PAIN SCORE ASSESSMENT BEFORE AND AFTER ADMINISTERING MEDICATION.		Discontinued 17:24				

Name: MAURICE, EUGENE G.

Age: 65 yr

Acct: 1404801123

Opt Out: No

Gender: M

MRN: 001632858

Physician: Chervu, Arun G., MD

Rm-Bed: 339 - 01

Admit Dt: 02/17/2014 15:35    DOB: 01/02/1949

Medication Administration Record  
From 02/17/2014 15:35 To 02/21/2014 13:46

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

02/20/2014 07:01 thru 02/21/2014 07:00		02/21/2014 07:01 thru 02/21/2014 13:46	
07:01-15:00	15:01-23:00	23:01-07:00	07:01-13:46

**PRN Medications**

<b>MUIPIROCIN 2% (MUIPIROCIN)</b> Start: 02/19/2014 00:00 <b>1 APP OINT TOPICAL</b> Stop: 02/21/2014 13:46 <b>EVERY DAY AS NEEDED</b>  Order Id: 18 Placer Id: RX59955567 MEDS <b>Pharmacy Comments:</b> X 30 DAYS, START 2/7/14				Discontinued 13:46		
<b>NITROGLYCERIN</b> Start: 02/19/2014 20:00 <b>0.4 MG=1 SUBL SUBLINGUAL</b> Stop: 02/21/2014 13:46 <b>EVERY 5 MINUTES AS NEEDED</b>  Order Id: 30 Placer Id: RX59982767 MEDS <b>Pharmacy Comments:</b> FOR CHEST PAIN FOR 3 DOSES ONLY				Discontinued 13:46		
<b>OXYCODONE- ACETAMINOPHEN 5- 325MG (OXYCODONE- ACETAMINOPHEN)</b> Start: 02/19/2014 20:00 <b>1- 2 TABLET TAB ORAL</b> Stop: 02/20/2014 17:24 <b>EVERY 4 HOURS AS NEEDED</b>  Order Id: 28 Placer Id: RX59982762 MEDS <b>Pharmacy Comments:</b> MAXIMUM DOSE ACETAMINOPHEN PER 24 HOURS: ADULT: 3 GRAM DOCUMENT PAIN SCORE ASSESSMENT BEFORE AND AFTER ADMINISTERING MEDICATION.		Discontinued 17:24				
<b>TEMAZEPAM</b> Start: 02/17/2014 17:00 <b>15 MG=1 CAP ORAL</b> Stop: 02/21/2014 13:46 <b>AT BEDTIME AS NEEDED</b>  Order Id: 5 Placer Id: RX59949475 MEDS <b>Pharmacy Comments:</b> FOR INSOMNIA. MAY REPEAT ONE DOSE IN 30 MINUTES (DO NOT USE IN PREGNANT PATIENTS). CAUTION: THIS MEDICATION HAS BEEN IMPLICATED IN CAUSING PATIENT FALLS. PLEASE CONSIDER THIS WHEN ASSIGNING THE 'MEDICATION' SCORE IN THE SCHMID FALL RISK ASSESSMENT.				Discontinued 13:46		
<b>Exclusive</b>						
<b>ONDANSETRON</b> Start: 02/17/2014 17:00 <b>4 MG=1 TBL ORAL</b> Stop: 02/21/2014 13:46 <b>EVERY 6 HOURS AS NEEDED</b>  Order Id: 7 Placer Id: RX59949952 MEDS <b>Pharmacy Comments:</b> PO/IV FOR NAUSEA/VOMITING.				Discontinued 13:46		

Name: MAURICE, EUGENE G.

Age: 65 yr

Acct: 1404801123

Opt Out: No

Gender: M

MRN: 001632858

Physician: Chervu, Arun G., MD

Rm-Bed: 339 - 01

Admit Dt: 02/17/2014 15:35    DOB: 01/02/1949

Medication Administration Record  
From 02/17/2014 15:35 To 02/21/2014 13:46

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

02/20/2014 07:01 thru 02/21/2014 07:00			02/21/2014 07:01 thru 02/21/2014 13:46		
07:01 15:00	15:01 23:00	23:01 07:00	07:01 13:46		

**PRN Medications**

<b>ONDANSETRON HCL (ONDANSETRON HCL (PF))</b> Start: 02/17/2014 17:00      4 MG=2 ML SOLN IV Stop: 02/21/2014 13:46      EVERY 6 HOURS AS NEEDED  Order Id: 8 Placer Id: RX59949853 MEDS <b>Pharmacy Comments:</b> IV/PO FOR NAUSEA/VOMITING.				Discontinued 13:46		
<b>ACETAMINOPHEN (ACEPHEN)</b> Start: 02/17/2014 17:00      650 MG=1 SUPP RECTAL Stop: 02/21/2014 13:46      EVERY 6 HOURS AS NEEDED  Order Id: 10 Placer Id: RX59949856 MEDS <b>Pharmacy Comments:</b> PR/PO FOR MILD PAIN OR FEVER ABOVE F. MAXIMUM DOSE ACETAMINOPHEN PER 24 HOURS: ADULT: 3 GRAM				Discontinued 13:46		
<b>ACETAMINOPHEN (TYLENOL)</b> Start: 02/17/2014 17:00      650 MG=(2 x 325 MG TAB) ORAL Stop: 02/21/2014 13:46      EVERY 6 HOURS AS NEEDED  Order Id: 9 Placer Id: RX59949855 MEDS <b>Pharmacy Comments:</b> PO/PR FOR MILD PAIN OR FEVER ABOVE F. MAXIMUM DOSE ACETAMINOPHEN PER 24 HOURS: ADULT: 3 GRAM				Discontinued 13:46		

Staff Initials	Staff Name
A6SO	Shafer, Amanda L., RN
DA90	Adajuyigbe, Olufisayo, RN
DK80	Kim, Doo, RN
DN	Njinda, Divine, RN
J33L	Leahy, Jennifer, RN
JR15	Randolph, Jessica, RN
L5J5	Jones, Laverne, RN
LS24	Sample, Lauren, Nursing Mgt/Supervisor
M3D7	Dowdy, Matthew, RN
R91S	Russell, Stephanie, RN

Name: MAURICE, EUGENE G.

Age: 65 yr

Acct: 1404801123

Opt Out: No

Gender: M

MRN: 001632858

Physician: Chervu, Arun G., MD

Rm-Bed: 339 - 01

Admit Dt: 02/17/2014 15:35    DOB: 01/02/1949

Admit Wt/Ht	
Weight #1 103kg	Weight #2 106.8kg bed scale
Height/Leng #1 67in	

MAURICE, EUGENE G  
Cobb  
Adm Database  
FROM: 02/17/14 15:35 TO: 02/22/14 12:46  
ROOM: \*339-01\* ADM: 02/17/14 15:35  
AGE: 65Y SEX: M MD: CHERVU, ARUN  
DOB: 01/02/1949 ID: 1404801123 MR: 001632858  
REQUESTED: 02/22/14 15:30  
OPT OUT:  
Page: 1

### Allergy History

Confirm Dt/By	Type	Allergy	Primary Reaction	Severity	Onset Dt	Comment
	MA	No Known Allergies	NR			

### Medication History

ConfirmDt/By	Medication	Status	StartDt	StopDt	Dose	Route	Freq	LastTaken	NextDoseDue	Comment
02/21/14 HZ59	Vytorin 10-80 oral	Active				Oral	Every 4 09:00	02/17/2014		Three times a (M, W, F)
	GEN: ezetimibe-simba-statin									
02/21/14 HZ59	hydrocodone-acetaminophen oral	Active	02/21/2014		1-2 tablet Tablet	Oral	Every 6 hours as needed			
02/21/14 HZ59	chlorthalidone oral	Active				Oral	Every 4 09:00	02/17/2014		
	GEN: chlorthalidone									
02/21/14 HZ59	ramipril Oral	Active				Oral	2 times per day 4 09:00	02/17/2014		
	GEN: ramipril									
02/21/14 HZ59	carvedilol Oral	Active				Oral	2 times per day 4 09:00	02/17/2014		
	GEN: CARVEDILOL									
02/21/14 HZ59	aspirin Oral	Active				Oral	Every 4 09:00	02/17/2014		
	GEN: aspirin									
02/21/14 HZ59	Bactrim DS oral	Finished		02/21/2014		Oral	2 times per day 4 09:00	02/17/2014		take for 10 d start on 2/11
02/21/14 HZ59	Bactroban top	Finished		02/21/2014		Topical	Every day as needed			for 30 days, 2/7/14

Emergency Contact	Name	Relationship
	No Data	No Data
Home Phone #	Cell Phone #	Work Phone #
No Data	No Data	No Data
Other Phone #		
No Data		
Next of Kin same as above	Next of Kin	
No Data	No Data	
Home Phone #	Cell Phone #	Work Phone #
No Data	No Data	No Data
Other Phone #		
No Data		
EMERGENCYCONTACT		
Healthcare Agent	Healthcare Agent	
No Data	No Data	
Home Phone #	Cell Phone #	
No Data	No Data	
Work Phone #		
No Data		
Other Phone #	Primary Caregiver	Same as above
No Data	No Data	No Data
Relationship		

(#759) ZOU, HUIJUN, STUDENT RN

CONTINUED

MAURICE, EUGENE G MR: 001632858 ID: 1404801123 DOB: 01/02/1949 - Adm\_Database  
ROOM: \*339-01\*

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PERM



Admit Wt/Ht	
Weight #1 103kg	Weight #2 106.5kg bed scale
Height/Length 67in	

MAURICE, EUGENE G  
Cobb  
Adm Database  
FROM: 02/17/14 15:35 TO: 02/22/14 12:46  
ROOM: \*339-01\* ADM: 02/17/14 15:35  
AGE: 65Y SEX: M MD: CHERVU, ARUN  
DOB: 01/02/1949 ID: 1404801123 MR: 001632858  
REQUESTED: 02/22/14 15:39  
OPT OUT:  
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No Data  
**Phone number**  
 No Data  
**Contact Info**  
 No Data  
**Advanced Directive**  
 No Data  
**Comment**  
 No Data  
**Patient Wishses**  
 No Data  
**Nurse Comments**  
 No Data

**Legal Custody**  
 No Data  
**Power of Attorney**  
 No Data  
**CPR Designation**  
 No Data

**Contact Info**  
 No Data  
**Wants Limit Tx**  
 No Data

**Patient Questions**  
 No Data

**LANGUAGE**

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

**MEDICALHISTORY**

**Cardiovascular**  
 high blood pressure, Other-see comments  
 (01/03/14 11:49)(JL45)  
**Endocrine**  
 None  
 (01/03/14 11:49)(JL45)  
**Eyes**  
 Glasses  
 (01/03/14 11:49)(JL45)  
**Ears**  
 Hearing Intact  
 (01/03/14 11:49)(JL45)  
**Gastrointestinal**  
 None  
 (01/03/14 11:49)(JL45)  
**Kidney/Bladder**  
 None  
 (01/03/14 11:49)(JL45)  
**Lung**  
 none  
 (01/03/14 11:49)(JL45)  
**Neurologic**  
 None  
 (01/03/14 11:49)(JL45)  
**Orthopedic**  
 Arthritis  
 (01/03/14 11:49)(JL45)  
**Phychological**  
 (JL45) LANDRY, JENNIFER, RN

**Comment**  
 CABG X6 11/1/1992  
 (01/03/14 11:49)(JL45)  
**Comment**  
 No Data  
**Comment**  
 No Data  
**Comment**  
 No Data  
**Comment**  
 No Data  
**Comment**  
 No Data  
**Comment**  
 No Data  
**Comment**  
 No Data  
**Comment**  
 No Data

CONTINUED

PERM

Admit Wt/Ht	
Weight #1 103kg	Weight #2 106.8kg bed scale
Height/Leng #1 67in	

MAURICE, EUGENE G  
Cobb  
Adm Database  
FROM: 02/17/14 15:35 TO: 02/22/14 12:46  
ROOM: \*339-01\* ADM: 02/17/14 15:35  
AGE: 65Y SEX: M MD: CHERVU, ARUN  
DOB: 01/02/1949 ID: 1404801123 MR: 001632858  
REQUESTED: 02/22/14 15:39  
OPT OUT:  
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**MEDICALHISTORY (cont)**

None (01/03/14 11:49)(JL45) No Data

**Skin**

Intact (01/03/14 11:49)(JL45) Comment No Data Teeth Intact (01/03/14 11:49)(JL45) Comment No Data

**PREVHOSPSURG**

<b>Previous Hospital</b> yes (02/17/14 16:07)(DK80) <u>History:</u> [O]no (01/03/14 11:49)(JL45)	<b>When?</b> jan 7/2014 (02/17/14 16:07)(DK80)	<b>Visit last 2 Wks</b> yes (02/17/14 16:07)(DK80) <u>History:</u> [O]no (01/03/14 11:49)(JL45)	<b>Where?</b> cobb (02/17/14 16:07)(DK80)
<b>Why?</b> carotid endarterectomy (02/17/14 16:28)(DK80) <u>History:</u> [M]caratic indectomy (02/17/14 16:07)(DK80) PREVHOSP/SURGERY Have you ever had	<b>PREVHOSP/SURGERY</b> surgery? yes (01/03/14 11:49)(JL45)	<b>Anesthesia</b> No Data	<b>Comments</b> No Data
<b>Cancer</b> No Data		<b>Comments</b> No Data	
<b>Cardiovascular</b> CABG (01/03/14 11:49)(JL45)		<b>Comments</b> 11/1/1992 (01/03/14 11:49)(JL45)	
<b>EENT</b> Other-see comments (01/03/14 11:49)(JL45)		<b>Comments</b> FATTY MASS TUMOR REMOVED FROM RIGHT EYE (01/03/14 11:49)(JL45)	
<b>Gastrointestinal</b> Appendectomy (01/03/14 11:49)(JL45)		<b>Comments</b> No Data	
<b>Genitourinary</b> No Data		<b>Comments</b> No Data	
<b>Neurological</b> No Data		<b>Comments</b> No Data	
<b>Orthopedic</b> No Data		<b>Comments</b> No Data	
<b>Respiratory</b> No Data		<b>Comments</b> No Data	
<b>Reconstructive</b> No Data		<b>Comments</b> No Data	<b>Vascular</b> No Data <b>Comments</b> No Data

(DK80) KIM, DOO, RN

(JL45) LANDRY, JENNIFER, RN

CONTINUED

MAURICE, EUGENE G MR: 001632858 ID: 1404801123 DOB: 01/02/1949 - Adm\_Database  
ROOM: \*339-01\*

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PERM

Admit Wt/Ht	
Weight #1 103kg	Weight #2 106.5kg bed scale
Height/Length 67in	

MAURICE, EUGENE G  
Cobb  
Adm Database  
FROM: 02/17/14 15:35 TO: 02/22/14 12:46  
ROOM: \*339-01\* ADM: 02/17/14 15:35  
AGE: 65Y SEX: M MD: CHERVU, ARUN  
DOB: 01/02/1949 ID: 1404801123 MR: 001632858  
REQUESTED: 02/22/14 15:39  
OPT OUT:  
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#### BLOODTRANSFUSN

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

#### DISEASESADLT

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

#### MDROINF DISEASE

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

#### SUBSTANCEUSEADLT

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

#### RELIGIOUSBELIEFA

<b>Do religious beliefs affect treatment?</b>	<b>Special Consideratns</b>	<b>Comments</b>
	No Data	No Data
<b>See Chaplain/Priest</b>	<b>Clergy Contacted</b>	
(JL45) LANDRY, JENNIFER, RN		

CONTINUED

MAURICE, EUGENE G MR: 001632858 ID: 1404801123 DOB: 01/02/1949 - Adm\_Database  
ROOM: \*339-01\*

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PERM

Admit Wt/Ht	
Weight #1 103kg	Weight #2 106.8kg bed scale
Height/Leng #1 67in	

MAURICE, EUGENE G  
Cobb  
Adm Database  
FROM: 02/17/14 15:35 TO: 02/22/14 12:46  
ROOM: \*339-01\* ADM: 02/17/14 15:35  
AGE: 65Y SEX: M MD: CHERVU, ARUN  
DOB: 01/02/1949 ID: 1404801123 MR: 001632858  
REQUESTED: 02/22/14 15:39  
OPT OUT:  
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**RELIGIOUSBELIEFA (cont)**

<b>Do Cultural Prefs affect treatment?</b>	No Data	<b>Cultural Consideratns</b>	<b>Comments</b>
	No Data		No Data

Admission Databas	02/17
<b>ADMISSION DATA</b>	16/07
Informant	self spouse
AdmittedFrom/Via	direct admit
Arrived on Unit	02/17/2014 16:00 (modified)
Armbands	ID Band on allergy band on
<b>COMMUNICATION</b>	16/07
CommunicatinAids	not applicable
CARE PROVIDERS	DK80

**PedPCP**

**EmergencyCont**

**Language Spoken**

**ParentQuestions**

**Diseases**

**Expostodisease**

**Blood Trans**

KM, DOO(DK80)PN

CONTINUED

MAURICE, EUGENE G MR: 001632858 ID: 1404801123 DOB: 01/02/1949 - Adm\_Database  
ROOM: \*339-01\*

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PERM

Admit Wt/Ht	
Weight #1 103kg	Weight #2 106.5kg bed scale
Height/Leng #1 67in	

MAURICE, EUGENE G  
Cobb  
Adm Database  
FROM: 02/17/14 15:35 TO: 02/22/14 12:46  
ROOM: \*339-01\* ADM: 02/17/14 15:35  
AGE: 65Y SEX: M MD: CHERVU, ARUN  
DOB: 01/02/1949 ID: 1404801123 MR: 001632858  
REQUESTED: 02/22/14 15:39  
OPT OUT:

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**PrevHosp/Surgery**

<b>Why?</b> No Data	<b>Where?</b> No Data	<b>When?</b> No Data
------------------------	--------------------------	-------------------------

**Where?**  
No Data

**Prev Surgery**

**Prev Illness**

**med Hist ROS**

**Peds Medical Hx**

**Medicines**

**Family History**

**Family Info**

**VRE**

CONTINUED



Admit Wt/Ht	
Weight #1 103kg	Weight #2 106.8kg bed scale
Height/Leng #1 67in	

MAURICE, EUGENE G  
Cobb  
Adm Database  
FROM: 02/17/14 15:35 TO: 02/22/14 12:46  
ROOM: \*339-01\* ADM: 02/17/14 15:35  
AGE: 65Y SEX: M MD: CHERVU, ARUN  
DOB: 01/02/1949 ID: 1404801123 MR: 001632858  
REQUESTED: 02/22/14 15:39  
OPT OUT:

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**Living Hist/Stat**

**Spiritual Prefs**

**Cultural Prefs**

**Substance Abuse**

Admission Databas	02/17	
<b>ADMISSION DATA</b>	16:07	16:55
Admission Weight		103kg
Armbands	ID Band on allergy band on	
<b>COMMUNICATION</b>	16:07	16:55
CommunicatinAids	not applicable	
CARE PROVIDERS	DK80	DK80

KIM, DOO(DK80)RN

LAST PAGE

MAURICE, EUGENE G MR: 001632858 ID: 1404801123 DOB: 01/02/1949 - Adm\_Database  
ROOM: \*339-01\*

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PERM

HHSADXHX

From 02/17/2014 15:35 To 02/21/2014 13:46

**Admission History Assessment**

Observables				
Template: Admission Assessment				
Category: Admission Data				
Observable Name	Observation	Chart Time	Perform Time	Confirm Time
Informant	self, spouse	02/17/2014 16:15 KIM, DOO, RN	02/17/2014 16:07 KIM, DOO, RN	
Admitted From/Via	direct admit	02/17/2014 16:15 KIM, DOO, RN	02/17/2014 16:07 KIM, DOO, RN	
Arrival Date/Time	02/17/2014 16:00	02/17/2014 16:15 KIM, DOO, RN	02/17/2014 16:07 KIM, DOO, RN	
Arrived on Unit	02/17/2014 16:00	02/17/2014 16:17 KIM, DOO, RN	02/17/2014 16:07 KIM, DOO, RN	
Armbands	ID Band on, allergy band on	02/17/2014 16:17 KIM, DOO, RN	02/17/2014 16:07 KIM, DOO, RN	
Organ donor?	no	02/17/2014 16:07 KIM, DOO, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN
Category: Privacy				
Observable Name	Observation	Chart Time	Perform Time	Confirm Time
Disclose information to:	self, spouse	02/17/2014 16:07 KIM, DOO, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN
Category: Advance Directives				
Observable Name	Observation	Chart Time	Perform Time	Confirm Time
Advance Directive	no	02/17/2014 16:07 KIM, DOO, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN
Category: Belongings				
Observable Name	Observation	Chart Time	Perform Time	Confirm Time
Belongings	cell phone	02/17/2014 16:17 KIM, DOO, RN	02/17/2014 16:07 KIM, DOO, RN	
Items Given To	family	02/17/2014 16:17 KIM, DOO, RN	02/17/2014 16:07 KIM, DOO, RN	
Category: Communication				
Observable Name	Observation	Chart Time	Perform Time	Confirm Time
Communication Aids	not applicable	02/17/2014 16:19 KIM, DOO, RN	02/17/2014 16:07 KIM, DOO, RN	
Category: Language				
Observable Name	Observation	Chart Time	Perform Time	Confirm Time
Language Spoken	English	02/17/2014 16:07 KIM, DOO, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN

Name: MAURICE, EUGENE G.

Age: 65 yr

Acct: 140480123

Opt Out: No

Gender: M

MRN: 001632858

Physician: Chervu, Arun G., MD

Rm-Bed: 339 - 01

Admit Dt: 02/17/2014 15:35

DOB: 01/02/1949

HHSADXHX

From 02/17/2014 15:35 To 02/21/2014 13:46

## Admission History Assessment

(continued)

Observables				
Template: Admission Assessment				
Category: Tobacco Use				
Observable Name	Observation	Chart Time	Perform Time	Confirm Time
Smoking status	former smoker	02/17/2014 16:07 KIM, DOO, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN
Smoked in last 12 months?	no	02/17/2014 16:19 KIM, DOO, RN	02/17/2014 16:07 KIM, DOO, RN	
Category: Alcohol Use				
Observable Name	Observation	Chart Time	Perform Time	Confirm Time
Do you drink alcohol?	no	02/17/2014 16:19 KIM, DOO, RN	02/17/2014 16:07 KIM, DOO, RN	
Category: Religious Belief				
Observable Name	Observation	Chart Time	Perform Time	Confirm Time
Do religious beliefs affect treatment?	no	02/17/2014 16:07 KIM, DOO, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN
See Chaplain/Priest	no	02/17/2014 16:07 KIM, DOO, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN
Do cultural prefs affect treatment?	no	02/17/2014 16:07 KIM, DOO, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN
Category: Medical History Adult				
Observable Name	Observation	Chart Time	Perform Time	Confirm Time
Cardiovascular	high blood pressure,Other-see comments	02/17/2014 16:07 KIM, DOO, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN
Comment	CABC X6 11/1/1992	02/17/2014 16:07 KIM, DOO, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN
Endocrine	None	02/17/2014 16:07 KIM, DOO, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN
Eyes	Glasses	02/17/2014 16:07 KIM, DOO, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN
Ears	Hearing Intact	02/17/2014 16:07 KIM, DOO, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN
Gastrointestinal	None	02/17/2014 16:07 KIM, DOO, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN
Kidney/Bladder	None	02/17/2014 16:07 KIM, DOO, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN

Name: MAURICE, EUGENE G.

Age: 65 yr

Acct: 1404801123

Opt Out: No

Gender: M

MRN: 001632858

Physician: Chervu, Arun G., MD

Rm-Bed: 339 - 01

Admit Dt: 02/17/2014 15:35

DOB: 01/02/1949



HHSADXHX

From 02/17/2014 15:35 To 02/21/2014 13:46

## Admission History Assessment

(continued)

Observables				
Template: Admission Assessment				
Category: Medical History Adult				
Observable Name	Observation	Chart Time	Perform Time	Confirm Time
Lung	none	02/17/2014 16:07 KIM, DOO, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN
Neurologic	None	02/17/2014 16:07 KIM, DOO, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN
Orthopedic	Arthritis	02/17/2014 16:07 KIM, DOO, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN
Psychological	None	02/17/2014 16:07 KIM, DOO, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN
Skin	Intact	02/17/2014 16:07 KIM, DOO, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN
Teeth	Intact	02/17/2014 16:07 KIM, DOO, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN
Category: Previous Hospital/Surgery				
Observable Name	Observation	Chart Time	Perform Time	Confirm Time
Previous Hospital	yes	02/17/2014 16:19 KIM, DOO, RN	02/17/2014 16:07 KIM, DOO, RN	02/17/2014 16:07 KIM, DOO, RN
Visit last 3 Months?	yes	02/17/2014 16:19 KIM, DOO, RN	02/17/2014 16:07 KIM, DOO, RN	02/17/2014 16:07 KIM, DOO, RN
Why?	carotid endarterectomy	02/17/2014 16:28 KIM, DOO, RN	02/17/2014 16:28 KIM, DOO, RN	02/17/2014 16:28 KIM, DOO, RN
When?	jan 7/2014	02/17/2014 16:19 KIM, DOO, RN	02/17/2014 16:07 KIM, DOO, RN	02/17/2014 16:07 KIM, DOO, RN
Where?	cobb	02/17/2014 16:19 KIM, DOO, RN	02/17/2014 16:07 KIM, DOO, RN	02/17/2014 16:07 KIM, DOO, RN
Have you ever had surgery?	yes	02/17/2014 16:07 KIM, DOO, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN
Cardiovascular	CABG	02/17/2014 16:07 KIM, DOO, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN
Comments	11/1/1992	02/17/2014 16:07 KIM, DOO, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN
EENT	Other-see comments	02/17/2014 16:07 KIM, DOO, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN
Comments	FATTY MASS TUMOR REMOVED FROM RIGHT EYE	02/17/2014 16:07 KIM, DOO, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN

Name: MAURICE, EUGENE G.

Age: 65 yr

Acct: 1404801123

Opt Out: No

Gender: M

MRN: 001632858

Physician: Chervu, Arun G., MD

Rm-Bed: 339 - 01

Admit Dt: 02/17/2014 15:35

DOB: 01/02/1949

HHSADXHX

From 02/17/2014 15:35 To 02/21/2014 13:46

## Admission History Assessment

(continued)

Observables				
Template: Admission Assessment				
Category: Previous Hospital/Surgery				
Observable Name	Observation	Chart Time	Perform Time	Confirm Time
Gastrointestinal	Appendectomy	02/17/2014 16:07 KIM, DOO, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN
Category: Blood Transfusion				
Observable Name	Observation	Chart Time	Perform Time	Confirm Time
Prior Transfusion	no	02/17/2014 16:07 KIM, DOO, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN
Prior Reaction	none	02/17/2014 16:07 KIM, DOO, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN
Category: Diseases				
Observable Name	Observation	Chart Time	Perform Time	Confirm Time
Recent exposure-contagious illness?	no	02/17/2014 16:07 KIM, DOO, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN
Previous Diseases?	chicken pox measles	02/17/2014 16:07 KIM, DOO, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN
Travel Outside of US	yes	02/17/2014 16:07 KIM, DOO, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN
Where/When?	VIETNAM, CARRIBEAN, BARBADOS, CUBA, CANADA, MEXICO	02/17/2014 16:07 KIM, DOO, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN
Category: MDRO/INF Disease				
Observable Name	Observation	Chart Time	Perform Time	Confirm Time
Hx of MDRO	none	02/17/2014 16:07 KIM, DOO, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN
Category: Pain				
Observable Name	Observation	Chart Time	Perform Time	Confirm Time
Pain Goal?	0	02/17/2014 16:21 KIM, DOO, RN	02/17/2014 16:07 KIM, DOO, RN	
Category: Discharge Plan				
Observable Name	Observation	Chart Time	Perform Time	Confirm Time
Living situation prior to admission	home	02/17/2014 16:21 KIM, DOO, RN	02/17/2014 16:07 KIM, DOO, RN	

Name: MAURICE, EUGENE G.

Age: 65 yr

Acct: 1404801123

Opt Out: No

Gender: M

MRN: 001632858

Physician: Chervu, Arun G., MD

Rm-Bed: 339 - 01

Admit Dt: 02/17/2014 15:35

DOB: 01/02/1949

HHSADXHX

From 02/17/2014 15:35 To 02/21/2014 13:46

## Admission History Assessment

(continued)

Observables				
Template: Admission Assessment				
Category: Discharge Plan				
Observable Name	Observation	Chart Time	Perform Time	Confirm Time
Others in household	significant olfr	02/17/2014 16:21 KIM, DOO, RN	02/17/2014 16:07 KIM, DOO, RN	
Expected discharge situation	home	02/17/2014 16:21 KIM, DOO, RN	02/17/2014 16:07 KIM, DOO, RN	

Chart Components			
Template: Admission Assessment			
Category: Admission Data			
Component Name	Chart Time	Perform Time	Confirm Time
Emergency Contacts	02/17/2014 16:07 KIM, DOO, RN	01/03/2014 11:49 EDT LANDRY, JENNIFER RN	01/03/2014 11:49 EDT LANDRY, JENNIFER RN
PrimaryId=46843620, Name=SHIRLEY MAURICE, Relationship=Spouse, Cell=(678) 910-2476			

Name: MAURICE, EUGENE G.

Age: 65 yr

Acct: 1404801123

Opt Out: No

Gender: M

MRN: 001632858

Physician: Chervu, Arun G., MD

Rm-Bed: 339 - 01

Admit Dt: 02/17/2014 15:35 DOB: 01/02/1949

MAURICE, EUGENE G  
 Cobb  
 Discharge Report  
 FROM: 02/17/14 15:36 TO: 02/22/14 12:46  
 ROOM: \*339-01\* ADM: 02/17/14 15:39  
 AGE: 65Y SEX: M MD: CHERVU AFRIN  
 DOB: 01/02/1949 ID: 1404801123 MRN: 001632858  
 REQUESTED: 02/22/14 15:39  
 OPT OUT:

FLWSHEET	02/17				02/18	
FALL RISK Hendri	16:08	17:00	20:31	21:10	00:12	03:00
AssessFallRisk	yes, continue		yes, continue			
confusDisorImpul	0-no		0-no			
despressionSignS	0-no		0-no			
alterElimination	0-no		0-no			
dizzinessVertigo	0-no		0-no			
male gender	1-yes		1-yes			
anyAntiepileptic	0-no		0-no			
anyBenzodiazepin	0-no		0-no			
Get Up & Go Test	0-risesNoBallLoss		0-risesNoBallLoss			
FALL RISK SCORE	1 with get up & go		1 with get up & go			
Score=5 or more	no, not at risk		no, not at risk			
Pt at Fall Risk	N/A		N/A			
Goal	no fall		no fall			
GoalStatus			progressing			
Fall Interventio			adequateLighting bed low position call light close hourly rounding items in reach monitorLabs/VS review meds			
MOBILITY	16:08	17:00	20:31	21:10	00:12	03:00
MobilityGuideline	perGetUp&Go		perGetUp&Go			
Get Up&Go Goals	not applicable		0-amb 3+/day			
MobilityIntrvntn			ambulateBathroom			
Transfer			self			
Activity Aid			none			
24 HR CHART CHK	16:08	17:00	20:31	21:10	00:12	03:00
24hr Chart Check						done
NEUROLOGICAL	16:08	17:00	20:31	21:10	00:12	03:00
Basic Assessment						
LOC	alert		alert			
Orientation	oriented appropriate		oriented appropriate			
Speech	clear		clear			
Muscle Strength						
L Upper Extrem	moderate		strong			
R Upper Extrem	strong		strong			
L Lower Extrem	strong		strong			
R Lower Extrem	strong		strong			
Muscle Tone	2+ average		2+ average			
Gait	steady		steady			
Gag Reflex	present		present			
Cough Reflex	present		present			
CARE PROVIDERS	DK80		L5J5			DN

JONES, LAVERNE(L5J5)RN

KIM, DOO(DK80)RN

NJINDA, DIVINE(DN)RN

CONTINUED



MAURICE, EUGENE G  
 Cobb  
 Discharge Report  
 FROM: 02/17/14 15:36 TO: 02/22/14 12:46  
 ROOM: \*339-01\* ADM: 02/17/14 15:39  
 AGE: 65Y SEX: M MD: CHERVU AFRIN  
 DOB: 01/02/1949 ID: 1404801123 MP: 001632858  
 REQUESTED: 02/22/14 15:39  
 OPT OUT:  
 Page: 2

FLWSHEET	02/17				02/18	
NEUROLOGICAL-Cont.	16:08	17:00	20:31	21:10	00:12	03:00
Size						
Both Pupils			3mm			
Shape						
Both Pupils	equal round		equal round			
Reaction						
Both Pupils	brisk		brisk			
Eye Movement						
Both Pupils	follows		follows			
Corneal Reflex						
Right			blink			
Left			blink			
Sensation						
RUE	touch sense		pain sense touch sense			
LUE	touch sense		pain sense touch sense			
RLE	touch sense		pain sense touch sense			
LLE	touch sense		pain sense touch sense			
Eye Opening	4-spontaneously		4-spontaneously			
Verbal Response	5-oriented x 3		5-oriented x 3			
Motor Response	6-ObeyVerbalComm		6-ObeyVerbalComm			
Glasgow Score	15Total		15Total			
Seizure Activity						
02/17/14 20:31 Seizure Activity(L5J5): No seizure activity noted						
RESPIRATORY	16:08	17:00	20:31	21:10	00:12	03:00
Assessment						
BREATH SOUNDS						
All Lobes	clear		clear			
Resp Pattern	regular unlabored		regular unlabored			
Chest Excursion	symmetric		symmetric			
Trachea Deviation	midline		midline			
Cough	none		none			
Oxygen %			96% room air			
CARDIOVASCULAR	16:08	17:00	20:31	21:10	00:12	03:00
Assessment						
Heart Sounds			S1 S2			
JVD	non-distended		non-distended			
Capillary Refill	1-2 seconds		1-2 seconds			
Pulses						
R Radial	2+ normal		2+ normal			
L Radial	2+ normal		2+ normal			
CARE PROVIDERS	DK80		L5J5			

JONES, LAVERNE(L5J5)RN

KIM, DOO(DK80)RN

CONTINUED

MAURICE, EUGENE G MR: 001632858 ID: 1404801123 DOB: 01/02/1949 - Discharge Report  
 ROOM: \*339-01\*

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PERM

MAURICE, EUGENE G  
 Cobb  
 Discharge Report  
 FROM: 02/17/14 15:36 TO: 02/22/14 12:46  
 ROOM: \*339-01\* ADM: 02/17/14 15:39  
 AGE: 65Y SEX: M MD: CHERVU AFRIN  
 DOB: 01/02/1949 ID: 1404801123 MRN: 001632858  
 REQUESTED: 02/22/14 15:39  
 OPT OUT:  
 Page: 3

FLWSHEET	02/17				02/18	
<b>CARDIOVASCULAR-Cont.</b>	16:08	17:00	20:31	21:10	00:12	03:00
R Dorsalis pedis			2+ normal			
L Dorsalis pedis			2+ normal			
Edema						
Generalized	none		none			
Device Location						
<b>GASTROINTESTINAL</b>	16:08	17:00	20:31	21:10	00:12	03:00
Assessment						
Abdomen	soft non-tender non-distended		soft non-tender non-distended			
Bowel Sounds						
All Quadrants	active		active			
Bowel Control	continent		continent			
Last BM	&		&			
Stool			reported			
Hemorrhoids			none reported			
Emesis			none			
02/17/14 16:08 Last BM(DK80): 2/17/14						
02/17/14 20:31 Last BM(L5J5): 02/17/2014						
<b>GENITOURINARY</b>	16:08	17:00	20:31	21:10	00:12	03:00
Assessment						
Urinary Source	voiding		voiding			
AltrdUrinPattern			none			
Genito Assess						
Male	no problems per patient		no problems per patient			
<b>MUSCULOSKELETAL</b>	16:08	17:00	20:31	21:10	00:12	03:00
Assessment						
Movement						
All Extremities	full ROM symmetric		full ROM symmetric			
Joint Descriptn						
All Joints	no pain no redness no swelling		no pain no redness no swelling			
Description	none		none			
Weight Bearing						
All Extremities	full-noRestrict		full-noRestrict			
Support Device			none			
<b>SKIN</b>	16:08	17:00	20:31	21:10	00:12	03:00
Assessment						
Skin Condition	dry warm		dry warm			
Turgor	elastic		elastic			
Skin Integrity	intact		wound			
Sensory Perceptn	4-no impairment		4-no impairment			
CARE PROVIDERS	DK80		L5J5			

JONES, LAVERNE(L5J5)RN

KIM, DOO(DK80)RN

CONTINUED

MAURICE, EUGENE G MR: 001632858 ID: 1404801123 DOB: 01/02/1949 - Discharge Report  
 ROOM: \*339-01\*

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MAURICE, EUGENE G  
 Cobb  
 Discharge Report  
 FROM: 02/17/14 15:36 TO: 02/22/14 12:46  
 ROOM: \*339-01\* ADM: 02/17/14 15:39  
 AGE: 65Y SEX: M MD: CHERVU AFRIN  
 DOB: 01/02/1949 ID: 1404801123 MP: 001632858  
 REQUESTED: 02/22/14 15:39  
 OPT OUT:

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FLWSHEET	02/17				02/18	
<b>SKIN-Cont</b>	16:08	17:00	20:31	21:10	00:12	03:00
Moisture	4-rarely moist		4-rarely moist			
Activity	4-walks frequent		4-walks frequent			
Mobility	4-no limitations		4-no limitations			
Nutrition	4-excellent		4-excellent			
Shear&Friction	3-no prob apprnt		3-no prob apprnt			
Skin Scale Total	23Total 18 or mo re-low		23Total 18 or mo re-low			
Peach Sign Door	no		no			
<b>INCISION/WOUND</b>	16:08	17:00	20:31	21:10	00:12	03:00
Incision/Wnd #1						
Surg/procedural	puncture		puncture			
Side	left		left			
Location	chest &		neck			
Closure	unable to assess		unable to assess			
Dressing Status	dry intact		dry intact			
02/17/14 16:08 Location(DK80): upper chest						
<b>PSYCHOSOCIAL</b>	16:08	17:00	20:31	21:10	00:12	03:00
Assessment						
Mood/Affect	appropriate		appropriate			
Behavior	cooperative		cooperative			
Family Interact						
W/Healthcar Team	supportive		supportive present			
W/Patient	supportive		supportive present			
Signs/sx abuse	no		no			
<b>PAIN</b>	16:08	17:00	20:31	21:10	00:12	03:00
Pt Denies Pain	patient denies		patient denies			
<b>PERIPHERAL IVS</b>	16:08	17:00	20:31	21:10	00:12	03:00
Location #1						
Assessment uncha						
IVStartDate/Time		02/17/2014 17:00				
Anatomy		hand	hand			
IVStart Attempts		1				
Access type	straight cath	straight cath	straight cath			
IV Cath size		22ga	22ga			
Initial insert		yes				
Side		left	left			
IV Dressing		transparent	transparent			
IV Site Assessmt			clean dry non-tender			
IV Site drainage			none			
IV Line Status		patent blood return	patent			
<b>CARE PROVIDERS</b>	DK80	PB36	L5J5			

BARRON, PAULETTE H(PB36)RN

JONES, LAVERNE(L5J5)RN

KIM, DOO(DK80)RN

CONTINUED

MAURICE, EUGENE G MR: 001632858 ID: 1404801123 DOB: 01/02/1949 - Discharge Report  
 ROOM: \*339-01\*

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MAURICE, EUGENE G  
 Cobb  
 Discharge Report  
 FROM: 02/17/14 15:36 TO: 02/22/14 12:46  
 ROOM: \*339-01\* ADM: 02/17/14 15:39  
 AGE: 65Y SEX: M MD: CHERVU AFRIN  
 DOB: 01/02/1949 ID: 1404801123 MR#: 001632858  
 REQUESTED: 02/22/14 15:39  
 OPT OUT:  
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FLWSHEET	02/17				02/18	
<b>PERIPHERAL IVS-Cont</b>	16:08	17:00	20:31	21:10	00:12	03:00
Periph Intervent		flushed	flushed			
<b>ADL's</b>	16:08	17:00	20:31	21:10	00:12	03:00
Assistance	self care		self care	self care	self care	
Activity			up to BSC/Chair	resting	resting	
Patient Turned			OOS to chair	OOS to chair	reposition self	
<b>Safety</b>						
Rounding	ID band on allergy band on BR need check call it w/in rch phone w/in rch items in reach pain check position check		ID band on allergy band on BR need check call it w/in rch phone w/in rch items in reach pain check position check pump check family present	ID band on allergy band on BR need check call it w/in rch phone w/in rch items in reach pain check	ID band on allergy band on BR need check call it w/in rch phone w/in rch items in reach	
<b>Safety</b>						
Bed Status	bed low rails up x3		bed low rails up x3	bed low rails up x3	bed low rails up x3	
Meal			self			
<b>CARE PROVIDERS</b>	DK80	PB36	L5J5	2S2S	2S2S	

BARRON, PAULETTE H(PB36)RN  
 SCOTT, SHAWNIQUE(2S2S)NA

JONES, LAVERNE(L5J5)RN

KIM, DOO(DK80)RN

CONTINUED

MAURICE, EUGENE G MR: 001632858 ID: 1404801123 DOB: 01/02/1949 - Discharge Report  
 ROOM: \*339-01\*

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MAURICE, EUGENE G  
 Cobb  
 Discharge Report  
 FROM: 02/17/14 15:36 TO: 02/22/14 12:46  
 ROOM: \*339-01\* ADM: 02/17/14 15:39  
 AGE: 65Y SEX: M MD: CHERVU AFUN  
 DOB: 01/02/1949 ID: 1404801123 MR#: 001632858  
 REQUESTED: 02/22/14 15:39  
 OPT OUT:

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FLWSHEET	02/18					
<b>CATHETER INSERT</b>	04:27	04:35	08:00	10:40	11:34	12:00
Urine Color			yellow			
<b>FALL RISK Hendri</b>	04:27	04:35	08:00	10:40	11:34	12:00
AssessFallRisk		&	yes, continue			
confusDisorImpul			0-no			
despressionSignS			0-no			
alterElimination			0-no			
dizzinessVertigo			0-no			
male gender			1-yes			
anyAntiepileptic			0-no			
anyBenzodiazepin			0-no			
Get Up & Go Test			0-risesNoBAlLoss			
FALL RISK SCORE			1 with get up & go			
Score=5 or more			no, not at risk			
Pt at Fall Risk			N/A			
Goal			no fall			
GoalStatus			progressing			
02/18/14 04:27 AssessFallRisk(DN): assessment unchanged						
<b>MOBILITY</b>	04:27	04:35	08:00	10:40	11:34	12:00
MobilityGuideline		&	perGetUp&Go			
Get Up&Go Goals			0-amb 3+/day			
MobilityIntrvntn			ambulatHallIndep			
Transfer			self			
02/18/14 04:27 MobilityGuideline(DN): assessment unchanged						
<b>SPECIAL EVENTS</b>	04:27	04:35	08:00	10:40	11:34	12:00
General Comments						
#1					&	
02/18/14 11:34 #1(J33L): Pt questioning why he is not on IV abx, after looking thru yesterdays orders in the chart I see that Vanco IV was ordered butnot started, Pharmacy called and notified and will make dose now, MD paged to notify that pt had not recieved vanco as ordered yet						
<b>IDR'S COMPLETED</b>	04:27	04:35	08:00	10:40	11:34	12:00
Members Present				Care Coordinator Staff Nurse other (specify)		
Summary IDR				&		
02/18/14 10:40 Members Present(NSA0): student CNL						
02/18/14 10:40 Summary IDR(NSA0): CEA on 1/7/14 with drain present, might clean out 2/19						
<b>NEUROLOGICAL</b>	04:27	04:35	08:00	10:40	11:34	12:00
Basic Assessment	assess unchanged					
LOC			alert			
Orientation			oriented appropriate			
Speech			clear			
<b>CARE PROVIDERS</b>	DN		J33L	NSA0	J33L	

AIKHUELE, NKECHI(NSA0)RN

LEAHY, JENNIFER(J33L)RN

NJINDA, DIVINE(DN)RN

CONTINUED

MAURICE, EUGENE G MR: 001632858 ID: 1404801123 DOB: 01/02/1949 - Discharge Report  
 ROOM: \*339-01\*

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MAURICE, EUGENE G  
 Cobb  
 Discharge Report  
 FROM: 02/17/14 15:36 TO: 02/22/14 12:46  
 ROOM: \*339-01\* ADM: 02/17/14 15:39  
 AGE: 65Y SEX: M MD: CHERVU AFRIN  
 DOB: 01/02/1949 ID: 1404801123 MRN: 001632858  
 REQUESTED: 02/22/14 15:39  
 OPT OUT:  
 Page: 7

FLWSHEET	02/18					
NEUROLOGICAL-Cont.	04:27	04:35	08:00	10:40	11:34	12:00
Muscle Strength						
L Upper Extrem			strong			
R Upper Extrem			strong			
L Lower Extrem			strong			
R Lower Extrem			strong			
Gait			steady			
Shape						
Both Pupils			equal round			
Reaction						
Both Pupils			brisk			
Eye Movement						
Both Pupils			follows			
Sensation						
RUE			touch sense			
LUE			touch sense			
RLE			touch sense			
LLE			touch sense			
Eye Opening			4-spontaneously			
Verbal Response			5-oriented x 3			
Motor Response			6-Obey Verbal Comm			
Glasgow Score			15 Total			
RESPIRATORY	04:27	04:35	08:00	10:40	11:34	12:00
Assessment	assess unchanged					
BREATH SOUNDS						
All Lobes			clear			
Resp Pattern			regular unlabored			
Chest Excursion			symmetric			
CARDIOVASCULAR	04:27	04:35	08:00	10:40	11:34	12:00
Assessment	assess unchanged					
Heart Sounds			S1 S2			
JVD			non-distended			
Capillary Refill			1-2 seconds			
Pulses						
R Radial			2+ normal			
L Radial			2+ normal			
R Dorsalis pedis			2+ normal			
L Dorsalis pedis			2+ normal			
Device Location						
GASTROINTESTINAL	04:27	04:35	08:00	10:40	11:34	12:00
Assessment	assess unchanged					
Abdomen			soft non-tender obese			
CARE PROVIDERS	DN		J33L			

LEAHY, JENNIFER(J33L)RN

NJINDA, DIVINE(DN)RN

CONTINUED

MAURICE, EUGENE G MR: 001632858 ID: 1404801123 DOB: 01/02/1949 - Discharge Report  
 ROOM: \*339-01\*

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PERM

MAURICE, EUGENE G  
 Cobb  
 Discharge Report  
 FROM: 02/17/14 15:36 TO: 02/22/14 12:46  
 ROOM: \*339-01\* ADM: 02/17/14 15:39  
 AGE: 65Y SEX: M MD: CHERVU AFRIN  
 DOB: 01/02/1949 ID: 1404801123 MP: 001632858  
 REQUESTED: 02/22/14 15:39  
 OPT OUT:  
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FLWSHEET	02/18					
<b>GASTROINTESTINAL-Cont.</b>	04:27	04:35	08:00	10:40	11:34	12:00
Bowel Sounds						
All Quadrants			active			
Last BM				&		
Stool			formed			
02/18/14 08:00 Last BM(J33L): 2/18/14						
<b>GENITOURINARY</b>	04:27	04:35	08:00	10:40	11:34	12:00
Assessment	assess unchanged					
Urinary Source			voiding			
Urine Consistency			clear			
Urine Color			yellow			
<b>MUSCULOSKELETAL</b>	04:27	04:35	08:00	10:40	11:34	12:00
Assessment	assess unchanged					
Movement						
All Extremities			full ROM symmetric			
Joint Descriptn						
All Joints			no pain no redness no swelling			
Weight Bearing						
All Extremities			full-noRestrict			
<b>SKIN</b>	04:27	04:35	08:00	10:40	11:34	12:00
Assessment	assess unchanged					
Skin Condition			dry warm			
Turgor			elastic			
Skin Integrity			wound			
Sensory Perceptn			4-no impairment			
Moisture			3-occasion moist			
Activity			4-walks frequent			
Mobility			4-no limitations			
Nutrition			4-excellent			
Shear&Friction			3-no prob apprnt			
Skin Scale Total			22Total 18 or mo re-low			
Peach Sign Door			no			
<b>INCISION/WOUND</b>	04:27	04:35	08:00	10:40	11:34	12:00
Incision/Wnd #1						
Surg/procedural		&	puncture			
Side			left			
Location			neck			
Dressing Status			dry intact			
02/18/14 04:27 Surg/procedural(DN): assessment unchanged						
CARE PROVIDERS	DN		J33L			
LEAHY, JENNIFER(J33L)RN NJINDA, DIVINE(DN)RN						



CONTINUED

MAURICE, EUGENE G  
 Cobb  
 Discharge Report  
 FROM: 02/17/14 15:36 TO: 02/22/14 12:46  
 ROOM: \*339-01\* ADM: 02/17/14 15:39  
 AGE: 65Y SEX: M MD: CHERVU AFUN  
 DOB: 01/02/1949 ID: 1404801123 MRN: 001632858  
 REQUESTED: 02/22/14 15:39  
 OPT OUT:

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FLWSHEET	02/18					
PSYCHOSOCIAL	04:27	04:35	08:00	10:40	11:34	12:00
Assessment	assess unchanged					
Mood/Affect			appropriate			
Behavior			cooperative			
Family Interact						
W/Healthcar Team			not present			
PAIN	04:27	04:35	08:00	10:40	11:34	12:00
Pt Denies Pain	patient denies		patient denies			patient denies
PERIPHERAL IVS	04:27	04:35	08:00	10:40	11:34	12:00
Location #1						
Assessment uncha	yes					
Anatomy			hand			
Access type			straight cath			
IV Cath size			22ga			
Side			left			
IV Dressing			transparent			
IV Site Assessmt			clean dry non-tender			
IV Site drainage			none			
IV Line Status			patent			
Periph Intervent			flushed			
ADL's	04:27	04:35	08:00	10:40	11:34	12:00
Assistance	self care	self care				
Activity	resting	resting				
Patient Turned	reposition self	reposition self				
Safety						
Rounding	ID band on allergy band on BR need check call ll w/in rch phone w/in rch items in reach pain check position check	ID band on allergy band on BR need check call ll w/in rch phone w/in rch items in reach pain check				
Safety						
Bed Status	bed low rails up x3	bed low rails up x3				
Meal	self					
CARE PROVIDERS	DN	2S2S	J33L			J33L

LEAHY, JENNIFER(J33L)RN

NJINDA, DIVINE(DN)RN

SCOTT, SHAWNIQUE(2S2S)NA

CONTINUED

MAURICE, EUGENE G MR: 001632858 ID: 1404801123 DOB: 01/02/1949 - Discharge Report  
 ROOM: \*339-01\*

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MAURICE, EUGENE G  
 Cobb  
 Discharge Report  
 FROM: 02/17/14 15:36 TO: 02/22/14 12:46  
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 AGE: 65Y SEX: M MD: CHERVU AFUN  
 DOB: 01/02/1949 ID: 1404801123 MP: 001632858  
 REQUESTED: 02/22/14 15:39  
 OPT OUT:

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FLWSHEET	02/18				02/19	
FALL RISK Hendri	15:20	18:41	20:55	21:15	03:18	04:35
Assess Fall Risk			yes, continue			
confusDisorImpul			0-no			
despressionSignS			0-no			
alterElimination			0-no			
dizzinessVertigo			0-no			
male gender			0-no			
anyAntiepileptic			0-no			
anyBenzodiazepin			0-no			
Get Up & Go Test			1-pushUp1attempt			
FALL RISK SCORE			1 with get up & go			
Score=5 or more			no, not at risk			
Pt at Fall Risk			N/A			
Goal	no fall		no fall			no fall
MOBILITY	15:20	18:41	20:55	21:15	03:18	04:35
MobilityGuideline			perGetUp&Go			
Get Up&Go Goals			not applicable			
MobilityIntrvntn			ambulatHallIndep ambulatRoomIndep ambulateBathroom			
Transfer			self			
24 HR CHART CHK	15:20	18:41	20:55	21:15	03:18	04:35
24hr Chart Check					done	
NEUROLOGICAL	15:20	18:41	20:55	21:15	03:18	04:35
Basic Assessment	assess unchanged					
LOC			alert			arouse easily
Orientation			oriented appropriate			
Speech			clear			
Muscle Strength						
L Upper Extrem			strong			
R Upper Extrem			strong			
L Lower Extrem			strong			
R Lower Extrem			strong			
Muscle Tone			2+ average			
Gait			steady			
Gag Reflex			present			
Cough Reflex			present			
Size						
Both Pupils			2mm			
Shape						
Both Pupils			equal round			
Reaction						
Both Pupils			brisk			
CARE PROVIDERS	J33L		DA90		DA90	DA90

ADEJUJIGBE, OLUFISAYO(DA90)RN

LEAHY, JENNIFER(J33L)RN

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MAURICE, EUGENE G MR: 001632858 ID: 1404801123 DOB: 01/02/1949 - Discharge Report  
 ROOM: \*339-01\*

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MAURICE, EUGENE G  
 Cobb  
 Discharge Report  
 FROM: 02/17/14 15:36 TO: 02/22/14 12:46  
 ROOM: \*339-01\* ADM: 02/17/14 15:39  
 AGE: 65Y SEX: M MD: CHERYL AFRIN  
 DOB: 01/02/1949 ID: 1404801123 MP: 001632858  
 REQUESTED: 02/22/14 15:39  
 OPT OUT:

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FLWSHEET	02/18				02/19	
<b>NEUROLOGICAL-Cont.</b>	15:20	18:41	20:55	21:15	03:18	04:35
Eye Movement			follows			
Both Pupils						
Corneal Reflex						
Right			blink			
Left			blink			
Sensation						
RUE			touch sense			
LUE			touch sense			
RLE			touch sense			
LLE			touch sense			
Eye Opening			4-spontaneously			
Verbal Response			5-oriented x 3			
Motor Response			6-Obey Verbal Comm			
Glasgow Score			15 Total			
Seizure Activity				&		
02/18/14 20:55 Seizure Activity(DA90): none						
<b>RESPIRATORY</b>	15:20	18:41	20:55	21:15	03:18	04:35
Assessment	assess unchanged					assess unchanged
<b>BREATH SOUNDS</b>						
All Lobes			clear			
Resp Pattern			regular unlabored			
Chest Excursion			symmetric			
Trachea Deviation			midline			
Cough			none			
Oxygen %			95% room air			
<b>CARDIOVASCULAR</b>	15:20	18:41	20:55	21:15	03:18	04:35
Assessment	assess unchanged					assess unchanged
Heart Sounds			S1 S2			
JVD			non-distended			
Capillary Refill			1-2 seconds			
Pulses						
R Radial			2+ normal			
L Radial			2+ normal			
R Dorsalis pedis			2+ normal			
L Dorsalis pedis			2+ normal			
Edema						
Generalized			none			
Device Location						
<b>GASTROINTESTINAL</b>	15:20	18:41	20:55	21:15	03:18	04:35
Assessment	assess unchanged					assess unchanged
Abdomen			soft non-tender obese			
CARE PROVIDERS	J33L		DA90			DA90

ADEJUJIGBE, OLUFISAYO(DA90)RN

LEAHY, JENNIFER(J33L)RN

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MAURICE, EUGENE G MR: 001632858 ID: 1404801123 DOB: 01/02/1949 - Discharge Report  
 ROOM: \*339-01\*

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MAURICE, EUGENE G  
 Cobb  
 Discharge Report  
 FROM: 02/17/14 15:36 TO: 02/22/14 12:46  
 ROOM: \*339-01\* ADM: 02/17/14 15:39  
 AGE: 65Y SEX: M MD: CHERVU AFRIN  
 DOB: 01/02/1949 ID: 1404801123 MR#: 001632858  
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FLWSHEET	02/18				02/19	
<b>GASTROINTESTINAL-Cont.</b>	15:20	18:41	20:55	21:15	03:18	04:35
Bowel Sounds						
All Quadrants			active			
Bowel Control			continent			
Last BM				&		
Stool			soft reported			
Emesis			none			
02/18/14 20:55 Last BM(DA90): 2/18/14						
<b>GENITOURINARY</b>	15:20	18:41	20:55	21:15	03:18	04:35
Assessment	assess unchanged					assess unchanged
Urinary Source			voiding			
AltrdUrinPattern			none			
UrineConsistency				&		
02/18/14 20:55 UrineConsistency(DA90): not observed						
<b>MUSCULOSKELETAL</b>	15:20	18:41	20:55	21:15	03:18	04:35
Assesment	assess unchanged					assess unchanged
Movement						
All Extremities			full ROM symmetric			
Joint Descriptn						
All Joints			no pain no redness no swelling			
Description			none			
Weight Bearing						
All Extremities			full-noRestrict			
<b>SKIN</b>	15:20	18:41	20:55	21:15	03:18	04:35
Assessment	assess unchanged					assess unchanged
Skin Condition			dry warm			
Turgor			elastic			
Skin Integrity			other (specify)			
Sensory Perceptn			4-no impairment			
Moisture			4-rarely moist			
Activity			3-walk occasion			
Mobility			4-no limitations			
Nutrition			3-adequate			
Shear&Friction			3-no prob aprnt			
Skin Scale Total			21 Total 18 or mo re-low			
Peach Sign Door			no			
<b>INCISION/WOUND</b>	15:20	18:41	20:55	21:15	03:18	04:35
Incision/Wnd #1						
Surg/procedural			closed			&
Side			left			
Location			neck			
<b>CARE PROVIDERS</b>	J33L		DA90			DA90

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LEAHY, JENNIFER(J33L)RN

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MAURICE, EUGENE G MR: 001632858 ID: 1404801123 DOB: 01/02/1949 - Discharge Report  
 ROOM: \*339-01\*

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MAURICE, EUGENE G  
 Cobb  
 Discharge Report  
 FROM: 02/17/14 15:36 TO: 02/22/14 12:46  
 ROOM: \*339-01\* ADM: 02/17/14 15:39  
 AGE: 65Y SEX: M MD: CHERVU AFRIN  
 DOB: 01/02/1949 ID: 1404801123 MR#: 001632858  
 REQUESTED: 02/22/14 15:39  
 OPT OUT:  
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FLWSHEET	02/18				02/19	
<b>INCISION/WOUND-Cont.</b>	15:20	18:41	20:55	21:15	03:18	04:35
Closure			wound glue	&		
02/18/14 20:55 Closure(DA90): OTA						
02/19/14 04:35 Surg/procedural(DA90): no change						
<b>PSYCHOSOCIAL</b>	15:20	18:41	20:55	21:15	03:18	04:35
Assessment	assess unchanged					assess unchanged
Mood/Affect			appropriate			
Behavior			cooperative			
Family Interact						
W/Healthcar Team			not present			
W/Patient			not present			
Signs/sx abuse			no			
<b>PAIN</b>	15:20	18:41	20:55	21:15	03:18	04:35
Pt Denies Pain	patient denies	patient denies	patient denies			sleeping
<b>PERIPHERAL IVS</b>	15:20	18:41	20:55	21:15	03:18	04:35
Location #1						
Assessment uncha	yes					yes
Anatomy			hand			
Access type			straight cath			
IV Cath size			20ga			
Side			left			
IV Dressing			transparent			
IV Site Assessmt			siteAsymptomatic			
IV Site drainage			none			
IV Line Status			patent			
Periph Intervent			flushed			
<b>ADL's</b>	15:20	18:41	20:55	21:15	03:18	04:35
Assistance				self care		
Activity			up to BSC/Chair	resting		ptPerformsROM resting
Patient Turned			reposition self	reposition self		
Safety						
Rounding			ID band on allergy band on BR need check call it w/in rch phone w/in rch items in reach pain check	ID band on allergy band on BR need check call it w/in rch phone w/in rch items in reach pain check		
Safety						
Bed Status			bed low rails up x3	bed low rails up x3		
<b>CARE PROVIDERS</b>	J33L	J33L	DA90	2S2S		DA90
ADEJUYIGBE, OLUFISAYO(DA90)RN      LEAHY, JENNIFER(J33L)RN      SCOTT, SHAWNIQUE(2S2S)NA						

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MAURICE, EUGENE G  
 Cobb  
 Discharge Report  
 FROM: 02/17/14 15:36 TO: 02/22/14 12:46  
 ROOM: \*339-01\* ADM: 02/17/14 15:35  
 AGE: 65Y SEX: M MD: CHERVU AFUN  
 DOB: 01/02/1949 ID: 1404801123 MR: 001632858  
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FLWSHEET	02/19			02/20		
<b>CATHETER INSERT</b>	06:01	08:00	10:35	01:40	04:03	04:19
Urine Color					yellow	
<b>FALL RISK Hendri</b>	06:01	08:00	10:35	01:40	04:03	04:19
AssessFallRisk		yes, continue			yes, continue	
confusDisorImpul		0-no			0-no	
despressionSignS		0-no			0-no	
alterElimination		0-no			0-no	
dizzinessVertigo		0-no			0-no	
male gender		0-no			1-yes	
anyAntiepileptic		0-no			0-no	
anyBenzodiazepin		0-no			0-no	
Get Up & Go Test		1-pushUp1attemp1			cantAssess.specfy &	
FALL RISK SCORE		1 with get up & go			1	
Score=5 or more		no, not at risk			no, not at risk	
Pt at Fall Risk		N/A			N/A	
Goal		no fall			no fall	
GoalStatus					progressing	
Fall Interventio					bed low position call light close monitorLabs/V/S raise3/4Siderail remove clutter review meds	
02/20/14 04:03 Get Up & Go Test(MY62): complete bedrest						
<b>MOBILITY</b>	06:01	08:00	10:35	01:40	04:03	04:19
MobiltyGuideline		perGetUp&Go				
Get Up&Go Goals		not applicable				
MobiltyIntrvntn		ambulatHallIndep				
Transfer		self				
<b>24 HR CHART CHK</b>	06:01	08:00	10:35	01:40	04:03	04:19
24hr Chart Check				done		done
<b>IDR'S COMPLETED</b>	06:01	08:00	10:35	01:40	04:03	04:19
Members Present			Care Coordinator Staff Nurse other (specify)			
Summary IDR				&		
02/19/14 10:35 Members Present(N5A0): student CNL						
02/19/14 10:35 Summary IDR(N5A0): CEA 1/7/14, left neck exploratory surgery today, IV abx						
<b>NEUROLOGICAL</b>	06:01	08:00	10:35	01:40	04:03	04:19
LOC		alert arouse easily			alert	
Orientation		oriented appropriate			oriented appropriate	
Speech		clear			clear	
<b>CARE PROVIDERS</b>		M3D7	N5A0	R91S	MY62	MY62

AIKHUELE, NKECHI(N5A0)RN  
 YU, MARIA J(MY62)RN

DOWDY, MATTHEW(M3D7)RN

RUSSELL, STEPHANIE(R91S)RN

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MAURICE, EUGENE G  
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 ROOM: \*339-01\* ADM: 02/17/14 15:39  
 AGE: 65Y SEX: M MD: CHERVU AFUN  
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FLWSHEET	02/19	02/20				
NEUROLOGICAL-Cont.	06:01	08:00	10:35	01:40	04:03	04:19
Muscle Strength						
L Upper Extrem		strong			strong	
R Upper Extrem		strong			strong	
L Lower Extrem		strong			strong	
R Lower Extrem		strong			strong	
Muscle Tone		2+ average			1+ diminished	
Gait		steady			unable to assess &	
Gag Reflex		present			present	
Cough Reflex		present			present	
Size						
Both Pupils		3mm			3mm	
Shape						
Both Pupils		equal round			equal round	
Reaction						
Both Pupils		brisk			brisk	
Eye Movement						
Both Pupils		follows			follows	
Corneal Reflex						
Right		blink			blink	
Left		blink			blink	
Sensation						
RUE		touch sense			touch sense	
LUE		touch sense			touch sense	
RLE		touch sense			touch sense	
LLE		touch sense			touch sense	
Eye Opening		4-spontaneously			4-spontaneously	
Verbal Response		5-oriented x 3			5-oriented x 3	
Motor Response		6-ObeyVerbalComm			6-ObeyVerbalComm	
Glasgow Score		15Total			15Total	
02/20/14 04:03 Gait(MY62): bedrest post op						
RESPIRATORY	06:01	08:00	10:35	01:40	04:03	04:19
BREATH SOUNDS						
All Lobes		clear			clear	
Resp Pattern		regular unlabored			regular unlabored	
Chest Excursion		symmetric			symmetric	
TracheaDeviation		midline			midline	
Cough		none			none	
CARDIOVASCULAR	06:01	08:00	10:35	01:40	04:03	04:19
Heart Sounds		S1 S2			S1 S2	
JVD		non-distended			non-distended	
Capillary Refill		1-2 seconds			1-2 seconds	
CARE PROVIDERS		M3D7			MY62	

DOWDY, MATTHEW(M3D7)RN

YU, MARIA J(MY62)RN

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MAURICE, EUGENE G MR: 001632858 ID: 1404801123 DOB: 01/02/1949 - Discharge Report  
 ROOM: \*339-01\*

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MAURICE, EUGENE G  
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 Discharge Report  
 FROM: 02/17/14 15:36 TO: 02/22/14 12:46  
 ROOM: \*339-01\* ADM: 02/17/14 15:39  
 AGE: 65Y SEX: M MD: CHERVU AFRIN  
 DOB: 01/02/1949 ID: 1404801123 MR#: 001632858  
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FLWSHEET	02/19	02/20				
<b>CARDIOVASCULAR-Cont.</b>	06:01	08:00	10:35	01:40	04:03	04:19
<b>Pulses</b>						
R Radial		2+ normal			2+ normal	
L Radial		2+ normal			2+ normal	
L Post-Tibial						
R Dorsalis pedis		2+ normal			2+ normal	
L Dorsalis pedis		2+ normal			2+ normal	
<b>Edema</b>						
Generalized		none			none	
Device Location						
<b>GASTROINTESTINAL</b>	06:01	08:00	10:35	01:40	04:03	04:19
Abdomen		soft non-tender obese			soft non-tender non-distended	
<b>Bowel Sounds</b>						
All Quadrants		active			active	
Bowel Control		continent			continent	
Emesis		none				
<b>GENITOURINARY</b>	06:01	08:00	10:35	01:40	04:03	04:19
Urinary Source		voiding				
Catheter D/C					02/20/2014 03:50	
AltrdUrinPattern		none				
UrineConsistency					clear	
Urine Color					yellow	
<b>MUSCULOSKELETAL</b>	06:01	08:00	10:35	01:40	04:03	04:19
<b>Movement</b>						
All Extremities		full ROM symmetric			full ROM symmetric	
<b>Joint Descriptn</b>						
All Joints		no pain no redness no swelling			no pain no redness no swelling	
Description		none			none	
<b>Weight Bearing</b>						
All Extremities		full-noRestrict			full-noRestrict	
<b>SKIN</b>	06:01	08:00	10:35	01:40	04:03	04:19
Skin Condition		dry warm			dry warm	
Turgor		elastic			elastic	
Sensory Perceptn		4-no impairment			4-no impairment	
Moisture		4-rarely moist			4-rarely moist	
Activity		3-walk occasion			1-bedfast	
Mobility		4-no limitations			4-no limitations	
Nutrition		3-adequate			3-adequate	
Shear&Friction		3-no prob apprnt			3-no prob apprnt	
Skin Scale Total		21Total 18 or mo re-low			19Total 18 or mo re-low	
Peach Sign Door		no			no	
<b>CARE PROVIDERS</b>		M3D7			MY62	

DOWDY, MATTHEW(M3D7)RN

YU, MARIA J(MY62)RN

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MAURICE, EUGENE G MR: 001632858 ID: 1404801123 DOB: 01/02/1949 - Discharge Report  
 ROOM: \*339-01\*

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MAURICE, EUGENE G  
 Cobb  
 Discharge Report  
 FROM: 02/17/14 15:36 TO: 02/22/14 12:46  
 ROOM: \*339-01\* ADM: 02/17/14 15:39  
 AGE: 65Y SEX: M MD: CHERVU AFUN  
 DOB: 01/02/1949 ID: 1404801123 MP: 001632858  
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FLWSHEET	02/19			02/20		
<b>INCISION/WOUND</b>	06:01	08:00	10:35	01:40	04:03	04:19
Incision/Wnd #1						
Surg/procedural		closed			closed	
Side		left			left	
Location		neck			neck	
Closure		wound glue			wound glue	
Dressing Status					intact marked	
Wound Drain					JP	
Drain Location						&
Drain Status					to bulb suction	
Drain Drainage					serosanguinous	
Incision/Wnd #2						
Surg/procedural					closed	
Side					left	
Location					leg	
Closure					unable to assess	
Dressing Status					dry intact	
02/20/14 04:03 Drain Location(MY62): neck						
<b>PSYCHOSOCIAL</b>	06:01	08:00	10:35	01:40	04:03	04:19
Mood/Affect		appropriate			appropriate	
Behavior		cooperative			cooperative	
Family Interact						
W/Healthcar Team		not present			not present	
W/Patient		not present			not present	
Signs/sx abuse		no			no	
<b>PAIN</b>	06:01	08:00	10:35	01:40	04:03	04:19
Pt Denies Pain	patient denies	patient denies				
<b>PERIPHERAL IVS</b>	06:01	08:00	10:35	01:40	04:03	04:19
Location #1						
Anatomy		wrist			wrist	
Access type		straight cath			straight cath	
IV Cath size		20ga			20ga	
Side		left			left	
IV Dressing		transparent			transparent	
IV Site Assessmt		siteAsymptomatic			siteAsymptomatic	
IV Site drainage		none			none	
IV Line Status		patent			patent	
Periph Intervent		flushed			flushed	
Location #2						
Anatomy					hand	
Access type					straight cath	
IV Cath size					18ga	
Side					left	
<b>CARE PROVIDERS</b>	DA90	M3D7			MY62	

ADEJUYIGBE, OLUFISAYO(DA90)RN

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YU, MARIA J(MY62)RN

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MAURICE, EUGENE G MR: 001632858 ID: 1404801123 DOB: 01/02/1949 - Discharge Report  
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MAURICE, EUGENE G  
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 AGE: 65Y SEX: M MD: CHERVU AFRIN  
 DOB: 01/02/1949 ID: 1404801123 MR#: 001632858  
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FLWSHEET	02/19			02/20		
<b>PERIPHERAL IVS-Cont</b>	06:01	08:00	10:35	01:40	04:03	04:19
IV Dressing					transparent	
IV Site Assessmt					siteAsymptomatic	
IV Site drainage					none	
IV Line Status					patent infusing	
<b>ARTERIAL LINES</b>	06:01	08:00	10:35	01:40	04:03	04:19
Side Anatomy A Line Dressing					left radial antimicrobi disc transparent	
Site assessment					securementDevice clean dry non-tender	
Site drainage Blood return Flushes easily					none yes yes	
Art Intervention					armboard square wave test TransducLevel 0	
<b>ADL's</b>	06:01	08:00	10:35	01:40	04:03	04:19
Assistance		self care			self care	
Activity					resting	
Patient Turned					reposition self	
Catheter D/C					02/20/2014 03:50	
<b>Safety</b>						
Rounding		ID band on allergy band on BR need check call it w/in rch phone w/in rch items in reach pain check position check			ID band on allergy band on BR need check call it w/in rch phone w/in rch items in reach pain check position check pump check	
<b>Safety</b>						
Bed Status		bed alarm on bed low rails up x3			bed low	
Seq Device					on R knee high	
<b>CARE PROVIDERS</b>		M3D7			MY62	

DOWDY, MATTHEW(M3D7)RN

YU, MARIA J(MY62)RN

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MAURICE, EUGENE G MR: 001632858 ID: 1404801123 DOB: 01/02/1949 - Discharge Report  
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MAURICE, EUGENE G  
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 ROOM: \*339-01\* ADM: 02/17/14 15:39  
 AGE: 65Y SEX: M MD: CHERVU AFUN  
 DOB: 01/02/1949 ID: 1404801123 MP: 001632858  
 REQUESTED: 02/22/14 15:39  
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FLWSHEET	02/20					
FALL RISK Hendri	06:08	07:00	07:15	07:55	08:00	09:00
Assess Fall Risk			yes, continue			
confusDisorImpul			0-no			
despressionSignS			0-no			
alterElimination			0-no			
dizzinessVertigo			0-no			
male gender			1-yes			
anyAntiepileptic			0-no			
anyBenzodiazepin			0-no			
Get Up & Go Test			cantAsses,specfy			
FALL RISK SCORE			1 w/o get up & go			
Score=5 or more			no, not at risk			
Pt at Fall Risk			N/A			
Goal			no fall			
GoalStatus			progressing			
Fall Interventio			adequateLighting bedAlarm on 24/7 call light close monitorLabs/VS raise3/4Siderail remove clutter			
MOBILITY	06:08	07:00	07:15	07:55	08:00	09:00
MobilityGuideline			perGetUp&Go			
Get Up&Go Goals			not applicable			
Transfer			self			
24 HR CHART CHK	06:08	07:00	07:15	07:55	08:00	09:00
24hr Chart Check		done				
NEUROLOGICAL	06:08	07:00	07:15	07:55	08:00	09:00
Basic Assessment						
LOC			alert			
Orientation			oriented appropriate			
Speech			clear			
Muscle Strength						
L Upper Extrem			strong			
R Upper Extrem			strong			
L Lower Extrem			strong			
R Lower Extrem			strong			
Muscle Tone			1+ diminished			
Gait			unable to assess			
Gag Reflex			present			
Cough Reflex			present			
Size						
Both Pupils			3mm			
Shape						
CARE PROVIDERS		JR15	JR15			

RANDOLPH, JESSICA(JR15)RN

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MAURICE, EUGENE G MR: 001632858 ID: 1404801123 DOB: 01/02/1949 - Discharge Report  
 ROOM: \*339-01\*

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MAURICE, EUGENE G  
 Cobb  
 Discharge Report  
 FROM: 02/17/14 15:36 TO: 02/22/14 12:46  
 ROOM: \*339-01\* ADM: 02/17/14 15:39  
 AGE: 65Y SEX: M MD: CHERVU AFUN  
 DOB: 01/02/1949 ID: 1404801123 MRN: 001632858  
 REQUESTED: 02/22/14 15:39  
 OPT OUT:

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FLWSHEET	02/20					
NEUROLOGICAL-Cont.	06:08	07:00	07:15	07:55	08:00	09:00
Both Pupils			equal round			
Reaction						
Both Pupils			brisk			
Eye Movement						
Both Pupils			follows			
Corneal Reflex						
Right			blink			
Left			blink			
Sensation						
RUE			touch sense			
LUE			touch sense			
RLE			touch sense			
LLE			touch sense			
Eye Opening			4-spontaneously			
Verbal Response			5-oriented x 3			
Motor Response			6-Obey Verbal Comm			
Glasgow Score			15 Total			
Seizure Activity						
02/20/14 07:15 Seizure Activity(JR15): none						
RESPIRATORY	06:08	07:00	07:15	07:55	08:00	09:00
Assessment						
BREATH SOUNDS						
All Lobes			clear			
Resp Pattern			regular unlabored			
Chest Excursion			symmetric			
Trachea Deviation			midline			
Cough			none			
Oxygen %					21% room air	
Oxygen L			2L/min nasal canula			
CARDIOVASCULAR	06:08	07:00	07:15	07:55	08:00	09:00
Assessment						
Heart Sounds			S1 S2			S1 S2
JVD			non-distended			non-distended
Capillary Refill			1-2 seconds			1-2 seconds
Pulses						
R Radial			2+ normal			2+ normal
L Radial			2+ normal			2+ normal
L Post-Tibial	2+ normal doppler					
R Dorsalis pedis			2+ normal doppler			2+ normal doppler
CARE PROVIDERS	MY62		JR15		JR15	JR15

RANDOLPH, JESSICA(JR15)RN

YU, MARIA J(MY62)RN

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MAURICE, EUGENE G MR: 001632858 ID: 1404801123 DOB: 01/02/1949 - Discharge Report  
 ROOM: \*339-01\*

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MAURICE, EUGENE G  
 Cobb  
 Discharge Report  
 FROM: 02/17/14 15:36 TO: 02/22/14 12:46  
 ROOM: \*339-01\* ADM: 02/17/14 15:39  
 AGE: 65Y SEX: M MD: CHERVU AFUN  
 DOB: 01/02/1949 ID: 1404801123 MR#: 001632858  
 REQUESTED: 02/22/14 15:39  
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FLWSHEET	02/20					
<b>CARDIOVASCULAR-Cont.</b>	06:08	07:00	07:15	07:55	08:00	09:00
L Dorsalis pedis	2+ normal doppler		2+ normal doppler			2+ normal doppler
Edema						
Generalized			none			none
Device Location						
<b>GASTROINTESTINAL</b>	06:08	07:00	07:15	07:55	08:00	09:00
Assessment						
Abdomen			soft non-tender non-distended			
Bowel Sounds						
All Quadrants			active			
Bowel Control			continent			
Emesis			none			
<b>GENITOURINARY</b>	06:08	07:00	07:15	07:55	08:00	09:00
Assessment						
Urinary Source			voiding			
Urine Consistency				&		
02/20/14 07:15 Urine Consistency(JR15): not yet visualized						
<b>MUSCULOSKELETAL</b>	06:08	07:00	07:15	07:55	08:00	09:00
Assessment						
Movement						
All Extremities			full ROM symmetric			
Joint Descriptn						
All Joints			no pain no redness no swelling			
Description			none			
Weight Bearing						
All Extremities			full-noRestrict			
<b>SKIN</b>	06:08	07:00	07:15	07:55	08:00	09:00
Assessment						
Turgor			elastic			
Skin Integrity			intact			
Sensory Perceptn			4-no impairment			
Moisture			4-rarely moist			
Activity			1-bedfast			
Mobility			4-no limitations			
Nutrition			2-prob inadequat			
Shear&Friction			3-no prob aprnt			
Skin Scale Total			18Total 18 or mo re-low			
Peach Sign Door			no			
CARE PROVIDERS	MY62		JR15			JR15

RANDOLPH, JESSICA(JR15)RN

YU, MARIA J(MY62)RN

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MAURICE, EUGENE G MR: 001632858 ID: 1404801123 DOB: 01/02/1949 - Discharge Report  
 ROOM: \*339-01\*

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MAURICE, EUGENE G  
 Cobb  
 Discharge Report  
 FROM: 02/17/14 15:36 TO: 02/22/14 12:46  
 ROOM: \*339-01\* ADM: 02/17/14 15:39  
 AGE: 65Y SEX: M MD: CHERVU AFUN  
 DOB: 01/02/1949 ID: 1404801123 MP: 001632858  
 REQUESTED: 02/22/14 15:39  
 OPT OUT:

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FLWSHEET	02/20					
INCISION/WOUND	06:08	07:00	07:15	07:55	08:00	09:00
Incision/Wnd #1						
Surg/procedural			closed			
Side			left			
Location			neck			
Closure			wound glue			
Dressing Status			intact			
Wound Drain			JP			&
Drain Location						&
Drain Status			to bulb suction			
Drain Drainage			serosanguinous			
Incision/Wnd #2						
Surg/procedural			closed			
Side			left			
Location			leg			
Closure			unable to assess			
Dressing Status			dry intact			
02/20/14 07:15 Drain Location(JR15): neck						
02/20/14 08:00 Wound Drain(JR15): removed by dr sayeed						
PSYCHOSOCIAL	06:08	07:00	07:15	07:55	08:00	09:00
Mood/Affect			appropriate			
Behavior			cooperative			
Family Interact						
W/Healthcar Team			not present			
W/Patient			not present			
Signs/ex abuse			no			
PAIN	06:08	07:00	07:15	07:55	08:00	09:00
Pt Denies Pain			patient denies			
PERIPHERAL IVS	06:08	07:00	07:15	07:55	08:00	09:00
Location #1						
Assessment uncha						
Anatomy			wrist			
Access type			straight cath			
IV Cath size			20ga			
Initial insert						
Side			left			
IV Dressing			transparent			
IV Site Assessmt			siteAsymptomatic			
IV Site drainage			none			
IV Line Status			patent			
Periph Intervent			flushed			
Location #2						
Anatomy			hand			
Access type			straight cath			
CARE PROVIDERS			JR15		JR15	

RANDOLPH, JESSICA(JR15)RN

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MAURICE, EUGENE G MR: 001632858 ID: 1404801123 DOB: 01/02/1949 - Discharge Report  
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MAURICE, EUGENE G  
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 Discharge Report  
 FROM: 02/17/14 15:36 TO: 02/22/14 12:46  
 ROOM: \*339-01\* ADM: 02/17/14 15:39  
 AGE: 65Y SEX: M MD: CHERVU AFRIN  
 DOB: 01/02/1949 ID: 1404801123 MRN: 001632858  
 REQUESTED: 02/22/14 15:39  
 OPT OUT:

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FLWSHEET	02/20					
PERIPHERAL IVS-Cont	06:08	07:00	07:15	07:55	08:00	09:00
IV Cath size			18ga			
Side			left			
IV Dressing			transparent			
IV Site Assessmt			siteAsymptomatic			
IV Site drainage			none			
IV Line Status			patent infusing			
CENTRAL LINES	06:08	07:00	07:15	07:55	08:00	09:00
Assessment uncha						
ARTERIAL LINES	06:08	07:00	07:15	07:55	08:00	09:00
Assessment uncha						
Side			left			
Anatomy			radial			
A Line Dressing			antimicrobi disc transparent securementDevice			
Site assessment			clean dry non-tender			
Site drainage			none			
Blood return			yes			
Flushes easily			yes			
Art Intervention			armboard site elevated TransducerLevel 0			
ADL's	06:08	07:00	07:15	07:55	08:00	09:00
Assistance			self care		self care	
Hygiene					oral care &	
Performed By					self	
Activity			resting	other (specify) &	ptBedChairPostn	
Patient Turned			reposition self		reposition self	
Safety						
Rounding			ID band on BR need check call lt w/in rch phone w/in rch items in reach pain check position check pump check			
Safety						
Bed Status			bed low rails up x3			
Seq Device			on R knee high			
02/20/14 07:55 Activity(JR15): IS x 10						
02/20/14 08:00 Hygiene(JR15): teeth brushed						
CARE PROVIDERS			JR15	JR15	JR15	

RANDOLPH, JESSICA(JR15)RN

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MAURICE, EUGENE G MR: 001632858 ID: 1404801123 DOB: 01/02/1949 - Discharge Report  
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MAURICE, EUGENE G  
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 Discharge Report  
 FROM: 02/17/14 15:36 TO: 02/22/14 12:46  
 ROOM: \*339-01\* ADM: 02/17/14 15:39  
 AGE: 65Y SEX: M MD: CHERVU AFUN  
 DOB: 01/02/1949 ID: 1404801123 MRN: 001632858  
 REQUESTED: 02/22/14 15:39  
 OPT OUT:

FLWSHEET	02/20					
FALL RISK Hendri	11:00	12:00	13:00	15:00	17:00	19:42
AssessFallRisk						
confusDisorImpul						
depressionSignS						
alterElimination						
dizzinessVertigo						
male gender						
anyAntiepileptic						
anyBenzodiazepin						
Get Up & Go Test						
FALL RISK SCORE						
Score=5 or more						
Pt at Fall Risk						
Goal						
02/20/14 11:00 AssessFallRisk(JR15): assessment unchanged						
02/20/14 15:00 AssessFallRisk(JR15): assessment unchanged						
MOBILITY	11:00	12:00	13:00	15:00	17:00	19:42
MobilityGuideline	perGetUp&Go			perGetUp&Go		
Get Up&Go Goals	not applicable			not applicable		
Transfer	self			self		
NEUROLOGICAL	11:00	12:00	13:00	15:00	17:00	19:42
Basic Assessment	assess unchanged			assess unchanged		
LOC						
Orientation						
Speech						
Muscle Strength						
L Upper Extrem						
R Upper Extrem						
L Lower Extrem						
R Lower Extrem						
Muscle Tone						
Gait						
Gag Reflex						
Cough Reflex						
Shape						
Both Pupils						
Reaction						
Both Pupils						
Eye Movement						
Both Pupils						
Sensation						
RUE						
LUE						
RLE						
LLE						
CARE PROVIDERS	JR15			JR15		

RANDOLPH, JESSICA(JR15)RN

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MAURICE, EUGENE G  
 Cobb  
 Discharge Report  
 FROM: 02/17/14 15:36 TO: 02/22/14 12:46  
 ROOM: \*339-01\* ADM: 02/17/14 15:39  
 AGE: 65Y SEX: M MD: CHERVU AFUN  
 DOB: 01/02/1949 ID: 1404801123 MR: 001632858  
 REQUESTED: 02/22/14 15:39  
 OPT OUT:

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FLWSHEET	02/20					
<b>NEUROLOGICAL-Cont.</b>	11:00	12:00	13:00	15:00	17:00	19:42
Eye Opening						
Verbal Response						
Motor Response						
Glasgow Score						
Seizure Activity						
<b>RESPIRATORY</b>	11:00	12:00	13:00	15:00	17:00	19:42
Assessment	assess unchanged			assess unchanged		
<b>BREATH SOUNDS</b>						
All Lobes						
Resp Pattern						
Chest Excursion						
Trachea Deviation						
Cough						
<b>CARDIOVASCULAR</b>	11:00	12:00	13:00	15:00	17:00	19:42
Assessment	assess unchanged		assess unchanged	assess unchanged	assess unchanged	
Heart Sounds	S1 S2		S1 S2	S1 S2	S1 S2	
JVD	non-distended		non-distended	non-distended	non-distended	
Capillary Refill	1-2 seconds		1-2 seconds	1-2 seconds	1-2 seconds	
<b>Pulses</b>						
R Radial	2+ normal		2+ normal	2+ normal	2+ normal	
L Radial	2+ normal		2+ normal	2+ normal	2+ normal	
R Dorsalis pedis	2+ normal doppler		2+ normal doppler	2+ normal doppler	2+ normal doppler	
L Dorsalis pedis	2+ normal doppler		2+ normal doppler	2+ normal doppler	2+ normal doppler	
<b>Edema</b>						
Generalized	none		none	none	none	
Device Location						
<b>GASTROINTESTINAL</b>	11:00	12:00	13:00	15:00	17:00	19:42
Assessment	assess unchanged			assess unchanged		
Abdomen						
<b>Bowel Sounds</b>						
All Quadrants						
Bowel Control						
Emesis						
<b>GENITOURINARY</b>	11:00	12:00	13:00	15:00	17:00	19:42
Assessment	assess unchanged			assess unchanged		
Urinary Source						
Altrd Urin Pattern						
<b>MUSCULOSKELETAL</b>	11:00	12:00	13:00	15:00	17:00	19:42
Assessment	assess unchanged			assess unchanged		
<b>Movement</b>						
All Extremities						
Joint Descriptn						
CARE PROVIDERS	JR15		JR15	JR15	JR15	

RANDOLPH, JESSICA(JR15)RN

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MAURICE, EUGENE G MR: 001632858 ID: 1404801123 DOB: 01/02/1949 - Discharge Report  
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MAURICE, EUGENE G  
 Cobb  
 Discharge Report  
 FROM: 02/17/14 15:36 TO: 02/22/14 12:46  
 ROOM: \*339-01\* ADM: 02/17/14 15:39  
 AGE: 65Y SEX: M MD: CHERVU AFRIN  
 DOB: 01/02/1949 ID: 1404801123 MR#: 001632858  
 REQUESTED: 02/22/14 15:39  
 OPT OUT:

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FLWSHEET	02/20					
<b>MUSCULOSKELETAL-Cont.</b>	11:00	12:00	13:00	15:00	17:00	19:42
All Joints						
Description						
Weight Bearing						
All Extremities						
<b>SKIN</b>	11:00	12:00	13:00	15:00	17:00	19:42
Assessment	assess unchanged			assess unchanged		
Skin Condition						
Turgor						
Skin Integrity						
Sensory Perceptn						
Moisture						
Activity						
Mobility						
Nutrition						
Shear&Friction						
Skin Scale Total						
Peach Sign Door						
<b>INCISION/WOUND</b>	11:00	12:00	13:00	15:00	17:00	19:42
Incision/Wnd #1						
Surg/procedural		&			&	
Side						
Location						
Closure						
Dressing Status						
Incision/Wnd #2						
Surg/procedural		&			&	
Side						
Location						
Closure						
Dressing Status						
02/20/14 11:00 Surg/procedural(JR15): assessment unchanged						
02/20/14 11:00 Surg/procedural(JR15): assessment unchanged						
02/20/14 15:00 Surg/procedural(JR15): assessment unchanged						
02/20/14 15:00 Surg/procedural(JR15): assessment unchanged						
<b>PSYCHOSOCIAL</b>	11:00	12:00	13:00	15:00	17:00	19:42
Assessment				assess unchanged		
Mood/Affect		&				
Behavior						
Family Interact						
W/Healthcar Team						
W/Patient						
Signs/sx abuse						
02/20/14 11:00 Mood/Affect(JR15): assessment unchanged						
<b>CARE PROVIDERS</b>	JR15			JR15		
RANDOLPH, JESSICA(JR15)RN						

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MAURICE, EUGENE G  
 Cobb  
 Discharge Report  
 FROM: 02/17/14 15:36 TO: 02/22/14 12:46  
 ROOM: \*339-01\* ADM: 02/17/14 15:39  
 AGE: 65Y SEX: M MD: CHERVU AFRIN  
 DOB: 01/02/1949 ID: 1404801123 MRN: 001632858  
 REQUESTED: 02/22/14 15:39  
 OPT OUT:

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FLWSHEET	02/20					
<b>PAIN</b>	11:00	12:00	13:00	15:00	17:00	19:42
PI Denies Pain	patient denies			patient denies		
<b>PERIPHERAL IVS</b>	11:00	12:00	13:00	15:00	17:00	19:42
Location #1						
Assessment uncha	yes			yes		
Anatomy						
Access type						
IV Cath size						
Initial insert	yes			yes		
Side						
IV Dressing						
IV Site Assessmt						
IV Site drainage						
IV Line Status						
Periph Intervent						
Location #2						
Anatomy						
Access type						
IV Cath size						
Side						
IV Dressing						
IV Site Assessmt						
IV Site drainage						
IV Line Status						
<b>CENTRAL LINES</b>	11:00	12:00	13:00	15:00	17:00	19:42
Assessment uncha	yes			yes		
<b>ARTERIAL LINES</b>	11:00	12:00	13:00	15:00	17:00	19:42
Assessment uncha	yes			yes		
Removal date/time				02/20/2014 15:00		
ReasonForRemoval				dislodged		
Art Intervention				pressure held		
<b>ADL's</b>	11:00	12:00	13:00	15:00	17:00	19:42
Assistance	self care			self care		self care
Performed By	self			self		
Activity	ptPerformsROM	up to BSC/Chair		staffPerformROM		up to BSC/Chair
Patient Turned	reposition self			reposition self		reposition self
Safety						
Rounding	ID band on BR need check call it w/in rch phone w/in rch items in reach pain check position check pump check			ID band on BR need check call it w/in rch phone w/in rch items in reach pain check position check pump check family present		ID band on allergy band on BR need check call it w/in rch phone w/in rch items in reach position check
<b>CARE PROVIDERS</b>	JR15	JR15		JR15		LS81

RANDOLPH, JESSICA(JR15)RN

SHAW, LASHANA(LS81)CCP

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MAURICE, EUGENE G MR: 001632858 ID: 1404801123 DOB: 01/02/1949 - Discharge Report  
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MAURICE, EUGENE G  
 Cobb  
 Discharge Report  
 FROM: 02/17/14 15:36 TO: 02/22/14 12:46  
 ROOM: \*339-01\* ADM: 02/17/14 15:39  
 AGE: 65Y SEX: M MD: CHERVU AFRIN  
 DOB: 01/02/1949 ID: 1404801123 MR: 001632858  
 REQUESTED: 02/22/14 15:39  
 OPT OUT:

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FLWSHEET	02/20					
ADL's Cont.	11:00	12:00	13:00	15:00	17:00	19:42
Safety						
Bed Status	bed low rails up x3			bed alarm on rails up x3		bed low rails up x3
Seq Device	on R knee high			bilat knee high on		
CARE PROVIDERS	JR15			JR15		LS81

RANDOLPH, JESSICA(JR15)RN

SHAW, LASHANA(LS81)CCP

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MAURICE, EUGENE G  
 Cobb  
 Discharge Report  
 FROM: 02/17/14 15:36 TO: 02/22/14 12:46  
 ROOM: \*339-01\* ADM: 02/17/14 15:39  
 AGE: 65Y SEX: M MD: CHERVU AFUN  
 DOB: 01/02/1949 ID: 1404801123 MP: 001632858  
 REQUESTED: 02/22/14 15:39  
 OPT OUT:

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FLWSHEET	02/20		02/21			
<b>FALL RISK Hendri</b>	21:30	23:32	00:38	04:14	09:25	10:55
AssessFallRisk	yes, continue				yes, continue	
confusDisorImpul	0-no				0-no	
despressionSignS	0-no				0-no	
alterElimination	0-no				0-no	
dizzinessVertigo	0-no				0-no	
male gender	1-yes				1-yes	
anyAntiepileptic	0-no				0-no	
anyBenzodiazepin	0-no				0-no	
Get Up & Go Test	0-risesNoBallLoss				0-risesNoBallLoss	
FALL RISK SCORE	1 with get up & go				1 with get up & go	
Score=5 or more	no, not at risk				no, not at risk	
Pt at Fall Risk	N/A				N/A	
Goal	no fall				no fall	
<b>MOBILITY</b>	21:30	23:32	00:38	04:14	09:25	10:55
MobilityGuideline	perGetUp&Go				perGetUp&Go	
Get Up&Go Goals	not applicable				not applicable	
Transfer	self				self	
<b>24 HR CHART CHK</b>	21:30	23:32	00:38	04:14	09:25	10:55
24hr Chart Check			done			
<b>IDR'S COMPLETED</b>	21:30	23:32	00:38	04:14	09:25	10:55
Members Present						Care Coordinator Staff Nurse other (specify) &
Summary IDR						&
02/21/14 10:55 Members Present(NSA0): student CNL						
02/21/14 10:55 Summary IDR(NSA0): needs PICC for outpatient abx infusion.						
<b>SAFETY TIME OUT</b>	21:30	23:32	00:38	04:14	09:25	10:55
Pt ID Verified						
Procedure Order						
Procedure Consnt						
Time Out Taken						
Procedure Name						
Site Marking						
Site Location						
Staff Present						
Patient Position						
Spec EquipNeeded						
<b>NEUROLOGICAL</b>	21:30	23:32	00:38	04:14	09:25	10:55
LOC	alert				alert	
Orientation	oriented apropriate				oriented appropriate	
Speesch	clear				clear	
<b>CARE PROVIDERS</b>	A6SO		A6SO		LS24	NSA0

AIKHUELE, NKECHI(NSA0)RN

SAMPLE, LAUREN(LS24)Nursing Mgt/Supervisor SHAFER, AMANDA L(A6SO)RN

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MAURICE, EUGENE G  
 Cobb  
 Discharge Report  
 FROM: 02/17/14 15:36 TO: 02/22/14 12:46  
 ROOM: \*339-01\* ADM: 02/17/14 15:39  
 AGE: 65Y SEX: M MD: CHERYL AFRIN  
 DOB: 01/02/1949 ID: 1404801123 MR: 001632858  
 REQUESTED: 02/22/14 15:39  
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FLWSHEET	02/20	02/21				
<b>NEUROLOGICAL-Cont.</b>	21:30	23:32	00:38	04:14	09:25	10:55
<b>Muscle Strength</b>						
L Upper Extrem	strong				strong	
R Upper Extrem	strong				strong	
L Lower Extrem	strong				strong	
R Lower Extrem	strong				strong	
Muscle Tone	2+ average				2+ average	
Gait	steady				steady	
Gag Reflex	present				present	
Cough Reflex	present				present	
<b>Shape</b>						
Both Pupils	equal round				equal round	
<b>Reaction</b>						
Both Pupils	brisk				brisk	
<b>Eye Movement</b>						
Both Pupils	follows				follows	
<b>Sensation</b>						
RUE	touch sense				touch sense	
LUE	touch sense				touch sense	
RLE	touch sense				touch sense	
LLE	touch sense				touch sense	
Eye Opening	4-spontaneously				4-spontaneously	
Verbal Response	5-oriented x 3				5-oriented x 3	
Motor Response	6-ObeyVerbalComm				6-ObeyVerbalComm	
Glasgow Score	15Total				15Total	
Seizure Activity	&					
02/20/14 21:30 Seizure Activity(A6SO): none						
<b>RESPIRATORY</b>	21:30	23:32	00:38	04:14	09:25	10:55
<b>BREATH SOUNDS</b>						
All Lobes	clear				clear	
Resp Pattern	regular unlabored				regular unlabored	
Chest Excursion	symmetric				symmetric	
TracheaDeviation	midline				midline	
Cough	none				none	
<b>CARDIOVASCULAR</b>	21:30	23:32	00:38	04:14	09:25	10:55
Heart Sounds	S1 S2				S1 S2	
JVD	non-distended				non-distended	
Capillary Refill	1-2 seconds				1-2 seconds	
<b>Pulses</b>						
R Radial	2+ normal				2+ normal	
L Radial	2+ normal				2+ normal	
R Dorsalis pedis	2+ normal				2+ normal	
L Dorsalis pedis	2+ normal				2+ normal	
CARE PROVIDERS	A6SO				LS24	

SAMPLE, LAUREN(LS24)Nursing Mgt/Supervisor SHAFER, AMANDA L(A6SO)RN

CONTINUED

MAURICE, EUGENE G MR: 001632858 ID: 1404801123 DOB: 01/02/1949 - Discharge Report  
 ROOM: \*339-01\*

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MAURICE, EUGENE G  
 Cobb  
 Discharge Report  
 FROM: 02/17/14 15:36 TO: 02/22/14 12:46  
 ROOM: \*339-01\* ADM: 02/17/14 15:39  
 AGE: 65Y SEX: M MD: CHERVU AFUN  
 DOB: 01/02/1949 ID: 1404801123 MRN: 001632858  
 REQUESTED: 02/22/14 15:39  
 OPT OUT:

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FLWSHEET	02/20	02/21				
<b>CARDIOVASCULAR-Cont.</b>	21:30	23:32	00:38	04:14	09:25	10:55
Edema						
Generalized	none				none	
Device Location						
<b>GASTROINTESTINAL</b>	21:30	23:32	00:38	04:14	09:25	10:55
Abdomen	soft non-tender non-distended				soft non-tender non-distended	
Bowel Sounds						
All Quadrants	active				active	
Bowel Control	continent				continent	
Emesis	none					
<b>GENITOURINARY</b>	21:30	23:32	00:38	04:14	09:25	10:55
Urinary Source	voiding				voiding	
AltrdUrnPattern	none				none	
<b>MUSCULOSKELETAL</b>	21:30	23:32	00:38	04:14	09:25	10:55
Movement						
All Extremities	full ROM symmetric				full ROM symmetric	
Joint Descriptn						
All Joints	no pain no redness no swelling				no pain no redness no swelling	
Description	none				none	
Weight Bearing						
All Extremities	full-noRestrict				full-noRestrict	
<b>SKIN</b>	21:30	23:32	00:38	04:14	09:25	10:55
Skin Condition	dry warm				dry warm	
Turgor	elastic				elastic	
Skin Integrity	intact				intact	
Sensory Perceptn	4-no impairment				4-no impairment	
Moisture	4-rarely moist				4-rarely moist	
Activity	3-walk occasion				3-walk occasion	
Mobility	4-no limitations				4-no limitations	
Nutrition	3-adequate				3-adequate	
Shear&Friction	3-no prob apprnt				3-no prob apprnt	
Skin Scale Total	21Total 18 or mo re-low				21Total 18 or mo re-low	
Peach Sign Door	no				no	
<b>INCISION/WOUND</b>	21:30	23:32	00:38	04:14	09:25	10:55
Incision/Wnd #1						
Surg/procedural	closed				closed	
Side	left				left	
Location	neck				neck	
Closure	wound glue				staples	
CARE PROVIDERS	A6SO				LS24	

SAMPLE, LAUREN(LS24)Nursing Mgt/Supervisor SHAFER, AMANDA L(A6SO)RN

CONTINUED

MAURICE, EUGENE G MR: 001632858 ID: 1404801123 DOB: 01/02/1949 - Discharge Report  
 ROOM: \*339-01\*

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MAURICE, EUGENE G  
 Cobb  
 Discharge Report  
 FROM: 02/17/14 15:36 TO: 02/22/14 12:46  
 ROOM: \*339-01\* ADM: 02/17/14 15:39  
 AGE: 65Y SEX: M MD: CHERYL AFRIN  
 DOB: 01/02/1949 ID: 1404801123 MP: 001632858  
 REQUESTED: 02/22/14 15:39  
 OPT OUT:

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FLWSHEET	02/20		02/21			
INCISION/WOUND-Cont.	21:30	23:32	00:38	04:14	09:25	10:55
Dressing Status		&			dry intact	&
Incision/Wnd #2						
Surg/procedural	closed				closed	
Side	left				left	
Location	leg				leg	
Closure	unable to assess				staples	
Dressing Status	dry intact				dry intact	&
02/20/14 21:30 Dressing Status(A6SO): OTA						
02/21/14 09:25 Dressing Status(LS24): Dressing change						
02/21/14 09:25 Dressing Status(LS24): dressing change						
PSYCHOSOCIAL	21:30	23:32	00:38	04:14	09:25	10:55
Mood/Affect	appropriate				appropriate	
Behavior	cooperative				cooperative	
Family Interact						
W/Healthcar Team	not present				not present	
W/Patient	not present				not present	
Signs/sx abuse	no				no	
RAIN	21:30	23:32	00:38	04:14	09:25	10:55
Pt Denies Pain					patient denies	
PERIPHERAL IVS	21:30	23:32	00:38	04:14	09:25	10:55
Location #1						
Anatomy	wrist				hand	
Access type	straight cath				straight cath	
IV Cath size	20ga				20ga	
Side	left				left	
IV Dressing	transparent				transparent	
IV Site Assessmt	siteAsymptomatic				siteAsymptomatic	
IV Site drainage	none					
IV Line Status	patent					
Periph Intervent	flushed				flushed	&
Location #2						
Anatomy	hand					&
Access type	straight cath					
IV Cath size	18ga					
Side	left					
IV Dressing	transparent					
IV Site Assessmt	siteAsymptomatic					
IV Site drainage	none					
IV Line Status	patent infusing					
CARE PROVIDERS	A6SO				LS24	

SAMPLE, LAUREN(LS24)Nursing Mgt/Supervisor SHAFER, AMANDA L(A6SO)RN

CONTINUED

MAURICE, EUGENE G MR: 001632858 ID: 1404801123 DOB: 01/02/1949 - Discharge Report  
 ROOM: \*339-01\*

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MAURICE, EUGENE G  
 Cobb  
 Discharge Report  
 FROM: 02/17/14 15:36 TO: 02/22/14 12:46  
 ROOM: \*339-01\* ADM: 02/17/14 15:39  
 AGE: 65Y SEX: M MD: CHERVU AFRIN  
 DOB: 01/02/1949 ID: 1404801123 MRN: 001632858  
 REQUESTED: 02/22/14 15:39  
 OPT OUT:

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FLWSHEET	02/20		02/21			
PERIPHERAL IVS-Cont	21:30	23:32	00:38	04:14	09:25	10:55
02/21/14 09:25 Periph Intervent(LS24): flushed before and after giving IV medication in the morning						
02/21/14 09:25 Anatomy(LS24): was taken off when nurse administered medication in the morning						
ADL's	21:30	23:32	00:38	04:14	09:25	10:55
Assistance	self care	self care		self care	self care	
Hygiene					oral care	
Performed By					self	
Activity	resting	resting		resting	resting	
Patient Turned	reposition self	reposition self		reposition self	reposition self	
Safety						
Rounding	ID band on allergy band on BR need check call it w/in rch phone w/in rch items in reach pain check position check pump check	ID band on allergy band on BR need check call it w/in rch phone w/in rch items in reach position check		ID band on allergy band on BR need check call it w/in rch phone w/in rch items in reach position check	ID band on allergy band on BR need check call it w/in rch phone w/in rch items in reach pain check	
Safety						
Bed Status	bed low rails up x3	bed low rails up x3		bed low rails up x3	bed alarm on rails up x3	
CARE PROVIDERS	A6SO	LS81		LS81	LS24	

SAMPLE, LAUREN(LS24)Nursing Mgt/Supervisor SHAFER, AMANDA L(A6SO)RN

SHAW, LASHANA(LS81)CCP

CONTINUED

MAURICE, EUGENE G MR: 001632858 ID: 1404801123 DOB: 01/02/1949 - Discharge Report  
 ROOM: \*339-01\*

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MAURICE, EUGENE G  
 Cobb  
 Discharge Report  
 FROM: 02/17/14 15:36 TO: 02/22/14 12:46  
 ROOM: \*339-01\* ADM: 02/17/14 15:39  
 AGE: 65Y SEX: M MD: CHERVU AFRIN  
 DOB: 01/02/1949 ID: 1404801123 MR#: 001632858  
 REQUESTED: 02/22/14 15:39  
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FLWSHEET	02/21		
CENTR LIN CHKLST	12:47	13:17	13:57
Before Insertion			
Pt/fam education		yes	
Perf hand hygien		yes	
Perform timeout		yes	
Chlorhexidn prep		yes	
During Procedure			
Full body drape		yes	
Wear ster gloves		Yes@sterileField	
Wear sterii gown		Yes@sterileField	
Wear hair cover		yes	
All wear mask		yes	
Post Insertion			
Pt/fam education		yes	
Type of line		PICC	
Insertion site		Basiliic	
Proced Location		other (specify)	&
Name of inserter			&
Assistant Name			&
02/21/14 13:17 Proced Location(VH00): 3N			
02/21/14 13:17 Name of inserter(VH00): Valerie Haynes CRNI			
02/21/14 13:17 Assistant Name(VH00): Theresa Generao CRNI			
SAFETY TIME OUT	12:47	13:17	13:57
Pt ID Verified	Pt Name DOB		
Procedure Order	written by phys on pt chart		
Procedure Consnt	signed dated timed witnessed on pt chart		
Time Out Taken	immed befor proc correct patient correct site correct procedur		
Procedure Name		&	
Site Marking	right		
Site Location		&	
Staff Present		&	
Patient Position	supine		
Spec EquipNeeded		&	
02/21/14 12:47 Procedure Name(VH00): PICC Insertion			
02/21/14 12:47 Site Location(VH00): RUA			
02/21/14 12:47 Staff Present(VH00): Valerie Haynes CRNI, Theresa Generao CRNI			
02/21/14 12:47 Spec EquipNeeded(VH00): PICC Kit, Ultrasound with VPS Technology			
CARE PROVIDERS	VH00	VH00	
HAYNESCHURCH, VALERIE(VH00)RN			

CONTINUED



MAURICE, EUGENE G  
 Cobb  
 Discharge Report  
 FROM: 02/17/14 15:36 TO: 02/22/14 12:46  
 ROOM: \*339-01\* ADM: 02/17/14 15:39  
 AGE: 65Y SEX: M MD: CHERVU AFRIN  
 DOB: 01/02/1949 ID: 1404801123 MR#: 001632858  
 REQUESTED: 02/22/14 15:39  
 OPT OUT:

FLWSHEET	02/21		
<b>CARDIOVASCULAR</b>	12:47	13:17	13:57
Device Location			
<b>PERIPHERAL IVS</b>	12:47	13:17	13:57
Location #1			
Anatomy			hand
Access type			straight cath
IV Cath size			22ga
Side			left
IV Dressing			transparent
IV Site Assessmt			siteAsymptomatic
IV D/C date/time			02/17/2017 13:20
<b>CENTRAL LINES</b>	12:47	13:17	13:57
CL Location #1			
CLStartDate/Time			02/21/2014 13:17
# of Attempts			1
Side			right
Anatomy			basilic vein
Type of Access			dual lumen PICC catheter
Power Injectable			yes
Size of Catheter			5 fr
CathLengthInsert			39cm
Tip Location			SVC/RA Junc
CL Dressing			transparent securementDevice antimicrobi disc
TypeOfSecurement			securementDevice
CL Necessity			other (specify)
BldRetrnAllLumen			yes
LumensFlushEasy			yes
CL Interventions			lumens flushed
02/21/14 13:57 CathLengthInsert(VH00): 1 cm exposed			
02/21/14 13:57 Tip Location(VH00): Per vasonova VPS Techonolgy.			
02/21/14 13:57 TypeOfSecurement(VH00): Stat lock			
02/21/14 13:57 CL Necessity(VH00): Long term IV antibiotic			
02/21/14 13:57 CL Interventions(VH00) Pt. tolerated procedure well.Pt's RN informed of tip location and that PICC is ready to be used.			
CARE PROVIDERS			VH00
HAYNESCHURCH, VALERIE(VH00)RN			

LAST PAGE



Admission Assessment  
From 02/17/2014 15:35 To 02/21/2014 13:46

## Admission History Change Report

Observables					
Template: Admission Assessment					
Category: Admission Data					
Observable Name	Observation	Action Taken	Chart Time	Perform Time	Confirm Time
Informant	self,spouse	Original	02/17/2014 16:15 KIM, DOO, RN	02/17/2014 16:07 KIM, DOO, RN	
AdmittedFrom/Via	direct admit	Original	02/17/2014 16:15 KIM, DOO, RN	02/17/2014 16:07 KIM, DOO, RN	
Arrival Date/Time	02/17/2014 16:00	Original	02/17/2014 16:15 KIM, DOO, RN	02/17/2014 16:07 KIM, DOO, RN	
Arrived on Unit	02/17/2014 00:00	Original	02/17/2014 16:15 KIM, DOO, RN	02/17/2014 16:07 KIM, DOO, RN	
	02/17/2014 16:00	Modify	02/17/2014 16:17 KIM, DOO, RN	02/17/2014 16:07 KIM, DOO, RN	
Armbands	ID Band on allergy band on	Original	02/17/2014 16:17 KIM, DOO, RN	02/17/2014 16:07 KIM, DOO, RN	
Organ donor?	no	Original	02/17/2014 16:07 KIM, DOO, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN
Category: Privacy					
Observable Name	Observation	Action Taken	Chart Time	Perform Time	Confirm Time
Disclose information to:	self,spouse	Original	02/17/2014 16:07 KIM, DOO, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN
Category: Advance Directives					
Observable Name	Observation	Action Taken	Chart Time	Perform Time	Confirm Time
Advance Directive	no	Original	02/17/2014 16:07 KIM, DOO, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN
Category: Belongings					
Observable Name	Observation	Action Taken	Chart Time	Perform Time	Confirm Time
Belongings	cell phone	Original	02/17/2014 16:17 KIM, DOO, RN	02/17/2014 16:07 KIM, DOO, RN	
Items Given To	family	Original	02/17/2014 16:17 KIM, DOO, RN	02/17/2014 16:07 KIM, DOO, RN	
Category: Communication					
Observable Name	Observation	Action Taken	Chart Time	Perform Time	Confirm Time
CommunicationAids	not applicable	Original	02/17/2014 16:19 KIM, DOO, RN	02/17/2014 16:07 KIM, DOO, RN	
Observable Name	Observation	Action Taken	Chart Time	Perform Time	Confirm Time

Name: MAURICE, EUGENE G.

Age: 65 yr

Acct: 1404801123

Opt Out: No

Gender: M

MRN: 001632858

Physician: Chervu, Arun G., MD

Rm-Bed: 339 - 01

Admit Dt: 02/17/2014 15:35

DOB: 01/02/1949

Admission Assessment  
From 02/17/2014 15:35 To 02/21/2014 13:46

## Admission History Change Report

(continued)

Observables					
Template: Admission Assessment					
Category: Language					
Observable Name	Observation	Action Taken	Chart Time	Perform Time	Confirm Time
Language Spoken	English	Original	02/17/2014 16:07 KIM, DOO, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN
Category: Tobacco Use					
Observable Name	Observation	Action Taken	Chart Time	Perform Time	Confirm Time
Smoking status	former smoker	Original	02/17/2014 16:07 KIM, DOO, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN
Smoked in last 12 months?	no	Original	02/17/2014 16:19 KIM, DOO, RN	02/17/2014 16:07 KIM, DOO, RN	
Category: Alcohol Use					
Observable Name	Observation	Action Taken	Chart Time	Perform Time	Confirm Time
Do you drink alcohol?	no	Original	02/17/2014 16:19 KIM, DOO, RN	02/17/2014 16:07 KIM, DOO, RN	
Category: Religious Belief					
Observable Name	Observation	Action Taken	Chart Time	Perform Time	Confirm Time
Do religious beliefs affect treatment?	no	Original	02/17/2014 16:07 KIM, DOO, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN
See Chaplain/Priest	no	Original	02/17/2014 16:07 KIM, DOO, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN
Do cultural prefs affect treatment?	no	Original	02/17/2014 16:07 KIM, DOO, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN
Category: Medical History Adult					
Observable Name	Observation	Action Taken	Chart Time	Perform Time	Confirm Time
Cardiovascular	high blood pressure,Other-see comments	Original	02/17/2014 16:07 KIM, DOO, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN
Comment	CABG X6 11/17/1992	Original	02/17/2014 16:07 KIM, DOO, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN
Endocrine	None	Original	02/17/2014 16:07 KIM, DOO, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN
Eyes	Glasses	Original	02/17/2014 16:07 KIM, DOO, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN

Name: MAURICE, EUGENE G.

Age: 65 yr

Acct: 1404801123

Opt Out: No

Gender: M

MRN: 001632858

Physician: Chervu, Arun G., MD

Rm-Bed: 339 - 01

Admit Dt: 02/17/2014 15:35

DOB: 01/02/1949



Admission Assessment  
From 02/17/2014 15:35 To 02/21/2014 13:46

## Admission History Change Report

(continued)

Observables					
Template: Admission Assessment					
Category: Medical History Adult					
Observable Name	Observation	Action Taken	Chart Time	Perform Time	Confirm Time
Ears	Hearing Intact	Original	02/17/2014 16:07 KIM, DOO, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN
Gastrointestinal	None	Original	02/17/2014 16:07 KIM, DOO, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN
Kidney/Bladder	None	Original	02/17/2014 16:07 KIM, DOO, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN
Lung	none	Original	02/17/2014 16:07 KIM, DOO, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN
Neurologic	None	Original	02/17/2014 16:07 KIM, DOO, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN
Orthopedic	Arthritis	Original	02/17/2014 16:07 KIM, DOO, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN
Psychological	None	Original	02/17/2014 16:07 KIM, DOO, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN
Skin	Intact	Original	02/17/2014 16:07 KIM, DOO, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN
Teeth	Intact	Original	02/17/2014 16:07 KIM, DOO, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN
Category: Previous Hospital/Surgery					
Observable Name	Observation	Action Taken	Chart Time	Perform Time	Confirm Time
Previous Hospital	yes	Original	02/17/2014 16:07 KIM, DOO, RN	02/17/2014 16:07 LANDRY, JENNIFER, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN
	yes	Modify	02/17/2014 16:19 KIM, DOO, RN	02/17/2014 16:07 LANDRY, JENNIFER, RN	02/17/2014 16:07 KIM, DOO, RN
	yes	Modify	02/17/2014 16:19 KIM, DOO, RN	02/17/2014 16:07 KIM, DOO, RN	02/17/2014 16:07 KIM, DOO, RN
Visit last 3 Months?	yes	Original	02/17/2014 16:07 KIM, DOO, RN	02/17/2014 16:07 LANDRY, JENNIFER, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN
	yes	Modify	02/17/2014 16:19 KIM, DOO, RN	02/17/2014 16:07 LANDRY, JENNIFER, RN	02/17/2014 16:07 KIM, DOO, RN
	yes	Modify	02/17/2014 16:19 KIM, DOO, RN	02/17/2014 16:07 KIM, DOO, RN	02/17/2014 16:07 KIM, DOO, RN
Why?	carac	Original	02/17/2014 16:19 KIM, DOO, RN	02/17/2014 16:07 KIM, DOO, RN	02/17/2014 16:07 KIM, DOO, RN

Name: MAURICE, EUGENE G.

Age: 65 yr

Acct: 1404801123

Opt Out: No

Gender: M

MRN: 001632858

Physician: Chervu, Arun G., MD

Rm-Bed: 339 - 01

Admit Dt: 02/17/2014 15:35

DOB: 01/02/1949

Admission Assessment  
From 02/17/2014 15:35 To 02/21/2014 13:46

## Admission History Change Report

(continued)

Observables					
Template: Admission Assessment					
Category: Previous Hospital/Surgery					
Observable Name	Observation	Action Taken	Chart Time	Perform Time	Confirm Time
Why?	caratic indectomy	Modify	02/17/2014 16:21 KIM, DOO, RN	02/17/2014 16:07 KIM, DOO, RN	02/17/2014 16:07 KIM, DOO, RN
	carotid endarerectomy	Modify	02/17/2014 16:28 KIM, DOO, RN	02/17/2014 16:28 KIM, DOO, RN	02/17/2014 16:28 KIM, DOO, RN
When?	jan 7/2014	Original	02/17/2014 16:19 KIM, DOO, RN	02/17/2014 16:07 KIM, DOO, RN	02/17/2014 16:07 KIM, DOO, RN
Where?	cobb	Original	02/17/2014 16:19 KIM, DOO, RN	02/17/2014 16:07 KIM, DOO, RN	02/17/2014 16:07 KIM, DOO, RN
Have you ever had surgery?	yes	Original	02/17/2014 16:07 KIM, DOO, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN
Cardiovascular	CABC	Original	02/17/2014 16:07 KIM, DOO, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN
Comments	11/1/1992	Original	02/17/2014 16:07 KIM, DOO, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN
EENT	Other-see comments	Original	02/17/2014 16:07 KIM, DOO, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN
Comments	FATTY MASS TUMOR REMOVED FROM RIGHT EYE	Original	02/17/2014 16:07 KIM, DOO, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN
Gastrointestinal	Appendectomy	Original	02/17/2014 16:07 KIM, DOO, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN
Category: Blood Transfusion					
Observable Name	Observation	Action Taken	Chart Time	Perform Time	Confirm Time
Prior Transfusion	no	Original	02/17/2014 16:07 KIM, DOO, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN
Prior Reaction	none	Original	02/17/2014 16:07 KIM, DOO, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN
Category: Diseases					
Observable Name	Observation	Action Taken	Chart Time	Perform Time	Confirm Time
Recent exposure-contagious illness?	no	Original	02/17/2014 16:07 KIM, DOO, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN
Previous Diseases?	chicken pox measles	Original	02/17/2014 16:07 KIM, DOO, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN
Travel Outside of US	yes	Original	02/17/2014 16:07 KIM, DOO, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN

Name: MAURICE, EUGENE G.

Age: 65 yr

Acct: 1404801123

Opt Out: No

Gender: M

MRN: 001632858

Physician: Chervu, Arun G., MD

Rm-Bed: 339 - 01

Admit Dt: 02/17/2014 15:35

DOB: 01/02/1949

Admission Assessment  
From 02/17/2014 15:35 To 02/21/2014 13:46

## Admission History Change Report

(continued)

Observables					
Template: Admission Assessment					
Category: Diseases					
Observable Name	Observation	Action Taken	Chart Time	Perform Time	Confirm Time
Where/When?	VIETNAM, CARRIBEAN, BARBADOS, CUBA, CANADA, MEXICO	Original	02/17/2014 16:07 KIM, DOO, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN
Category: MDRO/INF Disease					
Observable Name	Observation	Action Taken	Chart Time	Perform Time	Confirm Time
Hx of MDRO	none	Original	02/17/2014 16:07 KIM, DOO, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN	01/03/2014 11:49 LANDRY, JENNIFER, RN
Category: Pain					
Observable Name	Observation	Action Taken	Chart Time	Perform Time	Confirm Time
Pain Goal?	0	Original	02/17/2014 16:21 KIM, DOO, RN	02/17/2014 16:07 KIM, DOO, RN	
Category: Discharge Plan					
Observable Name	Observation	Action Taken	Chart Time	Perform Time	Confirm Time
Living situation prior to admission	home	Original	02/17/2014 16:21 KIM, DOO, RN	02/17/2014 16:07 KIM, DOO, RN	
Others in household	significant othr	Original	02/17/2014 16:21 KIM, DOO, RN	02/17/2014 16:07 KIM, DOO, RN	
Expected discharge situation	home	Original	02/17/2014 16:21 KIM, DOO, RN	02/17/2014 16:07 KIM, DOO, RN	

Chart Components				
Template: Admission Assessment				
Category: Admission Data				
Component Name	Action Taken	Chart Time	Perform Time	Confirm Time
Emergency Contacts	Original	02/17/2014 16:07 KIM, DOO, RN	01/03/2014 11:49 EDT LANDRY, JENNIFER RN	01/03/2014 11:49 EDT LANDRY, JENNIFER RN
Primaryid=46843620, Name=SHIRLEY MAURICE, Relationship=Spouse, Cell=(678) 910-2476				

Name: MAURICE, EUGENE G.

Age: 65 yr

Acct: 1404801123

Opt Out: No

Gender: M

MRN: 001632858

Physician: Chervu, Arun G., MD

Rm-Bed: 339 - 01

Admit Dt: 02/17/2014 15:35

DOB: 01/02/1949

Problems, Allergies, Home Medications, Immunizations  
 From 02/17/2014 15:35 To 02/21/2014 13:46

NO DATA FOUND FOR MODULE: 1. hhs\_probdet

## Allergy Detail

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

## Medication Detail

Description	Dose	Route	Freq/Rate	Form	Strength
<b>Active - Prescription</b>					
<b>hydrocodone- acetaminophen oral (hydrocodone- acetaminophen oral)</b>	1-2	Oral	Every 6 hours	Tablet	5-325mg
PRN: Yes					
AKA:					
Indication:					
Type: Prescription					
Info Source:					
Spec Instr:					
Comments:					
Entered: 02/21/2014 10:36 Zou, Huijun , STUDENT RN					
Confirmed: 02/21/2014 10:36 Zou, Huijun , STUDENT RN					
Modified: 02/21/2014 10:36 Zou, Huijun , STUDENT RN					
<b>Active - Unknown</b>					
<b>Vytorin 10- 80 Oral (ezetimibe- simvastatin oral)</b>		Oral	Every day		10-80 mg
PRN: No					
AKA:					
Indication:					
Type:					
Info Source:					
Spec Instr: Three times a week (M,W,F)					
Comments:					
Entered: 01/03/2014 12:34 Landry, Jennifer , RN					
Confirmed: 02/21/2014 10:37 Zou, Huijun , STUDENT RN					
Modified: 02/21/2014 10:37 Zou, Huijun , STUDENT RN					

Name: MAURICE, EUGENE G.

Age: 65 yr

Acct: 1404801123

Opt Out: No

Gender: M

MRN: 001632858

Physician: Chervu, Arun G., MD

Rm-Bed: 339 - 01

Admit Dt: 02/17/2014 15:35

DOB: 01/02/1949

Problems, Allergies, Home Medications, Immunizations  
 From 02/17/2014 15:35 To 02/21/2014 13:46

## Medication Detail (continued)

Description	Dose	Route	Freq/Rate	Form	Strength
<b>Active - Unknown</b>					
<b>aspirin Oral (aspirin oral)</b> PRN: No AKA: Indication: Type: Info Source: Spec Instr: Comments: Entered: 01/03/2014 12:33 Landry, Jennifer , RN Confirmed: 02/21/2014 10:37 Zou, Huijun , STUDENT RN Modified: 02/21/2014 10:37 Zou, Huijun , STUDENT RN		Oral	Every day		81 mg
<b>carvedilol Oral (carvedilol oral)</b> PRN: No AKA: Indication: Type: Info Source: Spec Instr: Comments: Entered: 01/03/2014 12:34 Landry, Jennifer , RN Confirmed: 02/21/2014 10:37 Zou, Huijun , STUDENT RN Modified: 02/21/2014 10:37 Zou, Huijun , STUDENT RN		Oral	2 times per day		12.5 mg
<b>chlorthalidone Oral (chlorthalidone oral)</b> PRN: No AKA: Indication: Type: Info Source: Spec Instr: Comments: Entered: 01/03/2014 12:34 Landry, Jennifer , RN Confirmed: 02/21/2014 10:37 Zou, Huijun , STUDENT RN Modified: 02/21/2014 10:37 Zou, Huijun , STUDENT RN		Oral	Every day		50 mg
<b>ramipril Oral (ramipril oral)</b> PRN: No AKA: Indication: Type: Info Source: Spec Instr: Comments: Entered: 01/03/2014 12:33 Landry, Jennifer , RN Confirmed: 02/21/2014 10:38 Zou, Huijun , STUDENT RN Modified: 02/21/2014 10:38 Zou, Huijun , STUDENT RN		Oral	2 times per day		10 mg

NO DATA FOUND FOR MODULE: 4. hhs\_imm\_det

Name: MAURICE, EUGENE G.

Age: 65 yr

Acct: 1404801123

Opt Out: No

Gender: M

MRN: 001632858

Physician: Chervu, Arun G., MD

Rm-Bed: 339 - 01

Admit Dt: 02/17/2014 15:35

DOB: 01/02/1949

Cobb

Problems, Allergies, Home Medications, Immunizations  
From 02/17/2014 15:35 To 02/21/2014 13:46

NO DATA FOUND FOR MODULE: 1. hhs\_prohbs

**Allergy History**

Checked Date/Time	Action	Checked Date/Time	User	Escalated	Reaction	Severity	Onset Date	Allergen Type	Susceptibility	Reported By	Reaction to Patient	Discharge Reason
02/17/2014 11:23 AM	Modify	02/17/2014	Bidwell, Tara RN	*****	Primary: Alternates:	**	**	Miscellaneous	**	**	**	**
01/07/2014 08:50 AM	Confirm	01/07/2014	Bidwell, Tara, RN	*****	Primary: Alternate:	--	--	Miscellaneous	--	--	--	--
01/03/2014 02:27 PM	Modify	01/03/2014	Landry, Jennifer, RN	*****	Primary: Alternate:	--	--	Miscellaneous	--	--	--	--
01/03/2014 11:50 AM	Add	01/03/2014	Landry, Jennifer, RN	*****	Primary: Alternate:	--	--	Miscellaneous	--	--	--	--

**Medication History**

Description	Checked Date/Time	Action	Checked Date/Time	User	Dose	Frequency	Route	Form	Strength	Indication	Comments	Refills	Reason	Discharge
Aspirin Oral (aspirin oral) Active	02/21/2014 13:37 AM	Confirm	02/21/2014 13:37 AM	Zou, Huijun, STUDENT RN	Dose: No PRN: No	Every Day	Oral	Tablet	81 mg	Special Instructions: Strength Form: 81 mg SIG: AKA: Comments: Rx Date: Info Source: D/C Date:	Refills: Reason:	Reason:	Discharge	Discharge
		Modify	02/17/2014 07:54 PM	Kim, Doan, RN	Dose: Every Day	Oral	PRN: No	Tablet	81 mg	Special Instructions: Strength Form: 81 mg SIG: AKA: Comments: Rx Date: Info Source: D/C Date:	Refills: Reason:	Reason:	Discharge	Discharge

Name: MAURICE, EUGENE G.      Age: 65 yr      Acct: 1404801123  
 Opt Out: No      Gender: M      MRN: 001632858  
 Physician: Chervu, Arun G., MD      Rm/Bed: 339 - 01      Admit Dt: 02/17/2014 15:35      DOB: 01/02/1949

Cobb

Problems, Allergies, Home Medications, Immunizations  
From 02/17/2014 15:35 To 02/21/2014 13:46

Medication History (continued)

Dispenser Status	Action	Standard Date Time	Level	Details	Reconciliation	Discharge
Aspirin Oral (aspirin oral) Active	Modify	02/17/2014 11:24 AM	Mekescon: Hhs RN	Dose: Every day Oral RN No Indication: Type: Special Instructions: Strength/Form: 81 mg SIG: AKA: Comments: Info Source: Rx Date: D/C Date: Dose: Every day Oral RN No Indication: Type: Special Instructions: Strength/Form: 81 mg SIG: AKA: Comments: Info Source: Rx Date: D/C Date:	Last Taken D/T: Taken as Directed: Reason: Average Doses Missed per Week: Average Daily Doses: Ordered on Admission: Reason Not Ordered: Patient Pharmacy: Pharmacy Phone:	Last Given D/T: Next Dose Due: 0 Ordered on Discharge: 0 Reason Not Ordered:
	Modify	02/17/2014 11:24 AM	Mekescon: Hhs RN	Dose: Every day Oral RN No Indication: Type: Special Instructions: Strength/Form: 81 mg SIG: AKA: Comments: Info Source: Rx Date: D/C Date: Dose: Every day Oral RN No Indication: Type: Special Instructions: Strength/Form: 81 mg SIG: AKA: Comments: Info Source: Rx Date: D/C Date:	Last Taken D/T: Taken as Directed: Reason: Average Doses Missed per Week: Average Daily Doses: Ordered on Admission: Reason Not Ordered: Patient Pharmacy: Pharmacy Phone:	Last Given D/T: Next Dose Due: 01/03/2014 00:00 Ordered on Discharge: Yes Reason Not Ordered:
	Modify	02/17/2014 11:24 AM	Mekescon: Hhs RN	Dose: Every day Oral RN No Indication: Type: Special Instructions: Strength/Form: 81 mg SIG: AKA: Comments: Info Source: Rx Date: D/C Date: Dose: Every day Oral RN No Indication: Type: Special Instructions: Strength/Form: 81 mg SIG: AKA: Comments: Info Source: Rx Date: D/C Date:	Last Taken D/T: Taken as Directed: Reason: Average Doses Missed per Week: Average Daily Doses: Ordered on Admission: Reason Not Ordered: Patient Pharmacy: Pharmacy Phone:	Last Given D/T: Next Dose Due: 01/03/2014 00:00 Ordered on Discharge: Yes Reason Not Ordered:
	Modify	02/22/2014 08:15 AM	Teller: Brannan RN	Dose: Every day Oral RN No Indication: Type: Special Instructions: Strength/Form: 81 mg SIG: AKA: Comments: Info Source: Rx Date: D/C Date:	Last Taken D/T: Taken as Directed: Reason: Average Doses Missed per Week: Average Daily Doses: Ordered on Admission: Reason Not Ordered: Patient Pharmacy: Pharmacy Phone:	Last Given D/T: Next Dose Due: 01/03/2014 00:00 Ordered on Discharge: Yes Reason Not Ordered:

Name: MAURICE, EUGENE G. Age: 65 yr Acci: 1404801123  
Opt Out: No Gender: M MRN: 001632858  
Physician: Chervu, Arun G., MD Rm/Bed: 339 - 01 Admit Dt: 02/17/2014 15:35 DOB: 01/02/1949

Cobb

Problems, Allergies, Home Medications, Immunizations  
From 02/17/2014 15:35 To 02/21/2014 13:46

Medication History (continued)

Discontinued Status	Medication	Start Date	Stop Date	Order	Details	Reconciliation	Discharge
Active	Aspirin Oral (aspirin oral)	01/27/2014 06:51 AM		Dose: Every day Oral RN: No Indication: Type: Special Instructions: Strength/Form: 81 mg SIG: AKA: Comments: Info Source: Rx Date: D/C Date:	Fields: Reason:	Last Taken D/T: (01/06/2014 00:00) Taken as Directed: (No) Reason: Average Doses Missed per Week: Average Daily Doses (0 per) Ordered on Admission: (No) Reason Not Observed: Patient Pharmacy: Pharmacy Phone:	Last Given D/T: Next Dose Due: Ordered on Discharge: (No) Reason Not Observed:
Active	Motrin	01/23/2014 02:27 PM		Dose: Every day Oral RN: No Indication: Type: Special Instructions: Strength/Form: 81 mg SIG: AKA: Comments: Info Source: Rx Date: D/C Date:	Fields: Reason:	Last Taken D/T: Taken as Directed: (No) Reason: Average Doses Missed per Week: Average Daily Doses: Ordered on Admission: Reason Not Observed: Patient Pharmacy: Pharmacy Phone:	Last Given D/T: Next Dose Due: Ordered on Discharge: (No) Reason Not Observed:
Active	Motrin	01/23/2014 02:27 PM		Dose: Every day Oral RN: No Indication: Type: Special Instructions: Strength/Form: 81 mg SIG: AKA: Comments: Info Source: Rx Date: D/C Date:	Fields: Reason:	Last Taken D/T: Taken as Directed: (No) Reason: Average Doses Missed per Week: Average Daily Doses: Ordered on Admission: Reason Not Observed: Patient Pharmacy: Pharmacy Phone:	Last Given D/T: Next Dose Due: Ordered on Discharge: (No) Reason Not Observed:
Active	Lantus	01/23/2014 12:30 PM		Dose: Every day Oral RN: No Indication: Type: Special Instructions: Strength/Form: 61 mg SIG: AKA: Comments: Info Source: Rx Date: D/C Date:	Fields: Reason:	Last Taken D/T: Taken as Directed: (No) Reason: Average Doses Missed per Week: Average Daily Doses: 9 per Ordered on Admission: (No) Reason Not Observed: Patient Pharmacy: Pharmacy Phone:	Last Given D/T: Next Dose Due: Ordered on Discharge: (No) Reason Not Observed:

Bacitrim DS oral  
(sulfamethoxazole-trimethoprim oral)  
Discontinued

Name: MAURICE, EUGENE G.      Age: 65 yr      Acct: 1404801123  
Opt Out: No      Gender: M      MRN: 001632858  
Physician: Chervu, Arun G., MD      Rm/Bed: 339 - 01      Admit Dt: 02/17/2014 15:35      DOB: 01/02/1949



Cobb

Problems, Allergies, Home Medications, Immunizations  
From 02/17/2014 15:35 To 02/21/2014 13:46

Medication History (continued)

Discontinuation Status	Medication	Discontinued Date/Time	Level	Details	Reconciliation	Discharge
Discontinued	Bactrim DS oral (sulfamethoxazole-trimethoprim oral) Discontinued	02/21/2014 12:02 PM	Zou, Huijun STUDENT RN	Dose: 2 times per day Oral PRN: No Indication: -- Type: -- Special Instructions: take for 10 days, start on 2/11/14 Strength/Form: 800-160 mg SIG: -- AKA: -- Comments: -- Info Source: -- Rx Date: -- D/C Date: (02/21/2014) Refills: -- Reason: (Course Completed)	Last Taken DT: 02/17/2014 09:00 Taken as Directed: Yes Reason: -- Average Doses Missed per Week: -- Average PRN Doses: 0 per Ordered on Admission: Unknown Reason Not Ordered: -- Patient Pharmacy: -- Pharmacy Phone: --	Last Given DT: -- Next Dose Due: -- Ordered on Discharge: Unknown Reason Not Ordered: --
Add		02/17/2014 07:34 PM	Kim, Doo-RN	Dose: 2 times per day Oral PRN: No Indication: -- Type: -- Special Instructions: take for 10 days, start on 2/11/14 Strength/Form: 800-160 mg SIG: -- AKA: -- Comments: -- Info Source: -- Rx Date: -- D/C Date: -- Refills: -- Reason: --	Last Taken DT: 02/17/2014 09:00 Taken as Directed: Yes Reason: -- Average Doses Missed per Week: -- Average PRN Doses: 0 per Ordered on Admission: Unknown Reason Not Ordered: -- Patient Pharmacy: -- Pharmacy Phone: --	Last Given DT: -- Next Dose Due: -- Ordered on Discharge: Unknown Reason Not Ordered: --
Discontinued	Esochron Top Discontinued	02/21/2014 12:01 PM	Zou, Huijun STUDENT RN	Dose: Every day Topical PRN: Yes Indication: -- Type: -- Special Instructions: for 30 days, start 2/7/14 Strength/Form: 2 % SIG: -- AKA: -- Comments: -- Info Source: -- Rx Date: -- D/C Date: (02/21/2014) Refills: -- Reason: (Course Completed)	Last Taken DT: -- Taken as Directed: Unknown Reason: -- Average Doses Missed per Week: -- Average PRN Doses: 0 per Ordered on Admission: Unknown Reason Not Ordered: -- Patient Pharmacy: -- Pharmacy Phone: --	Last Given DT: -- Next Dose Due: -- Ordered on Discharge: Unknown Reason Not Ordered: --
Add		02/17/2014 07:34 PM	Kim, Doo-RN	Dose: Every day Topical PRN: Yes Indication: -- Type: -- Special Instructions: for 30 days, start 2/7/14 Strength/Form: 2 % SIG: -- AKA: -- Comments: -- Info Source: -- Rx Date: -- D/C Date: -- Refills: -- Reason: --	Last Taken DT: -- Taken as Directed: Unknown Reason: -- Average Doses Missed per Week: -- Average PRN Doses: 0 per Ordered on Admission: Unknown Reason Not Ordered: -- Patient Pharmacy: -- Pharmacy Phone: --	Last Given DT: -- Next Dose Due: -- Ordered on Discharge: Unknown Reason Not Ordered: --
	carvedilol Oral (carvedilol oral) Active					

Name: MAURICE, EUGENE G.      Age: 65 yr      Acct: 1404801123  
Opt Out: No      Gender: M      MRN: 001632858  
Physician: Chervu, Arun G., MD      Rm/Bed: 339 - 01      Admit Dt: 02/17/2014 15:35      DOB: 01/02/1949

Cobb

Problems, Allergies, Home Medications, Immunizations  
From 02/17/2014 15:35 To 02/21/2014 13:46

Medication History (continued)

Dispenser / Status	Action	Standard Date / Time	Level	Details	Reconciliation	Discharge
carvedilol Oral (carvedilol oral) Active	Confirm	02/21/2014 10:37 AM	Zou, Huijun, STUDENT RN	Dose: 2 times per day Oral PRN: No Indication: -- Type: -- Special Instructions: -- Strength/Form: 12.5 mg SIG: -- AKA: -- Comments: -- Info Source: -- Rx Date: -- D/C Date: -- Refills: -- Reason: --	Last Taken D/T: 02/17/2014 09:00 Taken as Directed: Yes Reason: -- Average Doses Missed per Week: -- Average PRN Doses: 0 per Ordered on Admission: Unknown Reason Not Ordered: -- Patient Pharmacy: -- Pharmacy Phone: --	Last Given D/T: -- Next Dose Due: -- Ordered on Discharge: No Reason Not Ordered: --
	Modify	02/17/2014 07:33 PM	Kim, Dong, RN	Dose: 2 times per day Oral PRN: No Indication: -- Type: -- Special Instructions: -- Strength/Form: 12.5 mg SIG: -- AKA: -- Comments: -- Info Source: -- Rx Date: -- D/C Date: -- Refills: -- Reason: --	Last Taken D/T: 02/17/2014 09:00 Taken as Directed: (Yes) Reason: -- Average Doses Missed per Week: -- Average PRN Doses: (0 per ) Ordered on Admission: (Unknown) Reason Not Ordered: -- Patient Pharmacy: -- Pharmacy Phone: --	Last Given D/T: -- Next Dose Due: -- Ordered on Discharge: (No) Reason Not Ordered: --
	Modify	02/17/2014 11:24 AM	Mekesson, Hhs, RN	Dose: 2 times per day Oral PRN: No Indication: -- Type: -- Special Instructions: -- Strength/Form: 12.5 mg SIG: -- AKA: -- Comments: -- Info Source: -- Rx Date: -- D/C Date: -- Refills: -- Reason: --	Last Taken D/T: -- Taken as Directed: -- Reason: -- Average Doses Missed per Week: -- Average PRN Doses: -- Ordered on Admission: -- Reason Not Ordered: -- Patient Pharmacy: -- Pharmacy Phone: --	Last Given D/T: -- Next Dose Due: ( ) Ordered on Discharge: ( ) Reason Not Ordered: --
	Modify	02/17/2014 11:24 AM	Mekesson, Hhs, RN	Dose: 2 times per day Oral PRN: No Indication: -- Type: -- Special Instructions: -- Strength/Form: 12.5 mg SIG: -- AKA: -- Comments: -- Info Source: -- Rx Date: -- D/C Date: -- Refills: -- Reason: --	Last Taken D/T: ( ) Taken as Directed: ( ) Reason: -- Average Doses Missed per Week: -- Average PRN Doses: ( ) Ordered on Admission: ( ) Reason Not Ordered: -- Patient Pharmacy: -- Pharmacy Phone: --	Last Given D/T: -- Next Dose Due: 01/08/2014 21:00 Ordered on Discharge: Yes Reason Not Ordered: --

Name: MAURICE, EUGENE G.      Age: 65 yr      Acct: 1404801123  
Opt Out: No      Gender: M      MRN: 001632858  
Physician: Chervu, Arun G., MD      Rm/Bed: 339 - 01      Admit Dt: 02/17/2014 15:35      DOB: 01/02/1949

Cobb

Problems, Allergies, Home Medications, Immunizations  
From 02/17/2014 15:35 To 02/21/2014 13:46

Medication History (continued)

Dispenser Status	Action	Standard Date Time	Level	Details	Reconciliation	Discharge
carvedilol Oral (carvedilol oral) Active	Modify	02/17/2014 11:24 AM	Mckesson, Hhs, RN	Dose: 2 times per day Oral PRN No Indication: -- Type: -- Special Instructions: -- Strength/Form: 12.5 mg SIG: -- AKA: -- Comments: -- Info Source: -- Rx Date: -- D/C Date: -- Refills: -- Reason: --	Last Taken D/T: 01/07/2014 06:51 Taken as Directed: No Reason: -- Average Doses Missed per Week: -- Average PRN Doses: 0 per Ordered on Admission: No Reason Not Ordered: -- Patient Pharmacy: -- Pharmacy Phone: --	Last Given D/T: -- Next Dose Due: 01/08/2014 21:00 Ordered on Discharge: Yes Reason Not Ordered: --
	Modify	01/08/2014 06:14 AM	Tolliver, Brenna, RN	Dose: 2 times per day Oral PRN No Indication: -- Type: -- Special Instructions: -- Strength/Form: 12.5 mg SIG: -- AKA: -- Comments: -- Info Source: -- Rx Date: -- D/C Date: -- Refills: -- Reason: --	Last Taken D/T: 01/07/2014 06:51 Taken as Directed: No Reason: -- Average Doses Missed per Week: -- Average PRN Doses: 0 per Ordered on Admission: No Reason Not Ordered: -- Patient Pharmacy: -- Pharmacy Phone: --	Last Given D/T: -- Next Dose Due: 01/08/2014 21:00 Ordered on Discharge: (Yes) Reason Not Ordered: --
	Modify	01/07/2014 06:51 AM	Belwell, Tara, RN	Dose: 2 times per day Oral PRN No Indication: -- Type: -- Special Instructions: -- Strength/Form: 12.5 mg SIG: -- AKA: -- Comments: -- Info Source: -- Rx Date: -- D/C Date: -- Refills: -- Reason: --	Last Taken D/T: 01/07/2014 06:51 Taken as Directed: (No) Reason: -- Average Doses Missed per Week: -- Average PRN Doses: 0 per Ordered on Admission: (No) Reason Not Ordered: -- Patient Pharmacy: -- Pharmacy Phone: --	Last Given D/T: -- Next Dose Due: -- Ordered on Discharge: (No) Reason Not Ordered: --
	Modify	01/09/2014 02:27 PM	Mckesson, Hhs, RN	Dose: 2 times per day Oral PRN No Indication: -- Type: -- Special Instructions: -- Strength/Form: 12.5 mg SIG: -- AKA: -- Comments: -- Info Source: -- Rx Date: -- D/C Date: -- Refills: -- Reason: --	Last Taken D/T: -- Taken as Directed: -- Reason: -- Average Doses Missed per Week: -- Average PRN Doses: -- Ordered on Admission: -- Reason Not Ordered: -- Patient Pharmacy: -- Pharmacy Phone: --	Last Given D/T: -- Next Dose Due: -- Ordered on Discharge: 0 Reason Not Ordered: --

Name: MAURICE, EUGENE G.      Age: 65 yr      Acct: 1404801123  
Opt Out: No      Gender: M      MRN: 001632858  
Physician: Chervu, Arun G., MD      Rm/Bed: 339 - 01      Admit Dt: 02/17/2014 15:35      DOB: 01/02/1949

Cobb

Problems, Allergies, Home Medications, Immunizations  
From 02/17/2014 15:35 To 02/21/2014 13:46

Medication History (continued)

Dispenser Status	Action	Standard Date Time	Level	Details	Reconciliation	Discharge
carvedilol Oral (carvedilol oral) Active	Modify	01/03/2014 02:27 PM	Molasson, Hhs RN	Dose: 2 times per day Oral PRN No Indication: -- Type: -- Special Instructions: -- Strength/Form: 12.5 mg SIG: -- AKA: -- Comments: -- Info Source: -- Rx Date: -- D/C Date: -- Refills: -- Reason: --	Last Taken D/T: -- Taken as Directed: () Reason: -- Average Doses Missed per Week: -- Average PRN Doses: () Ordered on Admission: () Reason Not Ordered: -- Patient Pharmacy: -- Pharmacy Phone: --	Last Given D/T: -- Next Dose Due: -- Ordered on Discharge: Unknown Reason Not Ordered: --
	Add	01/03/2014 12:34 PM	Landry, Jennifer RN	Dose: 2 times per day Oral PRN No Indication: -- Type: -- Special Instructions: -- Strength/Form: 12.5 mg SIG: -- AKA: -- Comments: -- Info Source: -- Rx Date: -- D/C Date: -- Refills: -- Reason: --	Last Taken D/T: -- Taken as Directed: Unknown Reason: -- Average Doses Missed per Week: -- Average PRN Doses: () per Ordered on Admission: Unknown Reason Not Ordered: -- Patient Pharmacy: -- Pharmacy Phone: --	Last Given D/T: -- Next Dose Due: -- Ordered on Discharge: Unknown Reason Not Ordered: --
chlorothalidone Oral (chlorothalidone oral) Active	Confirm	02/21/2014 10:37 AM	Zou, Huijun STUDENT RN	Dose: Every day Oral PRN No Indication: -- Type: -- Special Instructions: -- Strength/Form: 50 mg SIG: -- AKA: -- Comments: -- Info Source: -- Rx Date: -- D/C Date: -- Refills: -- Reason: --	Last Taken D/T: 02/17/2014 09:00 Taken as Directed: Yes Reason: -- Average Doses Missed per Week: -- Average PRN Doses: () per Ordered on Admission: Unknown Reason Not Ordered: -- Patient Pharmacy: -- Pharmacy Phone: --	Last Given D/T: -- Next Dose Due: -- Ordered on Discharge: No Reason Not Ordered: --
	Modify	02/17/2014 07:41 PM	Ken, Doc RN	Dose: Every day Oral PRN No Indication: -- Type: -- Special Instructions: -- Strength/Form: 50 mg SIG: -- AKA: -- Comments: -- Info Source: -- Rx Date: -- D/C Date: -- Refills: -- Reason: --	Last Taken D/T: 02/17/2014 09:00 Taken as Directed: (Yes) Reason: -- Average Doses Missed per Week: -- Average PRN Doses: () per Ordered on Admission: (Unknown) Reason Not Ordered: -- Patient Pharmacy: -- Pharmacy Phone: --	Last Given D/T: -- Next Dose Due: -- Ordered on Discharge: (No) Reason Not Ordered: --

Name: MAURICE, EUGENE G.      Age: 65 yr      Acci: 1404801123  
Opt Out: No      Gender: M      MRN: 001632858  
Physician: Chervu, Arun G., MD      Rm/Bed: 339 - 01      Admit Dt: 02/17/2014 15:35      DOB: 01/02/1949

Cobb

Problems, Allergies, Home Medications, Immunizations  
From 02/17/2014 15:35 To 02/21/2014 13:46

Medication History (continued)

Dispenser Status	Action	Standard Date Time	Level	Details	Reconciliation	Discharge
chlorothalidone Oral (chlorothalidone oral) Active	Modify	02/17/2014 11:24 AM	Mekescon; Hhs RN	Dose: Every day Oral RN No Indication: Type: Special Instructions: Strength/Form: 50 mg SIG: AKA: Comments: Info Source: Rx Date: D/C Date: Fields: Reason:	Last Taken D/T: Taken as Directed: Reason: Average Doses Missed per Week: Average Daily Doses: Ordered on Admission: Reason Not Ordered: Patient Pharmacy: Pharmacy Phone:	Last Given D/T: Next Dose Due: 0 Ordered on Discharge: 0 Reason Not Ordered:
	Modify	02/17/2014 11:24 AM	Mekescon; Hhs RN	Dose: Every day Oral RN No Indication: Type: Special Instructions: Strength/Form: 50 mg SIG: AKA: Comments: Info Source: Rx Date: D/C Date: Fields: Reason:	Last Taken D/T: Taken as Directed: Reason: Average Doses Missed per Week: Average Daily Doses: Ordered on Admission: Reason Not Ordered: Patient Pharmacy: Pharmacy Phone:	Last Given D/T: Next Dose Due: 01/03/2014 00:00 Ordered on Discharge: Yes Reason Not Ordered:
	Modify	02/17/2014 11:24 AM	Mekescon; Hhs RN	Dose: Every day Oral RN No Indication: Type: Special Instructions: Strength/Form: 50 mg SIG: AKA: Comments: Info Source: Rx Date: D/C Date: Fields: Reason:	Last Taken D/T: Taken as Directed: Reason: Average Doses Missed per Week: Average Daily Doses: Ordered on Admission: Reason Not Ordered: Patient Pharmacy: Pharmacy Phone:	Last Given D/T: Next Dose Due: 01/03/2014 00:00 Ordered on Discharge: Yes Reason Not Ordered:
	Modify	02/22/2014 08:15 AM	Teller; Brannan RN	Dose: Every day Oral RN No Indication: Type: Special Instructions: Strength/Form: 50 mg SIG: AKA: Comments: Info Source: Rx Date: D/C Date: Fields: Reason:	Last Taken D/T: Taken as Directed: Reason: Average Doses Missed per Week: Average Daily Doses: Ordered on Admission: Reason Not Ordered: Patient Pharmacy: Pharmacy Phone:	Last Given D/T: Next Dose Due: 01/03/2014 00:00 Ordered on Discharge: Yes Reason Not Ordered:

Name: MAURICE, EUGENE G. Age: 65 yr Acci: 1404801123  
Opt Out: No Gender: M MRN: 001632858  
Physician: Chervu, Arun G., MD Rm/Bed: 339 - 01 Admit Dt: 02/17/2014 15:35 DOB: 01/02/1949

Cobb

Problems, Allergies, Home Medications, Immunizations  
From 02/17/2014 15:35 To 02/21/2014 13:46

Medication History (continued)

Dispenser Status	Action	Standard Date Time	Level	Details	Reconciliation	Discharge
chlorothalidone Oral (chlorothalidone oral) Active	Confirm	01/27/2014 06:52 AM	Bowel, Taz. RN	Dose: Every day Oral RN No. Indication: Type: Special Instructions: Strength/Form: 50 mg SIG: AKA: Comments: Rx Date: Fields: Reason:	Last Taken D/T: 01/25/2014 00:00 Taken as Directed: No Average Doses Missed per Week: Average Rx Doses (0 per 1) Ordered on Admission: Reason Not Ordered: Patient Pharmacy: Pharmacy Phone:	Last Given D/T: Next Dose Due: Ordered on Discharge: No Reason Not Ordered:
	Modify	01/27/2014 06:52 AM	Bowel, Taz. RN	Dose: Every day Oral RN No. Indication: Type: Special Instructions: Strength/Form: 50 mg SIG: AKA: Comments: Rx Date: Fields: Reason:	Last Taken D/T: 01/05/2014 00:00 Taken as Directed: No Average Doses Missed per Week: Average Rx Doses (0 per 1) Ordered on Admission: Reason Not Ordered: Patient Pharmacy: Pharmacy Phone:	Last Given D/T: Next Dose Due: Ordered on Discharge: (N/A) Reason Not Ordered:
	Modify	01/23/2014 02:27 PM	Mekesour, Hls RN	Dose: Every day Oral RN No. Indication: Type: Special Instructions: Strength/Form: 50 mg SIG: AKA: Comments: Rx Date: Fields: Reason:	Last Taken D/T: Taken as Directed: Average Doses Missed per Week: Average Rx Doses: Ordered on Admission: Reason Not Ordered: Patient Pharmacy: Pharmacy Phone:	Last Given D/T: Next Dose Due: Ordered on Discharge: (N/A) Reason Not Ordered:
	Modify	01/23/2014 02:27 PM	Mekesour, Hls RN	Dose: Every day Oral RN No. Indication: Type: Special Instructions: Strength/Form: 50 mg SIG: AKA: Comments: Rx Date: Fields: Reason:	Last Taken D/T: Taken as Directed: Average Doses Missed per Week: Average Rx Doses (1) Ordered on Admission: Reason Not Ordered: Patient Pharmacy: Pharmacy Phone:	Last Given D/T: Next Dose Due: Ordered on Discharge: Unknown Reason Not Ordered:

Name: MAURICE, EUGENE G. Age: 65 yr Acci: 1404801123  
Opt Out: No Gender: M MRN: 001632858  
Physician: Chervu, Arun G., MD Rm/Bed: 339 - 01 Admit Dt: 02/17/2014 15:35 DOB: 01/02/1949

Cobb

Problems, Allergies, Home Medications, Immunizations  
From 02/17/2014 15:35 To 02/21/2014 13:46

Medication History (continued)

Dispenser Status	Active	Standard Date Time	Level	Details	Reason/Status	Discharge
chlorothalidone Oral (chlorothalidone oral) Active	Add	02/21/2014 07:53:00 PM	Lanier, Jennifer RN	Dose: Every day Oral PRN: No Indication: -- Type: -- Special Instructions: -- Strength/Form: 50 mg SIG: -- AKA: -- Comments: -- Info Source: -- Rx Date: -- D/C Date: -- Refills: -- Reason: --	Last Taken D/T: -- Taken as Directed: Unknown Reason: -- Average Doses Missed per Week: -- Average PRN Doses: 0 per Ordered on Admission: Unknown Reason Not Ordered: -- Patient Pharmacy: -- Pharmacy Phone: --	Last Given D/T: -- Next Dose Due: -- Ordered on Discharge: Unknown Reason Not Ordered: --
hydrocodone-acetaminophen oral (hydrocodone-acetaminophen oral) Active	Add	02/21/2014 10:36 AM	Zou, Huijun, STUDENT RN	Dose: 1-2 Every 6 hours Oral PRN: Yes Indication: -- Type: Prescription Special Instructions: -- Strength/Form: 5-325mg Tablet SIG: -- AKA: -- Comments: -- Info Source: -- Rx Date: -- D/C Date: -- Refills: -- Reason: --	Last Taken D/T: -- Taken as Directed: Unknown Reason: -- Average Doses Missed per Week: -- Average PRN Doses: 0 per Ordered on Admission: Unknown Reason Not Ordered: -- Patient Pharmacy: -- Pharmacy Phone: --	Last Given D/T: -- Next Dose Due: -- Ordered on Discharge: Yes Reason Not Ordered: --
ramipril Oral (ramipril oral) Active	Confirm	02/21/2014 10:36 AM	Zou, Huijun, STUDENT RN	Dose: 2 times per day Oral PRN: No Indication: -- Type: -- Special Instructions: -- Strength/Form: 10 mg SIG: -- AKA: -- Comments: -- Info Source: -- Rx Date: -- D/C Date: -- Refills: -- Reason: --	Last Taken D/T: 02/17/2014 09:00 Taken as Directed: Yes Reason: -- Average Doses Missed per Week: -- Average PRN Doses: 0 per Ordered on Admission: Unknown Reason Not Ordered: -- Patient Pharmacy: -- Pharmacy Phone: --	Last Given D/T: -- Next Dose Due: -- Ordered on Discharge: No Reason Not Ordered: --
	Modify	02/17/2014 07:39 PM	Man, Duo, RN	Dose: 2 times per day Oral PRN: No Indication: -- Type: -- Special Instructions: -- Strength/Form: 10 mg SIG: -- AKA: -- Comments: -- Info Source: -- Rx Date: -- D/C Date: -- Refills: -- Reason: --	Last Taken D/T: 02/17/2014 09:00 Taken as Directed: (Yes) Reason: -- Average Doses Missed per Week: -- Average PRN Doses: 0 per Ordered on Admission: (Unknown) Reason Not Ordered: -- Patient Pharmacy: -- Pharmacy Phone: --	Last Given D/T: -- Next Dose Due: -- Ordered on Discharge: (No) Reason Not Ordered: --

Name: MAURICE, EUGENE G. Age: 65 yr Acci: 1404801123  
Opt Out: No Gender: M MRN: 001632858  
Physician: Chervu, Arun G., MD Rm/Bed: 339 - 01 Admit Dt: 02/17/2014 15:35 DOB: 01/02/1949

Cobb

Problems, Allergies, Home Medications, Immunizations  
From 02/17/2014 15:35 To 02/21/2014 13:46

Medication History (continued)

Dispenser Status	Action	Standard Date Time	Level	Details	Reconciliation	Discharge
ramipril Oral (ampul oral) Active	Modify	02/17/2014 11:24 AM	Mekescon: Hhs RN	Dose: 2 times per day Oral RN No: Indication: Type: Special Instructions: Strength/Form: 10 mg SIG: AKA: Comments: Rx Date: Fields: Reason:	Last Taken D/T: Taken as Directed: Reason: Average Doses Missed per Week: Average Pkts Doses: Ordered on Admission: Reason Not Ordered: Patient Pharmacy: Pharmacy Phone:	Last Given D/T: Next Dose Due: 0 Ordered on Discharge: 0 Reason Not Ordered:
	Modify	02/17/2014 11:24 AM	Mekescon: Hhs RN	Dose: 2 times per day Oral RN No: Indication: Type: Special Instructions: Strength/Form: 10 mg SIG: AKA: Comments: Rx Date: Fields: Reason:	Last Taken D/T: Taken as Directed: Reason: Average Doses Missed per Week: Average Pkts Doses: Ordered on Admission: Reason Not Ordered: Patient Pharmacy: Pharmacy Phone:	Last Given D/T: Next Dose Due: 01/28/2014 2:30 Ordered on Discharge: Yes Reason Not Ordered:
	Modify	02/17/2014 11:24 AM	Mekescon: Hhs RN	Dose: 2 times per day Oral RN No: Indication: Type: Special Instructions: Strength/Form: 10 mg SIG: AKA: Comments: Rx Date: Fields: Reason:	Last Taken D/T: Taken as Directed: No Reason: Average Doses Missed per Week: Average Pkts Doses: 0 per Ordered on Admission: No Reason Not Ordered: Patient Pharmacy: Pharmacy Phone:	Last Given D/T: Next Dose Due: 01/28/2014 2:30 Ordered on Discharge: Yes Reason Not Ordered:
	Modify	02/22/2014 08:15 AM	Teller: Brannan RN	Dose: 2 times per day Oral RN No: Indication: Type: Special Instructions: Strength/Form: 10 mg SIG: AKA: Comments: Rx Date: Fields: Reason:	Last Taken D/T: Taken as Directed: No Reason: Average Doses Missed per Week: Average Pkts Doses: 0 per Ordered on Admission: No Reason Not Ordered: Patient Pharmacy: Pharmacy Phone:	Last Given D/T: Next Dose Due: 01/28/2014 2:30 Ordered on Discharge: (West) Reason Not Ordered:

Name: MAURICE, EUGENE G.      Age: 65 yr      Acct: 1404801123  
Opt Out: No      Gender: M      MRN: 001632858  
Physician: Chervu, Arun G., MD      Rm/Bed: 339 - 01      Admit Dt: 02/17/2014 15:35      DOB: 01/02/1949



Cobb

Problems, Allergies, Home Medications, Immunizations  
From 02/17/2014 15:35 To 02/21/2014 13:46

Medication History (continued)

Dispenser Status	Medication	Start Date	End Date	Order	Details	Reconciliation	Discharge
Active	ranitidine oral (fampril oral)	01/27/2014 06:51 AM		Boxwell, Tara RN	Dose: 2 times per day Oral RN No. Indication: Type: Special Instructions: Strength/Form: 150 mg SIG: AKA: Comments: Info Source: Rx Date: D/C Date:	Last Taken D/T: 01/07/2014 05:30 Taken as Directed: (No) Reason: Average Doses Missed per Week: Average Daily Doses: 0 per Concerned on Admission: (No) Reason Not Observed: Patient Pharmacy: Pharmacy Phone:	Last Given D/T: Next Dose Due: Ordered on Discharge: (No) Reason Not Observed:
Active		01/22/2014 02:27 PM		Mokrasan, Hiba RN	Dose: 2 times per day Oral RN No. Indication: Type: Special Instructions: Strength/Form: 10 mg SIG: AKA: Comments: Info Source: Rx Date: D/C Date:	Last Taken D/T: Taken as Directed: Reason: Average Doses Missed per Week: Average Daily Doses: Concerned on Admission: Reason Not Observed: Patient Pharmacy: Pharmacy Phone:	Last Given D/T: Next Dose Due: Ordered on Discharge: (No) Reason Not Observed:
Active		01/22/2014 02:27 PM		Mokrasan, Hiba RN	Dose: 2 times per day Oral RN No. Indication: Type: Special Instructions: Strength/Form: 10 mg SIG: AKA: Comments: Info Source: Rx Date: D/C Date:	Last Taken D/T: Taken as Directed: Reason: Average Doses Missed per Week: Average Daily Doses: Concerned on Admission: Reason Not Observed: Patient Pharmacy: Pharmacy Phone:	Last Given D/T: Next Dose Due: Ordered on Discharge: (No) Reason Not Observed:
Active		01/22/2014 12:30 PM		Lanitis, Jennifer RN	Dose: 2 times per day Oral RN No. Indication: Type: Special Instructions: Strength/Form: 10 mg SIG: AKA: Comments: Info Source: Rx Date: D/C Date:	Last Taken D/T: Taken as Directed: Unknown Reason: Average Doses Missed per Week: Average Daily Doses: 9 per Concerned on Admission: Unknown Reason Not Observed: Patient Pharmacy: Pharmacy Phone:	Last Given D/T: Next Dose Due: Ordered on Discharge: Unknown Reason Not Observed:

Vytorin 10-80 Oral  
(ezetimibe-simvastatin oral)  
Active

Name: MAURICE, EUGENE G. Age: 65 yr Acci: 1404801123  
Opt Out: No Gender: M MRN: 001632858  
Physician: Chervu, Arun G., MD Rm/Bed: 339 - 01 Admit Dt: 02/17/2014 15:35 DOB: 01/02/1949

Cobb

Problems, Allergies, Home Medications, Immunizations  
From 02/17/2014 15:35 To 02/21/2014 13:46

Medication History (continued)

Dispenser / Status	Action	Ordered Date / Time	Level	Details	Reconciliation	Discharge
Vytorin 10-80 Oral (ezetimibe-simvastatin oral) Active	Confirm	02/21/2014 10:37 AM	Zou, Huijun, STUDENT RN	Dose: Every day Oral PRN: No Indication: -- Type: -- Special Instructions: Three times a week (M,W,F) Strength/Form: 10-80 mg SIG: -- AKA: -- Comments: -- Info Source: -- Rx Date: -- D/C Date: -- Refills: -- Reason: --	Last Taken D/T: 02/17/2014 09:00 Taken as Directed: Yes Reason: -- Average Doses Missed per Week: -- Average PRN Doses: 0 per Ordered on Admission: Unknown Reason Not Ordered: -- Patient Pharmacy: -- Pharmacy Phone: --	Last Given D/T: -- Next Dose Due: -- Ordered on Discharge: No Reason Not Ordered: --
	Activate	02/17/2014 07:40 PM	Kim, Doo, RN	Dose: Every day Oral PRN: No Indication: -- Type: -- Special Instructions: Three times a week (M,W,F) Strength/Form: 10-80 mg SIG: -- AKA: -- Comments: -- Info Source: -- Rx Date: -- D/C Date: -- Refills: -- Reason: --	Last Taken D/T: 02/17/2014 09:00 Taken as Directed: (Yes) Reason: -- Average Doses Missed per Week: -- Average PRN Doses: 0 per Ordered on Admission: (Unknown) Reason Not Ordered: -- Patient Pharmacy: -- Pharmacy Phone: --	Last Given D/T: -- Next Dose Due: -- Ordered on Discharge: (No) Reason Not Ordered: --
	Discontinue	02/17/2014 07:35 PM	Kim, Doo, RN	Dose: Every day Oral PRN: No Indication: -- Type: -- Special Instructions: -- Strength/Form: 10-80 mg SIG: -- AKA: -- Comments: -- Info Source: -- Rx Date: -- D/C Date: -- Refills: -- Reason: --	Last Taken D/T: -- Taken as Directed: -- Reason: -- Average Doses Missed per Week: -- Average PRN Doses: -- Ordered on Admission: -- Reason Not Ordered: -- Patient Pharmacy: -- Pharmacy Phone: --	Last Given D/T: -- Next Dose Due: -- Ordered on Discharge: -- Reason Not Ordered: --
	Modify	02/17/2014 11:24 AM	Mohesson, Hhs, RN	D/C Date: 02/17/2014 Dose: Every day Oral PRN: No Indication: -- Type: -- Special Instructions: -- Strength/Form: 10-80 mg SIG: -- AKA: -- Comments: -- Info Source: -- Rx Date: -- D/C Date: -- Refills: -- Reason: (Course Completed)	Last Taken D/T: -- Taken as Directed: -- Reason: -- Average Doses Missed per Week: -- Average PRN Doses: -- Ordered on Admission: -- Reason Not Ordered: -- Patient Pharmacy: -- Pharmacy Phone: --	Last Given D/T: -- Next Dose Due: 0 Ordered on Discharge: 0 Reason Not Ordered: --

Name: MAURICE, EUGENE G.      Age: 65 yr      Acct: 1404801123  
Opt Out: No      Gender: M      MRN: 001632858  
Physician: Chervu, Arun G., MD      Rm/Bed: 339 - 01      Admit Dt: 02/17/2014 15:35      DOB: 01/02/1949

Cobb

Problems, Allergies, Home Medications, Immunizations  
From 02/17/2014 15:35 To 02/21/2014 13:46

Dispenser Status	Action	Standard Date/Time	Level	Details	Reconciliation	Discharge
Vytorin 10-80 Oral (ezetimibe-simvastatin oral) Active	Modify	02/17/2014 11:24 AM	Mckesson, Hhs, RN	Dose: Every day Oral PRN: No Indication: -- Type: -- Special Instructions: -- Strength/Form: 10-80 mg SIG: -- AKA: -- Comments: -- Info Source: -- Rx Date: -- D/C Date: -- Refills: -- Reason: --	Last Taken D/T: ( ) Taken as Directed: ( ) Reason: -- Average Doses Missed per Week: -- Average PRN Doses: ( ) Ordered on Admission: ( ) Reason Not Ordered: -- Patient Pharmacy: -- Pharmacy Phone: --	Last Given D/T: -- Next Dose Due: 01/08/2014 21:00 Ordered on Discharge: Yes Reason Not Ordered: --
	Modify	02/17/2014 11:24 AM	Mckesson, Hhs, RN	Dose: Every day Oral PRN: No Indication: -- Type: -- Special Instructions: -- Strength/Form: 10-80 mg SIG: -- AKA: -- Comments: -- Info Source: -- Rx Date: -- D/C Date: -- Refills: -- Reason: --	Last Taken D/T: 01/05/2014 00:00 Taken as Directed: No Reason: -- Average Doses Missed per Week: -- Average PRN Doses: 0 per Ordered on Admission: No Reason Not Ordered: -- Patient Pharmacy: -- Pharmacy Phone: --	Last Given D/T: -- Next Dose Due: 01/08/2014 21:00 Ordered on Discharge: Yes Reason Not Ordered: --
	Modify	01/08/2014 06:14 AM	Tolliver, Brenna, RN	Dose: Every day Oral PRN: No Indication: -- Type: -- Special Instructions: -- Strength/Form: 10-80 mg SIG: -- AKA: -- Comments: -- Info Source: -- Rx Date: -- D/C Date: -- Refills: -- Reason: --	Last Taken D/T: 01/05/2014 00:00 Taken as Directed: No Reason: -- Average Doses Missed per Week: -- Average PRN Doses: 0 per Ordered on Admission: No Reason Not Ordered: -- Patient Pharmacy: -- Pharmacy Phone: --	Last Given D/T: -- Next Dose Due: 01/08/2014 21:00 Ordered on Discharge: (Yes) Reason Not Ordered: --
	Modify	01/07/2014 06:52 AM	Bivens, Tara, RN	Dose: Every day Oral PRN: No Indication: -- Type: -- Special Instructions: -- Strength/Form: 10-80 mg SIG: -- AKA: -- Comments: -- Info Source: -- Rx Date: -- D/C Date: -- Refills: -- Reason: --	Last Taken D/T: 01/06/2014 00:00 Taken as Directed: (No) Reason: -- Average Doses Missed per Week: -- Average PRN Doses: (0 per ) Ordered on Admission: (No) Reason Not Ordered: -- Patient Pharmacy: -- Pharmacy Phone: --	Last Given D/T: -- Next Dose Due: -- Ordered on Discharge: (No) Reason Not Ordered: --

Name: MAURICE, EUGENE G.      Age: 65 yr      Acct: 1404801123  
Opt Out: No      Gender: M      MRN: 001632858  
Physician: Chervu, Arun G., MD      Rm-Bed: 339 - 01      Admit Dt: 02/17/2014 15:35      DOB: 01/02/1949

Cobb

Problems, Allergies, Home Medications, Immunizations  
From 02/17/2014 15:35 To 02/21/2014 13:46

Dispenser / Status	Action	Standard Date / Time	User	Details	Reconciliation	Discharge
Vytorin 10-80 Oral (ezetimibe-simvastatin oral) Active	Modify	01/03/2014 02:27 PM	Mckesson, Hhs RN	Dose: Every day Oral PRN: No Indication: -- Type: -- Special Instructions: -- Strength/Form: 10-80 mg SIG: -- AKA: -- Comments: -- Info Source: -- Rx Date: -- D/C Date: -- Refills: -- Reason: --	Last Taken D/T: -- Taken as Directed: -- Reason: -- Average Doses Missed per Week: -- Average PRN Doses: -- Ordered on Admission: -- Reason Not Ordered: -- Patient Pharmacy: -- Pharmacy Phone: --	Last Given D/T: -- Next Dose Due: -- Ordered on Discharge: ( ) Reason Not Ordered: --
	Modify	01/03/2014 02:27 PM	Mckesson, Hhs RN	Dose: Every day Oral PRN: No Indication: -- Type: -- Special Instructions: -- Strength/Form: 10-80 mg SIG: -- AKA: -- Comments: -- Info Source: -- Rx Date: -- D/C Date: -- Refills: -- Reason: --	Last Taken D/T: -- Taken as Directed: ( ) Reason: -- Average Doses Missed per Week: -- Average PRN Doses: ( ) Ordered on Admission: ( ) Reason Not Ordered: -- Patient Pharmacy: -- Pharmacy Phone: --	Last Given D/T: -- Next Dose Due: -- Ordered on Discharge: Unknown Reason Not Ordered: --
	Add	01/03/2014 12:34 PM	Landry, Jennifer RN	Dose: Every day Oral PRN: No Indication: -- Type: -- Special Instructions: -- Strength/Form: 10-80 mg SIG: -- AKA: -- Comments: -- Info Source: -- Rx Date: -- D/C Date: -- Refills: -- Reason: --	Last Taken D/T: -- Taken as Directed: Unknown Reason: -- Average Doses Missed per Week: -- Average PRN Doses: 0 per Ordered on Admission: Unknown Reason Not Ordered: -- Patient Pharmacy: -- Pharmacy Phone: --	Last Given D/T: -- Next Dose Due: -- Ordered on Discharge: Unknown Reason Not Ordered: --

NO DATA FOUND FOR MODULE: 4\_hhs\_imm\_his

Name: MAURICE, EUGENE G.      Age: 65 yr      Acct: 1404801123  
 Opt Out: No      Gender: M      MRN: 001632858  
 Physician: Chervu, Arun G., MD      Rm-Bed: 339 - 01      Admit Dt: 02/17/2014 15:35      DOB: 01/02/1949

MAURICE, EUGENE G  
 Cobb  
 Pediatric Database Report  
 FROM: 02/17/14 15:35 TO: 02/22/14 12:46  
 ROOM: \*339-01\* ADM: 02/17/14 15:35  
 AGE: 65Y SEX: M MD: CHERVU, ARUN  
 DOB: 01/02/1949 ID: 1404801123 MR: 001632858  
 REQUESTED: 02/22/14 15:40  
 OPT OUT:  
 Page: 1

**Allergy History**

Confirm Dt/By	Type	Allergy	Primary Reaction	Severity	Onset Dt	Comment
	MA	No Known Allergies		NR		

**Medication History**

ConfirmDt/By	Medication	Status	StartDt	StopDt	Dose	Route	Freq	LastTaken	NextDoseDue	Comment
02/21/14 HZ59	Vytorin 10-80 oral	Active				Oral	Every 4 09:00	02/17/2014		Three times a week (M, W, F)
	GEN: ezetimibe-simvastatin									
02/21/14 HZ59	hydrocodone-acetaminophen oral	Active	02/21/2014		1-2 tablet Tablet	Oral	Every 6 hours as needed			
02/21/14 HZ59	chlorthalidone oral	Active				Oral	Every 4 09:00	02/17/2014		
	GEN: chlorthalidone									
02/21/14 HZ59	ramipril Oral	Active				Oral	2 times per day 4 09:00	02/17/2014		
	GEN: ramipril									
02/21/14 HZ59	carvedilol Oral	Active				Oral	2 times per day 4 09:00	02/17/2014		
	GEN: carvedilol									
02/21/14 HZ59	aspirin Oral	Active				Oral	Every 4 09:00	02/17/2014		
	GEN: aspirin									
02/21/14 HZ59	Bactrim DS oral	Finished		02/21/2014		Oral	2 times per day 4 09:00	02/17/2014		take for 10 d start on 2/11
	GEN: trimethoprim-sulfamethoxazole									
02/21/14 HZ59	Bactroban top	Finished		02/21/2014		Topical	Every day as needed			for 30 days, 2/7/14
	GEN: bacitracin									

**Peds Social Hist**

**Social History**

**Lives With** No Data  
**Legal Guardian** No Data

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

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

**Other Phone #** No Data  
**Comments** No Data

**Pediatric PCP** No Data  
**Phone #** No Data  
**Comment** No Data

**Lives w/Smoker** No Data  
**Where do they smoke?** No Data  
**Comment** No Data

**SmokingCessation** No Data

**Next of Kin** No Data  
**Comments** No Data  
**Name of Kin** No Data

**Legal Custody** No Data

(HZ59) ZOU, HUIJUN, STUDENT RN

CONTINUED



MAURICE, EUGENE G  
 Cobb  
 Pediatric Database Report  
 FROM: 02/17/14 15:35 TO: 02/22/14 12:46  
 ROOM: \*339-01\* ADM: 02/17/14 15:35  
 AGE: 65Y SEX: M MD: CHERVU, ARUN  
 DOB: 01/02/1949 ID: 1404801123 MR: 001632858  
 REQUESTED: 02/22/14 15:40  
 OPT OUT:

Page: 2

**PedReligBelief**

<b>Beliefs Affect Care</b>	<b>Comments</b>		
No Data	No Data		
<b>Special Considerat</b>			
No Data			
<b>See Chaplain/Priest</b>	<b>Comments</b>	<b>Clergy Contacted?</b>	
No Data	No Data	No Data	
<b>Cultural Prefs</b>	<b>Treatment?</b>	<b>Comments</b>	
<b>Affect</b>	No Data	No Data	

**PedsSubstanceUse**

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

**Peds Language**

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

**Peds Vision**

<b>Vision</b>	<b>Comments</b>
No Data	No Data

**Peds Hearing**

<b>Hearing</b>	<b>Comments</b>
No Data	No Data

**Peds Plan ofCare**

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

CONTINUED



MAURICE, EUGENE G  
 Cobb  
 Pediatric Database Report  
 FROM: 02/17/14 15:35 TO: 02/22/14 12:46  
 ROOM: \*339-01\* ADM: 02/17/14 15:35  
 AGE: 65Y SEX: M MD: CHERVU, ARUN  
 DOB: 01/02/1949 ID: 1404801123 MR: 001632858  
 REQUESTED: 02/22/14 15:40  
 OPT OUT:

Page: 3

**Peds Plan of Care (cont)**

comments or concerns

**Peds Blood Trnsf**

Ever had a Blood Transfusion? No Data  
 Transfusion Reaction? No Data  
 If Yes Describe No Data

**Peds Medical Hist**

<b>Cardiovascular</b>	<b>Comments</b>
No Data	No Data
<b>Endocrine</b>	<b>Comments</b>
No Data	No Data
<b>Gastrointestinal</b>	<b>Comments</b>
No Data	No Data
<b>Renal</b>	<b>Comments</b>
No Data	No Data
<b>Respiratory</b>	<b>Comments</b>
No Data	No Data
<b>Neurologic</b>	<b>Comments</b>
No Data	No Data
<b>Orthopedic</b>	<b>Comments</b>
No Data	No Data
<b>Skin</b>	<b>Comments</b>
No Data	No Data
<b>Psychological</b>	<b>Comments</b>
No Data	No Data
<b>Teeth</b>	<b>Comments</b>
No Data	No Data

**Peds Prev Hosp/Sg**

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

**Peds Exp to Dis**

Exposure to Diseases Travel US?

CONTINUED



MAURICE, EUGENE G  
 Cobb  
 Pediatric Database Report  
 FROM: 02/17/14 15:35 TO: 02/22/14 12:46  
 ROOM: \*339-01\* ADM: 02/17/14 15:35  
 AGE: 65Y SEX: M MD: CHERVU, ARUN  
 DOB: 01/02/1949 ID: 1404801123 MR: 001632858  
 REQUESTED: 02/22/14 15:40  
 OPT OUT:

Page: 4

**Peds Exp to Dis (cont)**

	<b>Outside</b>	
	No Data	
<b>Diseases Exp To</b>		<b>Comments</b>
No Data		No Data
<b>When Exposed?</b>		<b>Diseases Pt Had</b>
No Data		No Data
<b>Comments</b>		
No Data		
<b>When?</b>	<b>Immunizations</b>	<b>Comments</b>
No Data	No Data	No Data
<b>Isolation</b>		<b>Comments</b>
No Data		No Data

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

LAST PAGE





MAURICE, EUGENE G  
 Cobb  
 Pt Education Discharge  
 FROM: 02/17/14 15:36 TO: 02/22/14 12:46  
 ROOM: \*339-01\* ADM: 02/17/14 15:39  
 AGE: 65Y SEX: M MD: CHERVU AFRIN  
 DOB: 01/02/1949 ID: 1404801123 MR#: 001632858  
 REQUESTED: 02/22/14 15:40  
 OPT OUT:  
 Page: 1

FLWSHEET	02/17	02/20	02/21
<b>COMMUNICATION</b>	16:07	07:55	12:27
CommunicatinAids	not applicable		
<b>GENERAL</b>	16:07	07:55	12:27
<b>InvasiveDevices</b>			
Type of Device			central line &
Learner			patient
Method			verbal written
Outcome			verbalzUndrstand
Info Sheet Given			central line &
02/21/14 12:27 Type of Device(VH00): PICC			
02/21/14 12:27 Info Sheet Given(VH00): CaBSI info sheet given and PICC Booklet.			
<b>RESPIRATORY</b>	16:07	07:55	12:27
<b>Other</b>			
Topic			&
Learner		patient	
Method		teach back	
Outcome		returnDemoSatief	
02/20/14 07:55 Topic(JR15): IS			
<b>CARE PROVIDERS</b>	DK80	JR15	VH00
HAYNESCHURCH, VALERIE(VH00)RN      KIM, DOO(DK80)RN      RANDOLPH, JESSICA(JR15)RN			

LAST PAGE



MAURICE, EUGENE G  
 Cobb  
 Clinical Nutrition DC  
 FROM: 02/17/14 15:36 TO: 02/22/14 12:46  
 ROOM: \*339-01\* ADM: 02/17/14 15:39  
 AGE: 65Y SEX: M MD: CHERVU AFRIN  
 DOB: 01/02/1949 ID: 1404801123 MR: 001632858  
 REQUESTED: 02/22/14 15:40  
 OPT OUT:  
 Page: 1

FLWSHEET	02/17	02/18	02/19	02/20		
<b>ASSESSMENT</b>	16:55	04:35	11:21	08:01	04:15	19:40
Admission Weight	103kg					
Height/Length	67in		57in			
Daily Weight		106.5kg bed scale		108kg bed scale	112.3kg bed scale	109.6kg bed scale
CARE PROVIDERS	DK80	2S2S	J33L	DA90	MY62	A6SO
	ADEJU YIGBE, OLUFISAYO(DA90)RN SCOTT, SHAWNIQUE(2S2S)NA	KIM, DOO(DK80)RN SHAFER, AMANDA L(A6SO)RN		LEAHY, JENNIFER(J33L)RN YU, MARIA J(MY62)RN		

CONTINUED



FLWSHEET	02/21
ASSESSMENT	04:14
Daily Weight	108.23kg bed scale
CARE PROVIDERS	LS81

SHAW, LASHANA(LS81)CCP

MAURICE, EUGENE G  
 Cobb  
 Clinical Nutrition DC  
 FROM: 02/17/14 15:36 TO: 02/22/14 12:46  
 ROOM: \*339-01\* ADM: 02/17/14 15:39  
 AGE: 65Y SEX: M MD: CHERVU AFRIN  
 DOB: 01/02/1949 ID: 1404801123 MR: 001632858  
 REQUESTED: 02/22/14 15:40  
 OPT OUT: Page: 2

LAST PAGE

MAURICE, EUGENE G MR: 001632858 ID: 1404801123 DOB: 01/02/1949 - Clinical Nutrition DC  
 ROOM: \*339-01\* Page: 2

PERM

IV Administration Report  
From 02/17/2014 15:35 To 02/21/2014 13:46

Ordered Solution:								
Order #	IV Type	Sched Type	Start Dt/Tm	Sched Dt/Tm	End Dt/Tm			
1	IV	Routine	02/19/2014 19:41:05	02/19/2014 19:40:00	02/20/2014 17:23:00			
All Bottle Types: SODIUM CHLORIDE 0.45% 1000 ML								
Admin Dt/Tm	Bottle #	Action	Vol In/Us	Site	Rate/Units	Dose/Units	Admin Notes	Charted/Cosigned By
02/20/2014 06:16:00	1	Start	0 ML		70 ml/hr		started in PACU	MY62 02/20/2014 06:18:24
02/20/2014 06:17:00	1	Admin	164 ML		70 ml/hr			MY62 02/20/2014 06:17:51
02/20/2014 17:44:00	1	End	779 ML		70 ml/hr			JR15 02/20/2014 17:44:13
Ordered Solution:								
Order #	IV Type	Sched Type	Start Dt/Tm	Sched Dt/Tm	End Dt/Tm			
2	IV	Routine	02/19/2014 19:44:06	02/19/2014 20:00:00	02/20/2014 17:23:00			
All Bottle Types: PREMIX SOLUTION 200 ML; NICARDIPINE IN SALINE PMX (ISO- OS) 20 MG								
IV Order Comment for Bottle 01: CONCENTRATION 0.1MG/ML CAUTION: SOUND ALIKE/ LOOK ALIKE MEDICATION PROTECT FROM LIGHT								
Admin Dt/Tm	Bottle #	Action	Vol In/Us	Site	Rate/Units	Dose/Units	Admin Notes	Charted/Cosigned By
02/20/2014 06:16:00	1	Start	0 ML		25 ml/hr	2.5 mg/hr	started in PACU	MY62 02/20/2014 06:18:48
02/20/2014 06:17:00	1	Admin	67 ML		25 ml/hr	2.5 mg/hr		MY62 02/20/2014 06:17:51
02/20/2014 07:10:00	1	Admin	0 ML		75 ml/hr	7.5 mg/hr		JR15 02/20/2014 07:47:49
02/20/2014 08:00:00	1	Admin	0 ML			0 mg/hr		JR15 02/20/2014 08:14:25
02/20/2014 17:44:00	1	End	90.9 ML			0 mg/hr		JR15 02/20/2014 17:46:04

Staff Initials	Staff Name
JR15	JESSICA RANDOLPH RN
MY62	MARIA JULIETA YU RN

Name: MAURICE, EUGENE G.	Age: 65 yr	Acct: 1404801123
Opt Out: No	Gender: M	MRN: 001632858
Physician: Chervu, Arun G., MD	Rm-Bed: 339 - 01	Admit Dt: 02/17/2014 15:35    DOB: 01/02/1949

MAURICE, EUGENE G  
 Cobb  
 Plan of Care  
 FROM: 02/17/14 15:36 TO: 02/22/14 12:46  
 ROOM: \*339-01\* ADM: 02/17/14 15:39  
 AGE: 65Y SEX: M MD: CHERVU AFRIN  
 DOB: 01/02/1949 ID: 1404801123 MR#: 001632858  
 REQUESTED: 02/22/14 15:40  
 OPT OUT:

Plan of Care	02/17	02/19	02/20		
<b>HIRISKSKINIMPAIR</b>	18:24	04:33	04:15	08:00	22:00
Goal	skin intact	skin intact	skin intact	skin intact	skin intact
IntervntnJobAid	HiRiskImpairSkin	HiRiskImpairSkin	HiRiskImpairSkin	HiRiskImpairSkin	HiRiskImpairSkin
Goal Status	initiated	progressing	progressing	progressing	progressing
<b>ALT FLUID VOLUME</b>	18:24	04:33	04:15	08:00	22:00
Goal	maintHomeostasis	maintHomeostasis	maintHomeostasis	maintHomeostasis	maintHomeostasis
Goal Status	initiated	progressing	progressing	progressing	progressing
<b>RISKOFINFECTION</b>	18:24	04:33	04:15	08:00	22:00
Type	actual	actual	potential	potential	actual
Goal	infect resolved	noS/sx of infect	noS/sx of infect	noS/sx of infect	infect resolved
Goal Status	initiated	progressing	progressing	progressing	progressing
<b>IMPAIREDMOBILITY</b>	18:24	04:33	04:15	08:00	22:00
Goal	maxAct/ROM/Endu	maxAct/ROM/Endu	maxAct/ROM/Endu	maxAct/ROM/Endu	maxAct/ROM/Endu
Goal Status	initiated	progressing	progressing	progressing	progressing
<b>INEFFECTV COPING</b>	18:24	04:33	04:15	08:00	22:00
Type	yes			yes	yes
Goal	effectCopeStrats			effectCopeStrats	effectCopeStrats
Goal Status	initiated			progressing	progressing
<b>NURSING INTERVEN</b>	18:24	04:33	04:15	08:00	22:00
Generalized	encourage fluids HOB elevated	HOB elevated ambulate	coughDeepBreath HOB elevated	coughDeepBreath encourage fluids HOB elevated incentvSpiromtry	coughDeepBreath encourage fluids HOB elevated incentvSpiromtry ambulate
Neurological	facilitateCommun	facilitateCommun	room darkened	facilitateCommun	facilitateCommun
Cardiovascular	monitored pressure	monitored pressure	monitored strict bedrest	monitored	monitored
Musculoskeletal	encourageActvROM	encourageActvROM	encourageActvROM	encourageActvROM	encourageActvROM
Skin	specialty bed		specialty bed	specialty bed specialtyMattres	specialty bed
Psychosocial	encouragExpressn listened reassured	encouragExpressn listened reassured	listened reassured	encouragExpressn limitVisitsPerPt listened reassured set limits teaching done	encouragExpressn listened reassured
<b>OUTCOME</b>	18:24	04:33	04:15	08:00	22:00
Pt Response		&	&	&	&

02/17/14 18:24 Pt Response(DK80): pt wll tolerated  
 02/19/14 04:33 Pt Response(DA90): Fair  
 02/20/14 04:15 Pt Response(MY62): good  
 02/20/14 08:00 Pt Response(JR15): pt tolerating interventions well  
 02/20/14 22:00 Pt Response(A6SO): good

CARE PROVIDERS	DK80	DA90	MY62	JR15	A6SO
ADEJUYIGBE, OLUFISAYO(DA90)RN		KIM, DOO(DK80)RN		RANDOLPH, JESSICA(JR15)RN	
SHAFER, AMANDA L(A6SO)RN		YU, MARIA J(MY62)RN			

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MAURICE, EUGENE G  
 Cobb  
 Mod/Inact Assessments Report  
 FROM: 02/17/14 15:35 TO: 02/20/14 15:35  
 ROOM: \*339-01\* ADM: 02/17/14 15:35  
 AGE: 65Y SEX: M MD: CHERVU AFRIN  
 DOB: 01/02/1949 ID: 1404801123 MR#: 001632858  
 REQUESTED: 02/22/14 15:41  
 OPT OUT:  
 Page: 1

Legend Charting

**Arrived on Unit Do Not Delete**

(O) Perform Date: 02/17/14 16:07 Chart Date: 02/17/14 16:15 Chart Inits.: DK80  
 Value: 02/17/2014 00:00  
 (M) Perform Date: 02/17/14 16:07 Chart Date: 02/17/14 16:17 Chart Inits.: DK80  
 Value: (02/17/2014 16:00)

**WBC Count SIRS Criteria**

(O) Perform Date: 02/17/14 18:22 Chart Date: 02/17/14 18:23 Chart Inits.: DK80  
 Value:  
 Annotation: no drawn yet  
 (M) Perform Date: 02/17/14 18:22 Chart Date: 02/17/14 18:24 Chart Inits.: DK80  
 Value:  
 Annotation: (no result yet)

**ABP Do Not Delete**

(O) Perform Date: 02/20/14 09:45 Chart Date: 02/20/14 12:20 Chart Inits.: JR15  
 Value: 74/68mmHg  
 (I) Inact Date: 02/20/14 12:22 Inact Inits.: JR15

**ABP Do Not Delete**

(O) Perform Date: 02/20/14 10:15 Chart Date: 02/20/14 12:20 Chart Inits.: JR15  
 Value: 81/73mmHg  
 (I) Inact Date: 02/20/14 12:22 Inact Inits.: JR15

**ABP Do Not Delete**

(O) Perform Date: 02/20/14 09:30 Chart Date: 02/20/14 12:20 Chart Inits.: JR15  
 Value: 76/72mmHg  
 (I) Inact Date: 02/20/14 12:22 Inact Inits.: JR15

**ABP Do Not Delete**

(O) Perform Date: 02/20/14 09:15 Chart Date: 02/20/14 12:20 Chart Inits.: JR15  
 Value: 76/72mmHg  
 (I) Inact Date: 02/20/14 12:22 Inact Inits.: JR15

Medication Administration

**VANCOMYCIN**

(O) Perform Date: 02/20/14 01:30 Chart Date: 02/20/14 01:31 Chart Inits.: R91S  
 Value: Not Given-Paper Chart  
 Annotation: &  
 (I) Inact Date: 02/20/14 01:31 Inact Inits.: R91S

**CARVEDILOL**

(O) Perform Date: 02/20/14 01:32 Chart Date: 02/20/14 01:34 Chart Inits.: R91S  
 Value: 12.5 MG  
 Annotation: &  
 (I) Inact Date: 02/20/14 01:34 Inact Inits.: R91S

**LISINAPRIL**

(O) Perform Date: 02/20/14 01:32 Chart Date: 02/20/14 01:34 Chart Inits.: R91S  
 Value: 10 MG  
 Annotation: &  
 (I) Inact Date: 02/20/14 01:34 Inact Inits.: R91S

**VANCOMYCIN**

(O) Perform Date: 02/20/14 01:34 Chart Date: 02/20/14 01:35 Chart Inits.: R91S  
 Value: 1500 MG INTRAVENOUS  
 Annotation: &

CONTINUED



MAURICE, EUGENE G  
 Cobb  
 Mod/Inact Assessments Report  
 FROM: 02/17/14 15:35 TO: 02/20/14 15:35  
 ROOM: \*339-01\* ADM: 02/17/14 15:35  
 AGE: 65Y SEX: M MD: CHERVU AFRIN  
 DOB: 01/02/1949 ID: 1404801123 MR: 001632858  
 REQUESTED: 02/22/14 15:41  
 OPT OUT:  
 Page: 2

Medication Administration

**VANCOMYCIN**  
 (I) Inact Date: 02/20/14 01:35 Inact Inits.: R91S

**DEXAMETHASONE**  
 (O) Perform Date: 02/20/14 01:38 Chart Date: 02/20/14 01:39 Chart Inits.: R91S  
 Value: 4 MG INTRAVENOUS  
 (I) Inact Date: 02/20/14 01:39 Inact Inits.: R91S

**CARVEDILOL**  
 (O) Perform Date: 02/20/14 08:48 Chart Date: 02/20/14 08:55 Chart Inits.: JR15  
 Value: Not Given-Clinical Decision  
 (I) Inact Date: 02/20/14 08:55 Inact Inits.: JR15

**LISINAPRIL**  
 (O) Perform Date: 02/20/14 08:48 Chart Date: 02/20/14 08:55 Chart Inits.: JR15  
 Value: Not Given-Clinical Decision  
 (I) Inact Date: 02/20/14 08:55 Inact Inits.: JR15

Care Providers:  
 DK80 KIM, DOO, RN  
 JR15 RANDOLPH, JESSICA, RN  
 R91S RUSSELL, STEPHANIE, RN

LAST PAGE



MAURICE, EUGENE G  
 Cobb  
 Mod/Inact Assessments Report  
 FROM: 02/20/14 15:35 TO: 02/22/14 12:46  
 ROOM: \*339-01\* ADM: 02/17/14 15:35  
 AGE: 65Y SEX: M MD: CHERVU AFRIN  
 DOB: 01/02/1949 ID: 1404801123 MR: 001632858  
 REQUESTED: 02/22/14 15:41  
 OPT OUT:  
 Page: 1

Legend Charting

**Pulses R Dorsalis pedis**  
 (O) Perform Date: 02/20/14 07:15  
 Value: Norm2Inaces  
 (I)

Chart Date: 02/20/14 07:56 Chart Inits.: JR15  
 Inact Date: 02/20/14 16:56 Inact Inits.: JR15

**Skin Condition Do Not Delete**  
 (O) Perform Date: 02/20/14 07:15  
 Value: DryJauned  
 (I)

Chart Date: 02/20/14 07:56 Chart Inits.: JR15  
 Inact Date: 02/20/14 16:57 Inact Inits.: JR15

**Edema Generalized**  
 (O) Perform Date: 02/20/14 15:00  
 Value: Indnl2  
 (I)

Chart Date: 02/20/14 17:05 Chart Inits.: JR15  
 Inact Date: 02/20/14 17:05 Inact Inits.: JR15

**Pulses L Dorsalis pedis**  
 (O) Perform Date: 02/20/14 13:00  
 Value: Dopplr  
 (I)

Chart Date: 02/20/14 17:04 Chart Inits.: JR15  
 Inact Date: 02/20/14 17:06 Inact Inits.: JR15

Care Providers:  
 JR15 RANDOLPH, JESSICA, RN

LAST PAGE





Date: 02/26/14 Name MAURICE,EUGENE G Acct. # 1404801123 Financial Class 35 - Medicare Advan

Sex M Birth Date 01/02/49 Age 65Y Adm Date 02/17/14 Dsch Date 02/21/14 LOS 4

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

MDC: 5  
DRG: 253 OTHER VASCULAR PROCEDURES W CC  
Std LOS: Reimbursement Amount: 16565.28  
OUTLIER STATUS: N/A

DIAGNOSIS	DESCRIPTION/POA	DIAGNOSIS	DESCRIPTION/POA
1. (P)	996.74 COMP-OTH VASC DEV/GRAF/Y	7.	E878.8 ABN REACT-SURG PROC NE/Y
2. s	998.59 OTHER POSTOP INFECTION/Y	8.	433.30 OCL MLT BI ART WO INFR/Y
3.	433.10 OCL CRTD ART WO INFRCT/Y	9.	V15.82 HISTORY OF TOBACCO USE/E
4.	443.9 PERIPH VASCULAR DIS NO/Y	10.	V45.81 AORTOCORONARY BYPASS/E
5.	401.9 HYPERTENSION NOS/Y	11.	285.9 ANEMIA NOS/N
6.	414.00 COR ATH UNSP VSL NTV/G/Y		

PROCEDURE	DESCRIPTION/POA	DATE	SURGEON NAME
1. (P)	39.49 VASC PROC REVISION NEC	02/19/14	CHERVU,ARUN
2.	38.97 CV CATH PLCMT W GUIDANCE	02/21/14	CHERVU,ARUN

HCPCS CPT-4 CODE HCPCS DESCRIPTION

---

MAURICE, EUGENE G                      Discharge Date: 02/21/14  
001632858            1404801123            02894730  
02/26/14

PERIOPERATIVE RECORD

MAIN OPERATING ROOM - COBB



INTRAOPERATIVE RECORD

NAME: MAURICE, EUGENE G

GENDER: M

BIRTH DATE: 01/02/1949

AGE: 65 Years

MEDICAL RECORD NUMBER: 001632858

ACCOUNT NUMBER: 1404801123

ACTUAL CASE START: 02/19/2014 14:11

CASE TIMES IN

ACTUAL CASE START: 02/19/2014 14:11

PATIENT IN ROOM: 02/19/2014 14:11

ANESTHESIA IN ROOM: 02/19/2014 14:11

PATIENT ALLERGIES

ALLERGEN: NO KNOWN DRUG ALLERGIES

STATUS: Confirmed

ALLERGEN: NKA

STATUS: Confirmed

PATIENT EDUCATION/PSYCHOSOCIAL MEASURES

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

Care Measures

Comfort measures provided based on policy OR-01

RECORDED BY: CARMICHAEL, SUNNIE, RN

DATE/TIME: 02/19/2014 15:13

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

SURGICAL SAFETY CHECKLIST (PART 1)/PRE PROCEDURE

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

DOCUMENT UPON ENTERING ROOM

DATE/TIME: 02/19/2014 14:11

RECORDED BY: CARMICHAEL, SUNNIE, RN

TEAM INTRODUCTIONS: By Name and Role

RECORDED BY: CARMICHAEL, SUNNIE, RN

PATIENT CONFIRMS: Consent, Identity, Procedure, Site

RECORDED BY: CARMICHAEL, SUNNIE, RN

SITE: Marked

RECORDED BY: CARMICHAEL, SUNNIE, RN

NURSING TEAM REVIEWS: Sterility Confirmed

RECORDED BY: CARMICHAEL, SUNNIE, RN

DOES THE PATIENT HAVE A KNOWN ALLERGY: No

RECORDED BY: CARMICHAEL, SUNNIE, RN

DIFFICULT AIRWAY/ASPIRATION RISK: No

RECORDED BY: CARMICHAEL, SUNNIE, RN

BETA BLOCKER MEDICATIONS GIVEN: Yes

RECORDED BY: CARMICHAEL, SUNNIE, RN

COREG TAKEN AT 2-19-14 0849

RECORDED BY: CARMICHAEL, SUNNIE, RN

COMMENT: COREG TAKEN AT 2-19-14 0849

Planned Outcome: The patient is free from injury due to correct identification of patient / procedure / site, and the patients plan of care is consistent with an individualized perioperative plan of care. (08, 04, 024)

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

CARMICHAEL, SUNNIE, RN

PERIOPERATIVE RECORD

MAIN OPERATING ROOM - COBB



INTRAOPERATIVE RECORD

NAME: MAURICE, EUGENE G

GENDER: M

BIRTH DATE: 01/02/1949

AGE: 65 Years

MEDICAL RECORD NUMBER: 001632858

ACCOUNT NUMBER: 1404801123

ACTUAL CASE START: 02/19/2014 14:11

CASE GENERAL INFORMATION

ACTUAL OR: ROOM 7 MAIN OR-COBB

PATIENT TYPE: INPATIENT

PREOP DIAGNOSIS:

LEFT NECK SUSPECTED INFECTION

POSTOP DIAGNOSIS:

LEFT NECK SUSPECTED INFECTION

CASE ANESTHESIA INFORMATION

ANESTHESIA TYPE

GENERAL ANESTHESIA

ASA CLASSIFICATION: ASA CLASS 3

CASE STAFF

STAFF: CHERVU, ARUN

[ ] PARTICIPATED IN PRE-PROCEDURE VERIFICATION

[X] PARTICIPATED IN TIME OUT FOR SAFETY

ROLE: SURGEON

STAFF: DOURRON, HECTOR M

[ ] PARTICIPATED IN PRE-PROCEDURE VERIFICATION

[X] PARTICIPATED IN TIME OUT FOR SAFETY

ROLE: DOCTOR ASSISTING PRIMARY

TIME OUT: 02/19/2014 17:00

STAFF: PATEL, THAKOR B., MD ANES

[ ] PARTICIPATED IN PRE-PROCEDURE VERIFICATION

[ ] PARTICIPATED IN TIME OUT FOR SAFETY

ROLE: ANESTHESIOLOGIST SUPERVISING

STAFF: NOONAN, MATT J., PA-A

[X] PARTICIPATED IN PRE-PROCEDURE VERIFICATION

[X] PARTICIPATED IN TIME OUT FOR SAFETY

ROLE: ANESTHETIST

STAFF: JONES, LAURIE D., ST

[X] PARTICIPATED IN PRE-PROCEDURE VERIFICATION

[X] PARTICIPATED IN TIME OUT FOR SAFETY

ROLE: SCRUB PRIMARY

STAFF: CARMICHAEL, SUNNIE, RN

[X] PARTICIPATED IN PRE-PROCEDURE VERIFICATION

[X] PARTICIPATED IN TIME OUT FOR SAFETY

ROLE: CIRCULATOR PRIMARY

STAFF: WINTER, JEFFREY N

[ ] PARTICIPATED IN PRE-PROCEDURE VERIFICATION

[ ] PARTICIPATED IN TIME OUT FOR SAFETY

ROLE: DOCTOR ASSISTING PRIMARY

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

CARMICHAEL, SUNNIE, RN

PERIOPERATIVE RECORD

MAIN OPERATING ROOM - COBB



INTRAOPERATIVE RECORD

NAME: MAURICE, EUGENE G
GENDER: M BIRTH DATE: 01/02/1949 AGE: 65 Years
MEDICAL RECORD NUMBER: 001632858 ACCOUNT NUMBER: 1404801123
ACTUAL CASE START: 02/19/2014 14:11

TIME IN: 02/19/2014 17:35

PROCEDURE GENERAL INFORMATION

ACTUAL PROCEDURE: EXPLORATION LEFT NECK , REMOVAL CAROTID PATCH WITH VEIN PATCH REPAIR
PRIMARY SURGEON: CHERVU, ARUN
PROCEDURE WOUND CLASS: 1-CLEAN

PROCEDURE TIMES IN

PRIMARY SURGEON IN ROOM: 02/19/2014 14:20
ACTUAL PROCEDURE START: 02/19/2014 14:58

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

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

Document immediately prior to incision

DATE/TIME: 02/19/2014 14:57 RECORDED BY: CARMICHAEL, SUNNIE, RN
CORRECT PATIENT Yes
CORRECT SITE Marked
CORRECT PROCEDURE Yes
CORRECT PROCEDURE CONSENT FORM Yes
CORRECT POSITION Yes
CORRECT IMAGE/RESULTS Yes
CORRECT ANTIBIOTICS GIVEN WITHIN THE LAST 60 MINUTES Not Applicable
SURGEON REVIEWS Critical or Unexpected Steps, Operative Duration
FIRE RISK ASSESSMENT SCORE 3
EQUIPMENT / IMPLANTS CORRECT Yes

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

PROCEDURE COUNTS

NURSING DIAGNOSIS: POTENTIAL RISK FOR INJURY RELATED TO RETAINED OBJECTS. (X29)
COUNT TYPE: FINAL
[X] SPONGES [X] SHARPS [ ] INSTRUMENTS [X] MISC
COUNT CORRECT: Not Applicable
RN: CARMICHAEL, SUNNIE, RN
SCRUB: JONES, LAURIE D., ST

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

PERIOPERATIVE RECORD

MAIN OPERATING ROOM - COBB



INTRAOPERATIVE RECORD

NAME: MAURICE, EUGENE G

GENDER: M

BIRTH DATE: 01/02/1949

AGE: 65 Years

MEDICAL RECORD NUMBER: 001632858

ACCOUNT NUMBER: 1404801123

ACTUAL CASE START: 02/19/2014 14:11

COUNT TYPE: ADDITIONAL

SPONGES       SHARPS       INSTRUMENTS       MISC

COUNT CORRECT: Yes

RN: CARMICHAEL, SUNNIE, RN

SCRUB: JONES, LAURIE D., ST

COUNT TYPE: FINAL

SPONGES       SHARPS       INSTRUMENTS       MISC

COUNT CORRECT: Yes

RN: CARMICHAEL, SUNNIE, RN

SCRUB: JONES, LAURIE D., ST

PHYSICIAN NOTIFIED

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

PROCEDURE POSITIONAL DEVICES

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

POSITION FOR SURGERY: SUPINE ARMS TUCKED AT SIDE

POSITIONER ROLE: CIRCULATOR, ANESTHESIA

POSITIONING AID: FOAM PAD

ANATOMICAL SITE: ARM BILATERAL

POSITIONING AID: FOAM PAD

ANATOMICAL SITE: HEEL RIGHT

POSITIONING COMMENTS:

POSITIONING ASSISTED AND VERIFIED BY DR. CHERVU. IV SITES PADDED WITH 4X4 GAUZE.

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

SAFETY STRAP APPLIED: Yes

LOCATION: ABDOMEN

APPLIED BY: CARMICHAEL, SUNNIE, RN

LOCATION: THIGH RIGHT

APPLIED BY: CARMICHAEL, SUNNIE, RN

PROCEDURE PREP

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

PREP

SKIN PREP: Yes

HAIR REMOVAL: Yes

METHOD: CLIPPED

REMOVED BY: CHERVU, ARUN

PREP SOLUTION: CHLORHEXIDINE GLUCONATE 2% SAGE CLOTH

FINISH PREP TIME: 02/19/2014 14:40

DRAPE TIME: 02/19/2014 14:52

SITE: LEG LEFT

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

CARMICHAEL, SUNNIE, RN

PERIOPERATIVE RECORD

MAIN OPERATING ROOM - COBB



INTRAOPERATIVE RECORD

NAME: MAURICE, EUGENE G

GENDER: M

BIRTH DATE: 01/02/1949

AGE: 65 Years

MEDICAL RECORD NUMBER: 001632858

ACCOUNT NUMBER: 1404801123

ACTUAL CASE START: 02/19/2014 14:11

PREP BY: CARMICHAEL, SUNNIE, RN

PREP SOLUTION: CHLORAPREP

FINISH PREP TIME: 02/19/2014 14:48

DRAPE TIME: 02/19/2014 14:52

SITE: LEG LEFT

PREP BY: CARMICHAEL, SUNNIE, RN

PREP SOLUTION: BETADINE SCRUB AND SOLUTION

FINISH PREP TIME: 02/19/2014 14:42

DRAPE TIME: 02/19/2014 14:52

SITE: SEE NURSE NOTE

PREP BY: CARMICHAEL, SUNNIE, RN

COMMENT:

NO ADVERSE REACTION NOTED. PREP ALLOWED TO DRY THREE MINUTES PRIOR TO DRAPING  
PLANNED OUTCOME: PATIENT'S SURGERY PERFORMED USING ASEPTIC TECHNIQUE AND IN A  
MANNER TO REDUCE NOSOCOMIAL INFECTION. (O10)

PROCEDURE TIMES OUT

PRIMARY SURGEON OUT OF ROOM: 02/19/2014 17:50

ACTUAL PROCEDURE STOP: 02/19/2014 17:50

CASE EQUIPMENT

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

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

ESU

BIOMED NUMBER: 394359

COAG: 30

CUT: 1

BLEND SETTING: BLEND

PAD LOT: 33470086X

PAD SITE: THIGH RIGHT LATERAL

PREOP PAD SITE CLEAR?: Yes

POSTOP PAD SITE CLEAR?: Yes

HAIR REMOVAL: NOT APPLICABLE

APPLIED BY: CARMICHAEL, SUNNIE, RN

BASIC EQUIPMENT

EQUIPMENT TYPE: SEQUENTIAL COMPRESSION DEVICE

SERIAL/BIOMED NUMBER: 528826

SETTING: FACTORY SETTINGS

SITE: LEG LOWER RIGHT

APPLIED BY: CARMICHAEL, SUNNIE, RN

EQUIPMENT TYPE: WARMING UNIT FORCED AIR

SERIAL/BIOMED NUMBER: 533279

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

CARMICHAEL, SUNNIE, RN

PERIOPERATIVE RECORD

MAIN OPERATING ROOM - COBB



INTRAOPERATIVE RECORD

NAME: MAURICE, EUGENE G

GENDER: M

BIRTH DATE: 01/02/1949

AGE: 65 Years

MEDICAL RECORD NUMBER: 001632858

ACCOUNT NUMBER: 1404801123

ACTUAL CASE START: 02/19/2014 14:11

SETTING: HIGH PER ANESTHESIA

SITE: LOWER BODY

APPLIED BY: NOONAN, MATT J., PA-A

CASE SPECIMENS

SPECIMEN: CULTURE LEFT NECK, GRAM STAIN, AFB, FUNGAL

SPECIMEN TYPE: CULTURED SPECIMEN

TRANSFERRED TO: PATHOLOGY

SPECIMEN: LEFT CAROTID PATCH

SPECIMEN TYPE: FRESH SPECIMEN

TRANSFERRED TO: PATHOLOGY

COMMENTS:

PLEASE SONOCATE

FAMILY NOTIFICATION

DATE/TIME: 02/19/2014 15:00

SPOKE WITH:

KAREN VIA BARRETT CENTER VIA EXT 54277

DATE/TIME: 02/19/2014 16:07

SPOKE WITH:

KAREN VIA BARRETT CENTER AT EXT 54277

DATE/TIME: 02/19/2014 17:09

SPOKE WITH:

KAREN VIA BARRETT CENTER AT EXT 54277

CASE MEDICATIONS

KIT SEALANT CROSSEAL/EVICEL 2ML JOHNSON & JOHNSON ET1929(HUMAN PLASM

ADMIN AMOUNT: 2 ML

ROUTE: TOPICAL

SITE: OPERATIVE SITE

ADMINISTERED BY: CHERVU, ARUN

DEXTRAN 40 + NORMAL SALINE 0.9% 500ML [ ]

ADMIN AMOUNT: 60 <ML

ADMINISTERED BY: CHERVU, ARUN

HEPARIN 5000 UNITS + NORMAL SALINE 0.9% 500ML [ ]

ADMIN AMOUNT: 500 <ML

ROUTE: IRRIGATE

SITE: OPERATIVE SITE

ADMINISTERED BY: CHERVU, ARUN

HEPARIN 1000 UNITS/ML [ ]

ADMIN AMOUNT: 5500 UNITS

ROUTE: IV PUSH

SITE: VEIN

ADMINISTERED BY: NOONAN, MATT J., PA-A

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

CARMICHAEL, SUNNIE, RN



PERIOPERATIVE RECORD

MAIN OPERATING ROOM - COBB



INTRAOPERATIVE RECORD

NAME: MAURICE, EUGENE G

GENDER: M

BIRTH DATE: 01/02/1949

AGE: 65 Years

MEDICAL RECORD NUMBER: 001632858

ACCOUNT NUMBER: 1404801123

ACTUAL CASE START: 02/19/2014 14:11

PROTAMINE 5ML [ ]

ADMIN AMOUNT: 10 MG

ROUTE: IV PUSH

SITE: VEIN

ADMINISTERED BY: NOONAN, MATT J., PA-A

BACITRACIN 50,000 UNITS + NORMAL SALINE 0.9% 1000ML [ ]

ADMIN AMOUNT: 1000 <ML

ROUTE: IRRIGATE

SITE: OPERATIVE SITE

ADMINISTERED BY: CHERVU, ARUN

CASE TUBES, DRAINS, CATHETERS

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

RECORDED BY: CARMICHAEL, SUNNIE, RN

TDC SITE: Operative Site / Incision Site

LOT NUMBER: NGX11986

INSERTION TIME: 16:47

INSERTED BY (LAST NAME, FIRST NAME): CHERVU, ARUN MD

TDC COMMENT: EXPIRES 10-30-2018

CASE OUTCOME/DISCHARGE

TRANSFER REPORT GIVEN TO: PACU, NURSE

TRANSFERRED TO: PACU

TRANSFER MODE: STRETCHER SIDERAILS UP

ALL PLANNED OUTCOMES MET: YES

TRANSFER SUPPORT DEVICE: OXYGEN

COMMENT: SUPPLEMENTAL

SURGICAL SAFETY CHECKLIST (PART 3)

BEFORE PATIENT LEAVES OPERATING ROOM

NURSE VERBALLY CONFIRMS WITH THE TEAM

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

RECORDED BY: CARMICHAEL, SUNNIE, RN

[ X ] SKIN REMAINS SMOOTH, INTACT, NON-REDDENED, NON-IRRITATED, FREE FROM  
BRUISING. (05, 02, 08)

[ X ] THE PATIENT IS AT OR RETURNING TO NORMOTHERMIA AT THE CONCLUSION OF THE  
IMMEDIATE POST OPERATING PERIOD. (012)

[ X ] THE PATIENT'S RIGHT TO PRIVACY IS MAINTAINED. (025)

CASE TIMES OUT

ACTUAL CASE STOP: 02/19/2014 17:57

PATIENT OUT OF ROOM: 02/19/2014 17:57

ANESTHESIA ROOM STOP: 02/19/2014 17:57

TRANSFER TIME: 02/19/2014 17:57

INTRAOP ADDENDUM

[ ] CHART AUDITED AND CHARGED BY: PUGH, ROSWITHA P

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

CARMICHAEL, SUNNIE, RN

PERIOPERATIVE RECORD

MAIN OPERATING ROOM - COBB



INTRAOPERATIVE RECORD

NAME: MAURICE, EUGENE G

GENDER: M

BIRTH DATE: 01/02/1949

AGE: 65 Years

MEDICAL RECORD NUMBER: 001632858

ACCOUNT NUMBER: 1404801123

ACTUAL CASE START: 02/19/2014 14:11

		INTRAOP	INTRAOP			
		02/19/2014	02/19/2014			
	Total	14:15	17:50			
Skin Assessment						
*General Assessment						
Skin Condition		Warm, Dry and Intact				
Dressing Assessment						
Operative / Incision Site						
Dressings			4X4 Surgicel Tegaderm			
		CARMICHAEL, SUNNIE, RN	CARMICHAEL, SUNNIE, RN			

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

CARMICHAEL, SUNNIE, RN

NAME: MAURICE, EUGENE  
Medical Record Number: 001632858  
Account Number: 1404801123  
Facility: C  
Report Name: COBB HOSPITAL DISCHARGE SUMMARY  
DATE OF ADMISSION: 02/17/2014

DATE OF DISCHARGE: 02/21/2014

PRIMARY DIAGNOSIS: Possible left carotid patch infection.

SECONDARY DIAGNOSES

1. Heart attack.
2. Hypertension.

CONSULTANTS: Dr. Havlik, Infectious Disease.

COURSE OF HOSPITALIZATION: The patient is a 65-year-old male who is 6 weeks postoperative from a left carotid endarterectomy. He came in for a followup appointment with complaints of purulent drainage from his left neck. On exam, there was concern for a possible infection of the left carotid patch. The patient was admitted to the hospital for IV antibiotics and surgical exploration at this site. In addition, consult was placed to Infectious Disease for antibiotic management.

On 02/19/2014, the patient was taken to the operating room setting by Dr. Arun Chervu, with assistance from Dr. Hector Dourron and Dr. Jeffrey Winter for

1. Exploration of left neck with excision of left bovine pericardial patch and repair of left carotid artery with left greater saphenous vein patch angioplasty.
2. Intraoperative SonoSite.

The patient tolerated the procedure well, was transferred to PACU for recovery and then to the floor for the remainder of his hospitalization.

The patient was monitored over the course of the next several days. The patient was found to have an MSSA infection, from the cultures taken at the time of surgery. The patient's had a PICC line placed for IV antibiotics, per Dr. Havlik's recommendations.

On the day of discharge, the patient was examined by Dr. Chervu and found to be in satisfactory condition to be discharged home.

At time of discharge, the patient's left neck and ankle incisions are clean, dry, and intact. There is minimal swelling of the left neck. The patient's speech was intact. His tongue is midline.

ACTIVITY: No driving or lifting greater than 5 pounds x2 weeks.

DIET: Cardiac.

FOLLOWUP

1. Vascular Surgical Associates, on 02/28/2014.
2. Dr. Havlik, as scheduled, for his IV antibiotics.

MEDICATIONS: Per reconciliation.

NAME: MAURICE, EUGENE  
Medical Record Number: 001632858  
Account Number: 1404801123  
Facility: C  
Report Name: COBB HOSPITAL DISCHARGE SUMMARY

CONDITION: Satisfactory.

{End of Report}

Dictated By: Jennifer A. Malcom, RN

Arun Chervu, MD  
Vascular Surgery

AC:WEB JOB #: 2432334 DOC #: :1749984  
D: 03/14/2014 15:42:00  
T: 03/14/2014 22:26:23  
Authenticated by Arun Chervu, MD On 03/24/2014 02:53:48 PM

WELLSTAR HEALTH SYSTEM  
HEALTH INFORMATION MANAGEMENT DEPARTMENT

Section: DOCUMENT CAPTURE

File: ALTERNATE MEDIA DOCUMENTATION

## ALTERNATE MEDIA NOTIFICATION

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

Please contact the HIM Department for further information.

Patient Name: \_\_\_\_\_

Encounter Number: \_\_\_\_\_

Discharge Date: 2/21/14

Medium: Photos (1)

001632858  
MAURICE, EUGENE G 339-01 02/17/14  
01/02/49 M  
CHERVU, ARUN 65Y C1404801123

POOR ORIGINAL



001632858 ... 339-01 02/17/14  
MAURICE,EUGENE-G  
01/02/49 M 65Y C1404801123  
CHERVU,ARUN

WellStar Health System

These documents were provided on: **2/21/2014 12:19:55 PM Eastern Standard**

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

Document ID Document Title  
852 Acetaminophen, Hydrocodone Bitartrate Oral capsule

Educator Name: \_\_\_\_\_ Date/Time: \_\_\_\_\_

Educator Signature: \_\_\_\_\_

Patient Name: \_\_\_\_\_ Date/Time: \_\_\_\_\_

Patient Signature: Eugene G. Maurice

POOR ORIGINAL



**Medication Administration Record**  
From 02/18/2014 09:18 To 02/19/2014 09:18

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

**Scheduled Medications**

	02/18/2014 09:18 thru 02/19/2014 07:00			02/19/2014 07:01 thru 02/19/2014 09:18	
	09:18-15:00	15:01-23:00	23:01-07:00	07:01-09:18	
<b>LISINAPRIL</b> Start: 02/18/2014 00:00      10 MG=1 TAB ORAL Stop:                                      TWICE A DAY  Order Id: 23 Placer Id: RX59955581 MEDS	10:03 10 MG J33L	20:55 10 MG DA90		08:48 10 MG M3D7	
<b>PANTOPRAZOLE SODIUM (PROTONIX)</b> Start: 02/17/2014 17:00      40 MG=1 SOLR IV Stop:                                      ONCE A DAY  Order Id: 2 Placer Id: RX59949314 MEDS <b>Pharmacy Comments:</b> MIX WITH NS PF 10ML AND GIVE OVER 2 MINUTES	10:03 40 MG J33L			08:48 40 MG M3D7	
<b>TRIMETHOPRIM- SULFAMETHOXAZOLE (SULFAMETHOXAZOLE- TRIMETHOPRIM)</b> Start: 02/18/2014 00:00      1 TABLET TAB ORAL Stop: 02/22/2014 00:00      TWICE A DAY  Order Id: 17 Placer Id: RX59955560 MEDS <b>Pharmacy Comments:</b> THERAPY START DATE:2/11 X 10 DAYS	10:03 1 TABLET J33L	20:55 1 TABLET DA90		08:48 1 TABLET M3D7	
<b>VANCOMYCIN HCL</b> Ingredient: SODIUM CHLORIDE 0.9% 250 ML Start: 02/18/2014 12:00      1,500 MG=250 ML SOLR IV Stop:                                      EVERY 18 HOURS  Order Id: 25 Placer Id: RX59981887 MEDS <b>Pharmacy Comments:</b> THERAPY START DATE:2/18	12:29 1500 MG J33L		06:03 1500 MG DA90		

Staff Initials	Staff Name
DA90	Adejuyigbe, Olulisayo , RN
J33L	Leahy, Jennifer , RN
M3D7	Dowdy, Matthew , RN

**POOR ORIGINAL**

Name: MAURICE, EUGENE G.      Age: 65 yr      Acct: 1404801123  
 Opt Out: No      Gender: M      MRN: 001632858  
 Physician: Chervu, Arun G., MD      Rm-Bed: 306 - 01      Admit Dt: 02/17/2014 15:35      DOB: 01/02/1949



DAVID H. WINTER, M.D., FACS	CHARLES W. WYBLE, JR., M.D., FACS	RYAN MESSICK, P.A.-C
STEVEN W. WEIDA, M.D., FACS	OLIVER W. KING, M.D., FACS	PAULA CUTRONA, P.A.-C
ARUN CHERVU, M.D., FACS	JEFFREY N. WINTER, M.D., FACS	HEATHER TISON, P.A.-C
JEFFREY M. REILLY, M.D., FACS	JOHN E. JONES, M.D.	BRITTNY CALL, P.A.-C
GARY M. JACOBSON, M.D., FACS	GHARIO SAYEED, M.D.	STEPHANIE RIVERS, P.A.-C
HECTOR M. DOURRON, M.D., FACS	JODY CORNWELL, P.A.-C	

61 WHITCHER ST., STE. 2100, MARIETTA, GA 30060, PHONE: (770) 423-0828  
 120 STONEBRIDGE PKWY, STE. 320, WOODSTOCK, GA 30189, PHONE: (770) 874-7831  
 1700 HOSPITAL SOUTH DR., STE. 502, AUSTELL, GA 30106, PHONE: (770) 944-8316  
 6002 PROFESSIONAL PKWY, SUITE 240, DOUGLASVILLE, GA 30134, PHONE: (770) 874-0572  
 148 BILL GARRUT, PARKWAY, SUITE 300, HIRAM, GA 30141, PHONE: (770) 874-0703  
 130 RIVERSTONE TERRACE, SUITE 100, CANTON, GA 30114, PHONE: (770) 470-4407  
 669 CHURCH ST., SUITE 310, MARIETTA, GA 30060

NAME Maurice Eugene AGE 65  
 ADDRESS \_\_\_\_\_ DATE 2/11/14

Rx  
 Hydrocodone / Tylenol 5/325  
 7 tabs. 10 qd. tabs. PRN pain  
 # 20 tabs

LABEL  
 REFILL 0 TIMES  
 DR. [Signature] DEA # BC 073924



PrescripVGA-8562-1 (11/28/11)

BLUE BACKGROUND REFLECTIVE WATERMARK ON BACK. SECURITY FEATURES LISTED ON BACK.

001632858 339-01 0211714  
 MAURICE, EUGENE G  
 01/02/49 M 65Y C1404801123  
 CHERVU, ARUN



INTERNET 11/20/13



**Home Medication List For Patient**  
Wellstar Health System

MAURICE, EUGENE G  
ROOM: 339-01 ADM: 02-17-2014 15:35  
AGE: 65 Y SEX: M MD: Chervu, Arun G.  
DOB: 01-02-1949 ID: 1404801123 MR: 001832858  
REQUESTED: 02/21/2014 12:28  
W - Ocl Critd Art Wo Infrct

**ALLERGIES**

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

**DISCHARGE MEDICATIONS**

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

Name of Drug [Generic Name] (Comment)	Dose (How Much)	How Often	Next Dose Due	What is it for?	Special Considerations	New Med
carvedilol Oral [carvedilol oral] (Strength: 12.5 mg)	-Oral	2 times per day	2/21/14			<input type="checkbox"/>
ramipril Oral [ramipril oral] (Strength: 10 mg)	-Oral	2 times per day	2/21/14			<input type="checkbox"/>
hydrocodone-acetaminophen oral [hydrocodone-acetaminophen oral] (Strength: 5-325mg)	Range: 1 to 2 (tablet)-Oral	Every 6 hours as needed	2/21/14			<input type="checkbox"/>
aspirin Oral [aspirin oral] (Strength: 81 mg)	-Oral	Every day	2/22/14			<input type="checkbox"/>
chlorthalidone Oral [chlorthalidone oral] (Strength: 50 mg)	-Oral	Every day	2/22/14			<input type="checkbox"/>
Vytorin 10-80 Oral [ezetimibe-simvastatin oral] (Special Instructions: Three times a week (M,W,F) Strength: 10-80 mg)	-Oral	Every day	2/22/14			<input type="checkbox"/>

POOR ORIGINAL

Patient Signature Eugene G. Maurice Date & Time \_\_\_\_\_  
Nurse Signature Huijun Zou / J. Galloway Date & Time 2/21/14 12:30pm

001632858 339-01 02/17/14  
MAURICE, EUGENE G  
01/02/49 M 65Y C1404801123  
CHERVU, ARUN



**Home Medication List For Patient**  
Wellstar Health System

MAURICE, EUGENE G  
ROOM: 339-01 ADM: 02-17-2014 15:35  
AGE: 65 Y SEX: M MD: Chervu, Arun G.  
DOB: 01-02-1949 ID: 1404801123 MR: 001632858  
REQUESTED: 02/21/2014 12:29  
W - Ocl Crd Art Wo Infrct

Special Instructions

Stop taking these medications

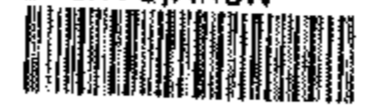
**POOR ORIGINAL**

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

Patient Signature: Eugene G. Maurice Date and Time: \_\_\_\_\_  
Nurse Signature: Huijun Zou / Jennifer Goble Date and Time: 2/21/14 12:30p

- Place signed copy on chart
- Give copy to patient
- Patient instructed to give copy to PCP

001632858 339-01 02/17/14  
MAURICE, EUGENE G  
01/02/49 M 65Y C1404801123  
CHERVU, ARUN



Required

**DO NOT USE THESE ABBREVIATIONS:** U, IU, µg, Zeros incorrectly (examples 2.0, .2), QD, qd, QOD, qod, blanket orders (examples "continue previous meds" or "continue home meds"), MS, MSO<sub>4</sub>, MgSO<sub>4</sub>, Pit, PIT, HCTZ, HCl, MTX, AZT, ARA-A or ARA-C.

2/21/2014  
1310

① Okay to MC from ID aspect. Please ~~send~~ take patient across the bridge to suite 402 to get IV antibiotics (Cefazolin 2g IV q 8h → 9/2/2014.

DATE / TIME / SIGNATURE

(Keep PICC line)

② Following up with Dr. Havel  
in 2 weeks  
(770) 739-8282 / *[Signature]*

DATE / TIME / SIGNATURE

DATE / TIME / SIGNATURE

WellStar

Cobb  Douglas  Kennestone  
 Paulding  Windy Hill

Physician's Orders

FORM# WS0416

ESI# 20140

001632858 339-01 02/17/14  
MAURICE, EUGENE G  
01/02/49 M 65Y C1404801123  
CHERVU, ARUN



STICKER

Revision Date (12/2008)



\*1-WS0416\*

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2/21/14 0038 24° chart ✓ A. Prof. [Signature]

2/21/14  
0747b  
D/L home if OK ± ID.  
F/U ± USA, 2/28/14

No wetting incisions x + walk  
no driving, No heavy lifting.

DATE / TIME / SIGNATURE

D/L meds: Hydrocodone 5/325  
Hyland  
[Signature]



DATE / TIME / SIGNATURE

2/21/14  
930

TD- Pice line needs to be placed before Discharge  
Send over to Suite 402 infusion center  
Call Risa 770-739-2049 to put on  
infusion schedule. -done

RAC Dr. Hawick / Yawley Yee RN [Signature]

DATE / TIME / SIGNATURE

WellStar  
 Cobb  Douglas  Kennestone  
 Paulding  Windy Hill

001632858 339-01 02/17/14  
MAURICE, EUGENE G  
01/02/49 M 65Y C1404801123  
CHERVU, ARUN



ER

2/21/2014  
1310

Physician's Orders

FORM# WS0416

ESI# 20140

Revision Date (12/2008)



\*1-WS0416\*

770-739-2049

Patient: Maurice, Eugene G  
DOB: 01/02/1949

Account: 1404801123  
MRN: 001632858

Allergies: NKA



HIM Approval: January 2013  
Created By: Jeffrey N. Winter, MD

### Intra/Inter Hospital Transfer

Enter Zynx Tracking Order #: 44383 in HEO/STAR ✓

#### Transfer

Transfer to: Medical 3N, no tele

#### Vital Signs

every 4 hours 87  
 Neurovascular checks L/R every 4 hours

#### Activity

Out of bed to chair 2 times per day 83  
 Ambulate 2 times per day With assistance 84

#### Nursing Orders

Measure intake and output

#### IV Therapy

Saline lock  
DIC A-line

#### Diet

Diet regular

#### Medications

See Therapy Review and Reorder Form

#### Laboratory

#### AM Labs

Basic metabolic panel

**FAXED**

Physician Signature

Date 2/20/14 Time 1510

Printed on: Thu Feb 20 15:11:11 EST 2014

001632858 339-01 02/17/14  
MAURICE, EUGENE G  
01/02/49 M 65Y C1404801123  
CHERVU, ARUN



012014  
1510  
J Ferguson  
2/20/14

Patient: Maurice, Eugene G  
DOB: 01/02/1949

Account: 1404801123  
MRN: 001632858

Allergies: NKA

#81  CBC with differential

**Respiratory**

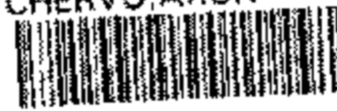
- #7  Respiratory Care per CPG
- #7  Incentive spirometry instruction for bedside use every hour while awake

Physician Signature

Date 2/20/14 Time 1510

Printed on: Thu Feb 20 15:11:11 EST 2014

001632858 339-01 02/17/14  
MAURICE, EUGENE G  
01/02/49 M 65Y C1404801123  
CHERVU, ARUN



Handwritten notes: 2/20/14 1520 OK WOOD EN

Handwritten notes: DFERGUS 2/20/14 1600

**FAXED**

**DO NOT USE THESE ABBREVIATIONS:** U, IU, µg, Zeros incorrectly (examples 2.0, .2), QD, qd, QOD, qod, blanket orders (examples "continue previous meds" or "continue home meds"), MS, MSO<sub>4</sub>, MgSO<sub>4</sub>, Pit, PIT, HCTZ, HCl, MTX, AZT, ARA-A or ARA-C.

24<sup>hr</sup> chart / 0700 Maurice / ~~0700 V20~~

2/20/2014  
1255

#77  
① PICC line today  
for IV antibiotics

Spoke to Teresa - only 2PN here will try to do Fri 11 am.

#78  
② Anticipate D/C home on IV antibiotic (Cefazolin) through on office on 2/21/2014.

#78  
③ CAC  
can Am

④ D/C Vancouver

*[Signature]*  
Hansen

**FAXED**

DATE / TIME / SIGNATURE

DATE / TIME / SIGNATURE

#78  
⑤ Cefazolin 2gm 9098 - 1st dose now

DFerguson  
2/20/14  
1345

**FAXED**

0/20/14  
1345  
0700 V20

DATE / TIME / SIGNATURE

WellStar  
 Cobb  Douglas  Kennestone  
 Paulding  Windy Hill

001632858 454-01 02/17/14  
 MAURICE, EUGENE G  
 01/02/49 M 65Y C1404801123  
 CHERVU, ARUN

STICKER



**Physician's Orders**

FORM# WS0416

ESI# 20140

Revision Date (12/2008)



\*1-WS0416\*



Patient: Maurice, Eugene G DOB: 01/02/1949	Account: 1404801123 MRN: 001632858	Allergies: NKA
---	---------------------------------------	----------------



HIM Approval: November 2012  
Created By: Arun Chervu, MD

## Venous Thromboembolism (VTE) Prophylaxis

Enter Zynx Tracking Order #: 44170 in HEO/STAR

### Nursing Orders

- Sequential pneumatic compression (Calf SCDs)
- Plantar pneumatic compression (foot pumps) due to:
  - Lower extremity surgery

### Pharmacologic Prophylaxis

*For hospitalized acutely ill general medical patients without contraindications who are confined to bed and have additional risk factors for VTE, DVT prophylaxis with LDUH, an LMWH, or a factor Xa inhibitor should be used, noting that LMWH reduces the risk of major bleeding as compared with UFH*

*Individualized therapy based on the type of agent used, comorbidities, risk factors, and/or type of procedure should be used.*

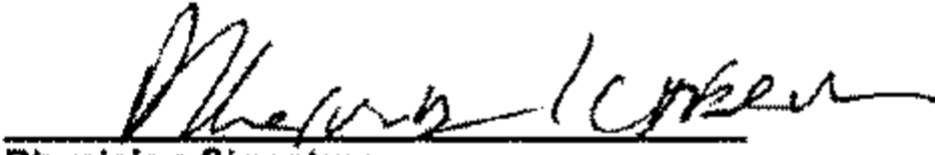
Pharmacologic Prophylaxis Start Date and Time: 2/20/14 RBAE Dr. Winters / W/10/20/14 1927 21914  
~~2/19/14~~ / 0700 hrs

- heparin 5,000 unit subcutaneously every 8 hours  
(recommended if CrCl less than 30 mL/min, EXCEPT elective hip replacement)

### Laboratory Evaluation

*Labs should be drawn for Inpatients within 1 week, Outpatients within 1 month*

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

  
Physician Signature

Date 2/19/14 Time 1835hr

Printed on: Wed Feb 19 18:36:06 EST 2014

001632858 306-01 02/17/14  
MAURICE,EUGENE G  
01/02/49 M 65Y C1404801123  
CHERVU,ARUN



Patient: Maurice, Eugene G DOB: 01/02/1949	Account: 1404801123 MRN: 001632858	Allergies: NKA
---	---------------------------------------	----------------



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

# Carotid Endarterectomy Postoperative

Enter Zynx Tracking Order #: 44180 in HEO/STAR

**© Indicates Core Measure - MUST BE ADDRESSED WITHOUT EXCEPTION**

### Admit

#### Status

- Inpatient
- Diagnosis S/P Excision of Left Carotid Patch & Vein Patch Repair

#### Admitting Physician

A. Chervu MD

#### Estimated Length of Stay

- 3-4 Days

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

#### Unit

- Critical Care

### Activity

- Elevate head of bed 30-45 degrees
- Bed rest
- Up with assistance in AM first day post op

### Nursing Orders

- Notify provider for hemodynamic instability: Pulse less than 50 or greater than 110, SBP less than 90 or greater than 180, Temp greater than 101.1
- Vital Signs per PACU, then



*Arun Chervu*  
 Physician Signature  
 Date 2/19/14 Time 1845  
 Printed on: Wed Feb 19 18:36:29 EST 2014

001632858 306-01 02/17/14  
 MAURICE, EUGENE G  
 01/02/49 M 65Y C1404801123  
 CHERVU, ARUN

*Walter Martin* 2/20/14 0320  
<http://zynx.wellstar.org/Physician%20Orders/Vascular/Carotid%20Endarterectomy%20Po...> 2/19/2014

Patient: Maurice, Eugene G DOB: 01/02/1949	Account: 1404801123 MRN: 001632858	Allergies: NKA
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- Vital Signs per Critical Care protocol
  - Neurovascular check every 2 hours, call MD with changes
  - Urinary straight catheterization if unable to void
  - Oxygen via nasal cannula at 3 liters to maintain SpO2 greater than or equal to 92%
  - Incentive spirometry 10 breaths every hour while awake
  - Discontinue urinary catheter post op day  1  2 at 6 am
- If urinary catheter is needed more than 2 days, documentation of rationale is required on post op day 1 or post op day 2

**Dressing Care**

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

- Other Ice pack to left neck *OK*

**Diet**

Regular

**IV Fluids**

Sodium chloride 0.45%  at 70 mL/hr

**Medications**

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

**Contingency/PRN**


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

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

**Nitrates**

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

*M. Chervu*  
 Physician Signature  
 Date *2/19/14* Time *1840*  
 Printed on: Wed Feb 19 18:36:29 EST 2014

001632858 306-01 02/17/14  
 MAURICE, EUGENE G  
 01/02/49 M 65Y C1404801123  
 CHERVU, ARUN  




*Natal Maren...* *2/20/14 0300*

Patient: Maurice, Eugene G DOB: 01/02/1949	Account: 1404801123 MRN: 001632858	Allergies: NKA
---	---------------------------------------	----------------

Call MD if chest pain persists

**Constipation**

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

**Antiemetics**

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

**Critical Care**

clonidine (Catapres) 0.1 milligram orally every 4 hours as needed for SBP greater than 180

nicardipine (Cardena) Start at 5 milligram/hour continuous intravenous infusion as needed for sustained SBP greater than 160, may increase in increments of 2.5 mg/hr every 15 minutes to a maximum of 15 mg/hr

phenylephrine (Neosynephrine) start at 100-180 microgram/minute continuous intravenous infusion as needed for sustained SBP less than 100, once blood pressure stabilized reduce to 40-60 mcg/min

atropine 0.4 milligram intravenously as needed for HR less than 40 and SBP less than 90

dexamethasone (Decadron) 4 milligram intravenously every 6 hours for 4 doses

**PACU Nursing to Complete**

Pre-op antibiotics given: Date 2/19/14 / Time 0600

Post-op antibiotics given: Date \_\_\_\_\_ / Time \_\_\_\_\_

Incision Closure Time 1730

Epidural for pain management? YES/NO (NO)

Ensure SCD is ordered. If not, contact MD for order

Ensure Anticoagulant is ordered. If not, contact MD unless hysterectomy or contraindicated

Beta Blocker ordered? YES( Date 2/19/14 / Time 0849 ) / NO

**Laboratory**

CBC, BMP on 2/20/14 AM

**Respiratory**

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

Encourage IS



*[Handwritten Signature]*

Physician Signature

Date 2/19/14 Time 1840hr

Printed on: Wed Feb 19 18:36:29 EST 2014

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 MAURICE, EUGENE G  
 01/02/49 M 65Y C1404801123  
 CHERVU, ARUN


*[Handwritten signature]*

Patient: Maurice, Eugene G DOB: 01/02/1949	Account: 1404801123 MRN: 001632858	Allergies: NKA
---	---------------------------------------	----------------

**Consults**

Consult to Care Coordination for discharge planning

*[Handwritten Signature]*  
 Physician Signature  
 Date 2/19/14 Time 1840h  
 Printed on: Wed Feb 19 18:36:29 EST 2014

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 MAURICE,EUGENE G  
 01/02/49 M 65Y C1404801123  
 CHERVU,ARUN  


*noted maintenance order 2/25/14*



**PHYSICIAN INTRAOPERATIVE ORDERS**

Allergies: NKA

Must check (  ) order to be initiated

**MEDICATIONS ORDERED BY SURGEON / ADMINISTERED BY ANESTHESIA:**

- ceFAZolin  1 gram  2 grams  dexamethasone: \_\_\_\_\_ mg  IV  IM  clindamycin \_\_\_\_\_ mg IV
- vancomycin 1 gram IV  moxifloxacin HCL (Avelox) 400 mg IV  Other: \_\_\_\_\_

**LOCAL ANESTHETICS:**

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

**IRRIGATIONS:**

- epinephrine 1 mg/mL \_\_\_\_\_ in \_\_\_\_\_ mL 0.9% sodium chloride
- Neosporin GU irrigant 1 amp in 1000 mL 0.9% sodium chloride
- heparin 5000 units in 500 mL 0.9% sodium chloride
- bacitracin 50000 units in 1000 mL 0.9% sodium chloride
- clindamycin \_\_\_\_\_ mg in \_\_\_\_\_ mL 0.9% sodium chloride
- gentamicin \_\_\_\_\_ mg in \_\_\_\_\_ mL 0.9% sodium chloride

**ANTIBIOTIC EYE DROPS:**

- ciprofloxacin ophthalmic solution  neomycin, polymixin B and hydrocortisone (Cortisporin) ophthalmic suspension
- Other: \_\_\_\_\_

**OINTMENTS:**

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

**MISCELLANEOUS:**

- epinephrine topical 1:1000  oxymetazoline (Afrin) nasal spray  dexamethasone 4 mg/mL
- methylPREDNISolone (Depo-Medrol) \_\_\_\_\_ mg/mL  morphine 10 mg/mL
- Gelfoam: Size 100  Thrombin 10000 unit topical  FloSeal 10 mL  Tisseal \_\_\_\_\_ mL
- Tissue:  Freeze dried  Frozen  Type: \_\_\_\_\_
- Reconstitution solution: \_\_\_\_\_
- iohexol (Omnipaque) 300 mg I/mL \_\_\_\_\_  vasopressin 20 units/mL \_\_\_\_\_
- Other: Dextran 40 (60ml) Protamine 5ml (10mg/ml)

**TREATMENT:**

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

**LABS:**

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

**MEDICAL IMAGING:**

- Portable X-ray  C-Arm / Fluoroscopy

Verbal Order / Read Back and Confirmed  
D. Cherven / S. Carmichael 2/19/14 1411 AM/PM 2/19/14 AM/PM

<p><b>WellStar</b></p> <p><input type="checkbox"/> Cobb <input type="checkbox"/> Douglas <input type="checkbox"/> Kennestone</p> <p><input type="checkbox"/> Paulding <input type="checkbox"/> Windy Hill</p> <p><b>PHYSICIAN INTRAOPERATIVE ORDERS</b></p>	<p>Physician</p> <p>001632858 306-01 02/17/14          MAURICE, EUGENE G          01/02/49 M 65Y C1404801123          CHERVU, ARUN</p> 
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**V.T.E. / Thrombosis Assessment for Surgical and Medical Patients**

Must check (☑) order to be initiated

Bullet point (\*) applies to all patients

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

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

Patient Diagnosis \_\_\_\_\_ Type of surgery planned Explantation of Duct

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

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

Add the number (points) from the above columns for the Total Risk Factor Score (and record on top of Page 2) 5

**STEP 2- RECOMMENDED PROPHYLACTIC REGIMENS FOR EACH RISK GROUP**

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

Assessment Nurse [Signature] Date 7/19/14 Time \_\_\_\_\_ AM / PM  
 Signature/Title \_\_\_\_\_

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

**WellStar**

- Cobb     Paulding     Kennestone  
 Douglas     Windy Hill

**VTE/Thrombosis Assessment Orders**

001632858 306-01 02/17/14  
 MAURICE, EUGENE G  
 01/02/49 M 65Y C1404801123  
 CHERVU, ARUN



FORM # WS0940

ESI# 86464

Pg. 1 of 2

Rev. 12/2009

HIM Approved 12/2009



\*2-WS0940\*

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

Must check (☑) order to be initiated

Bullet point (•) applies to all patients

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

Total Risk Factor Score (from Page 1)

3

**STEP 3- PHYSICIAN ORDERS:**

**Compression Devices:**

• **Sequential pneumatic compression (Calf SCDs)**

Provide unless one of the following applies:

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

**PLUS**

**Pharmacologic Prophylaxis:**

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

**Contraindications to Pharmacologic Prophylaxis:**

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

**Laboratory Evaluation:**

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

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

Start Date and Time Pharmacological Prophylaxis to begin: \_\_\_\_\_

Physician Signature \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_ AM / PM

**WellStar**

- Cobb     Paulding     Kennestone
- Douglas     Windy Hill

**VTE/Thrombosis Assessment Orders**

001632858 306-01 02/17/14  
MAURICE, EUGENE G  
01/02/49 M 66Y C1404801123  
CHERVU, ARUN



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

Must check (☑) order to be initiated

Bullet point (•) applies to all patients

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

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

Patient Diagnosis \_\_\_\_\_ Type of surgery planned \_\_\_\_\_

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

Score 1 for each factor	Score 2 for each factor	Score 3 for each factor	Score 5 for each factor
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Add the number (points) from the above columns for the Total Risk Factor Score (and record on top of Page 2)

5

**STEP 2- RECOMMENDED PROPHYLACTIC REGIMENS FOR EACH RISK GROUP**

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

Assessment Nurse Dard Signature/Title \_\_\_\_\_ Date 2/17 Time 5 AM/PM

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

**WellStar**

- Cobb     Paulding     Kennestone  
 Douglas     Windy Hill

**VTE/Thrombosis Assessment Orders**

001632858 339-01 02/17/14  
 MAURICE.EUGENE G  
 01/02/49 M 65Y C1404801123  
 CHERVU, ARUN



FICATION

FORM # WS0940

ESI# 86454

Pg. 1 of 2

Rev. 12/2009

HIM Approved 12/2009



\*2-WS0940\*

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

Must check (☑) order to be initiated

Bullet point (\*) applies to all patients

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

Total Risk Factor Score (from Page 1) 5

**STEP 3: PHYSICIAN ORDERS:**

**Compression Devices:**

• **Sequential pneumatic compression (Calf SCDs)**

Provide unless one of the following applies:

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

**PLUS**

**Pharmacologic Prophylaxis:**

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

**Contraindications to Pharmacologic Prophylaxis:**

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

**Laboratory Evaluation:**

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

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

Start Date and Time Pharmacological Prophylaxis to begin: \_\_\_\_\_

Physician Signature \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_ AM / PM

**WellStar**

- Cobb     Paulding     Kennestone
- Douglas     Windy Hill

**VTE/Thrombosis Assessment Orders**

FORM # WS0940

ESI# 86464

Pg. 2 of 2

Rev. 12/2009

HIM Approved 12/2009

0016932858  
339-01  
MAURICE, EUGENE G  
M 65Y C1404801123  
02/17/14  
CHERU, ARUN  
01/02/49

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

ALLERGIES:

NKDA

WEIGHT: 227 lbs Kg

HEIGHT: 6'7"

Pre-Op Orders	Post-Op Orders
<p><b>Labs:</b></p> <ul style="list-style-type: none"> <li>Roizen Criteria (revised 2010) if labs not ordered by surgeon</li> <li>Test Reason: _____</li> </ul> <p><b>NPO Status:</b></p> <ul style="list-style-type: none"> <li>NPO at midnight</li> <li>Children under 2 yrs: NPO solids 8, formula 6, breast milk 4 and clear liquids 2 hours respectively</li> </ul> <p><b>Intravenous Therapy:</b></p> <ul style="list-style-type: none"> <li>IV cath 20 gauge or greater in 8 years or older if tolerated</li> <li>Lactated Ringer's at 50 mL/hr</li> <li>D5 0.45% sodium chloride at 50 mL/hr if BBG 60 or less</li> <li>0.9% sodium chloride at 50 mL/hr</li> <li>Add _____ mEq KCL to each liter of IV fluid</li> <li>Subcutaneous 1% lidocaine 0.1 mL PRN pain</li> <li>Apply EMLA Cream 1 hour prior to IV cannulation PRN pain</li> </ul> <p><b>Diabetes:</b></p> <ul style="list-style-type: none"> <li>Hold metformin (Glucophage) 24 hours pre-op</li> <li>BBG (bedside blood glucose) upon arrival in pre-op area</li> <li>If BBG is less than 60 or more than 200 notify Anesthesia</li> </ul> <p><b>Respiratory Therapy and Monitoring:</b></p> <ul style="list-style-type: none"> <li>Check pulse oximetry</li> <li>Nasal cannula O2 at 2-3 L/min if O2 Sat falls below 90%</li> <li>Monitor O2 Sat with IV narcotic and/or IV sedation</li> <li>Clear Lungs / IS Kit education / baseline documentation (18 years and older)</li> </ul> <p><b>Medications:</b></p> <ul style="list-style-type: none"> <li>Hold metformin (Glucophage) 24 hours pre-op</li> <li>May take all usual medications the day of surgery except: insulin, other oral hypoglycemic agents, and diuretics</li> <li>chlorhexidine rinse (18 yrs and older) 15 mL 0.12% 1-3 hours prior to surgery. Swish and spit. Do NOT swallow.</li> </ul> <p> <input type="checkbox"/> metoprolol succinate (Toprol-XL) <input type="checkbox"/> 25 mg or <input type="checkbox"/> _____ mg PO  <input type="checkbox"/> metoprolol tartrate (Lopressor) <input type="checkbox"/> 25 mg or <input type="checkbox"/> _____ mg PO  <input type="checkbox"/> propranolol (Inderal) <input type="checkbox"/> 10 mg or <input type="checkbox"/> _____ mg PO  <input type="checkbox"/> famotidine (Pepcid) _____ mg <input type="checkbox"/> IV <input type="checkbox"/> PO  <input type="checkbox"/> metoclopramide (Reglan) _____ mg <input type="checkbox"/> IV <input type="checkbox"/> PO  <input type="checkbox"/> scopolamine transdermal patch 1-3 hours or H.S. pre-op  <input type="checkbox"/> ondansetron (Zofran) _____ mg <input type="checkbox"/> IV <input type="checkbox"/> PO  <input type="checkbox"/> diphenhydramine (Benadryl) _____ mg <input type="checkbox"/> IV <input type="checkbox"/> PO  <input type="checkbox"/> glycopyrrolate (Robinul) _____ mg IV  <input type="checkbox"/> fentaNYL (Sublimaze) _____ mcg IV  <input type="checkbox"/> midazolam (Versed) _____ mg PO or _____ mg IV  <input type="checkbox"/> ketamine (Ketalar) _____ mg PO or _____ mg IV  <input type="checkbox"/> acetaminophen (Tylenol) _____ mg PO or _____ mg PR  <input type="checkbox"/> albuterol (Ventolin) _____ mg nebulizer treatment         </p>	<p><b>Respiratory Management:</b></p> <p> <input type="checkbox"/> O2 via face shield _____ 100% (wean to room air)  <input type="checkbox"/> O2 cannula at _____ L/min (wean to room air as tolerated)  <input checked="" type="checkbox"/> Maintain O2 Sat on room air above 91% or notify Anesthesia  <input type="checkbox"/> ABG as indicated <input type="checkbox"/> HGB <input type="checkbox"/> CBC <input type="checkbox"/> BMP  <input type="checkbox"/> CXR <input type="checkbox"/> for line placement  <input type="checkbox"/> Ventilator settings to be checked by Respiratory Therapy            IMV Rate _____ /min TV _____ mL FIO2 _____ % PEEP _____         </p> <p> <input checked="" type="checkbox"/> albuterol (Ventolin) <u>2.5</u> mg nebulizer treatment <u>PRN</u>  <input type="checkbox"/> naloxone _____ mg IV every 2 min for respirations less than 8 per minute; maximum dose 10 mg. <b>Notify Anesthesia immediately</b> </p> <p><b>Analgesic Management:</b></p> <p>1. Notify anesthesiologist if pain treatment not effective.</p> <p>2. If more than one treatment for pain ordered, mark order of use.</p> <p> <input checked="" type="checkbox"/> # fentaNYL <u>50</u> mcg IV every 5 min PRN up to <u>200</u> mcg/hr  <input checked="" type="checkbox"/> # morphine <u>2</u> mg IV every 10 min PRN up to <u>6</u> mg/hr  <input checked="" type="checkbox"/> # HYDROMORPHONE <u>0.25</u> mg IV every 5 min PRN up to <u>2</u> mg/hr  <input checked="" type="checkbox"/> # meperidine <u>125</u> mg IV one time <u>&lt; 2</u>  <input type="checkbox"/> # ketorolac _____ mg IV  <input checked="" type="checkbox"/> # midazolam <u>1</u> mg IV every 10 min PRN up to <u>2</u> mg/hr         </p> <p><b>Antiemetics (if more than one treatment for nausea / vomiting ordered, mark order of use):</b></p> <p> <input checked="" type="checkbox"/> # ondansetron (Zofran) <u>4</u> mg IV every 10 min PRN NV X _____  <input type="checkbox"/> # metoclopramide (Reglan) _____ mg IV no sooner than 2 hours if given pre-op  <input checked="" type="checkbox"/> # promethazine (Phenergan) <u>6.25</u> mg IV every <u>10</u> min X _____ or _____ mg <input type="checkbox"/> IM or <input type="checkbox"/> PR X 1 plus <input type="checkbox"/> ePHEDrine _____ mg IM  <input checked="" type="checkbox"/> # dexamethasone (Decadron) <u>10</u> mg slow IV  <input type="checkbox"/> # droperidol 0.625 mg IV X 1 Adult ASA I or II         </p> <p><b>Oral Pain Medication (May give 1 time PRN pain):</b></p> <p> <input type="checkbox"/> acetaminophen 325 mg/oxycodone 5 mg (Percocet) 1-2 tablets  <input type="checkbox"/> acetaminophen 500 mg/HYDROcodone 5 mg (Lortab) 1-2 tablets  <input type="checkbox"/> ibuprofen _____ mg  <input type="checkbox"/> acetaminophen 500/ HYDROcodone 7.5 mg per 15 mL (Lortab) _____ mL  <input type="checkbox"/> acetaminophen 325 mg 1-2 tabs  <input type="checkbox"/> acetaminophen 300 mg/codaine 30 mg (Tylenol #3) 1-2 tablets  <input type="checkbox"/> acetaminophen 160 mg/5 mL _____ mL  <input type="checkbox"/> acetaminophen 120/ codaine 12 mg per 5 mL (Tylenol #3) _____ mL  <input type="checkbox"/> Other: _____         </p> <ul style="list-style-type: none"> <li>Warming blanket for temp of 95° F or for comfort</li> <li>Insulin Dependent Patient: BBG in PACU: notify physician if BBG greater than 200 or less than 60.</li> <li>Discharge by agreed established protocol or PAR 8 or more</li> </ul>

Pre-Op Nurse Signature / Credentials

Post-Op Nurse Signature / Credentials

Physician Signature

Date

Date

Date

Time 1255 AM / PM

Time 1830 AM / PM

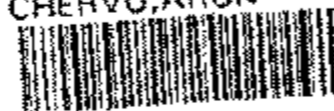
Time 1350 AM / PM

WellStar

Cobb  Windy Hill

Pre / Post Operative Anesthesia Orders

001632858 306-01 02/17/14  
 MAURICE, EUGENE G  
 01/02/49 M 65Y C1404801123  
 CHERVU, ARUN



FORM #WS1364 ITEM #105594

Page 1 of 2

Rev. 8/2013

HIM Approved 7/2013



\*2-WS1364\*

**PEDIATRIC DOSING TABLES**

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


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

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

**References:**

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

**FOR REFERENCE ONLY**

WellStar <input type="checkbox"/> Cobb <input type="checkbox"/> Windy Hill  Pre / Post Operative Anesthesia Orders	001632858    306-01    02/17/14 MAURICE, EUGENE G 01/02/49    M    65Y    C1404801123 CHERVU, ARUN 
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**DO NOT USE THESE ABBREVIATIONS:** U, IU, µg, Zeros incorrectly (examples 2.0, .2), QD, qd, QOD, qod, blanket orders (examples "continue previous meds" or "continue home meds"), MS, MSO<sub>4</sub>, MgSO<sub>4</sub>, Pit, PIT, HCTZ, HCl, MTX, AZT, ARA-A or ARA-C.

2/18  
1320

Vancomycin 1500mg 1Q18<sup>0</sup>

From Promover Consult

~~FAXED~~

2/18/14 JZ 1416

DATE / TIME / SIGNATURE

2/18/14 @ 1530 JZ

2/18/14 @ 1800 12<sup>0</sup> Chart ✓ ————— J. J. [Signature]

2/18/14 0318 24<sup>0</sup> Chart ————— D.O. Adejumo [Signature]

DATE / TIME / SIGNATURE

2/18/14 Hold 500 Heparin

08256

~~FAXED~~

[Signature]  
CHERVU

Notes [Signature]

DATE / TIME / SIGNATURE

- WellStar**
- Cobb  Douglas  Kennestone
  - Paulding  Windy Hill

001632858 308 01 02/17/14  
 MAURICE, EUGENE G  
 01/02/49 M 65Y C1404801123  
 CHERVU, ARUN



STICKER

**Physician's Orders**

FORM# WS0416

ESI# 20140

Revision Date (12/2008)



\*1-WS0416\*

**DO NOT USE THESE ABBREVIATIONS:** U, IU, µg, Zeros incorrectly (examples 2.0, .2), QD, qd, QOD, qod, blanket orders (examples "continue previous meds" or "continue home meds"), MS, MSO<sub>4</sub>, MgSO<sub>4</sub>, Pit, PIT, HCTZ, HCl, MTX, AZT, ARA-A or ARA-C.

02/18/14  
03:01  
consult w/ocn rt neck wound culture  
Djin Dr, reu (46)  
continue above

DATE / TIME / SIGNATURE

2/18/14  
09:05  
Cancel above order for wound culture -  
already done by Vascular &  
specimen in lab.

*[Signature]*  
HECTOR EDUARDO MORA

DATE / TIME / SIGNATURE

2/18/14  
08:15  
① NPO after midnight except meds. (#47)  
② TO OR tomorrow for left neck exploration with  
possible excision of Borine pericardial patch &  
vein patch repair.  
③ Decadron 8mg IV to be given in OR.

**RECEIVED**  
FEB 18 2014  
10:54 AM

*[Signature]*  
HECTOR EDUARDO MORA

DATE / TIME / SIGNATURE

**WeHStar**  
 Cobb  Douglas  Kennestone  
 Paulding  Windy Hill

001632858 306-01 02/17/14  
MAURICE, EUGENE G  
01/02/49 M 65Y C1404801123  
CHERVU, ARUN

KER



Physician's Orders

FORM# WS0416

2/18/14 1055

ESI# 21440

Revision Date (12/2008)



\*1-WS0416\*

**DO NOT USE THESE ABBREVIATIONS:** U, IU, µg, Zeros incorrectly (examples 2.0, .2), QD, qd, QOD, qod, blanket orders (examples "continue previous meds" or "continue home meds"), MS, MSO<sub>4</sub>, MgSO<sub>4</sub>, Pit, PIT, HCTZ, HCl, MTX, AZT, ARA-A or ARA-C.

2/17/14 4:30 pm Wound Culture for culture & sensitivity 16  
S. gram stain

Shivis Pte/Chervu  
Aravind MD  
2/17/14  
1630

2/17/14 FRS 1630  
DATE / TIME / SIGNATURE

2/17/2014 1840  
① I/c BMP on admission  
② CMP & admission labs 36

③ Blood Culture x2 done  
③7 & admission labs

DATE / TIME / SIGNATURE

2/17/14 1933 FRS  
DATE / TIME / SIGNATURE

WellStar  
 Cobb  Douglas  Kennestone  
 Paulding  Windy Hill

001632858 305-01 02/17/14  
MAURICE, EUGENE G  
01/02/49 M 65Y C1404801123  
CHERVU, ARUN



KER

**Physician's Orders**

FORM# WS0416

ESI# 20140

Revision Date (12/2008)

240 Chart ✓ 02/17/14 0300 by jnd, awj  
\*1-WS0416\*





HIM Approval: November 2013  
Created By:

### General Admission

Enter Zynx Tracking Order #: 44344 in HEO/STAR 1

**Admit**

**Status**  
 Inpatient

**Estimated Length of Stay**  
 3-4 Days

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

**Unit**  
Medical/Surgical

**Code Status**  
Attempt Resuscitation/CPR

**Admitting Physician**  
Arun Chervu MD

**Diagnosis**  
Left Neck Infection, Possible Carotid Patch Infection

**KEYED**

**Condition**  
Good

**Vital Signs**

Per unit routine 2 3

Notify provider for systolic blood pressure greater than 180 or less than 90, diastolic blood pressure greater than 110 or less than 40, temperature greater than 100.4 or less than 95, heart rate greater than 140 or less than 50, oxygen saturation less than 85%

*[Handwritten Signature]*  
 Physician Signature  
 Date 2/17/14 Time 1502  
 Printed on: Mon Feb 17 15:11:00 EST 2014

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



**Activity**

Up ad lib  (4)

**Nursing Orders**

Please get a full list of patient's medications / dosages from family and / or PCP

**Measure intake and output**

routine (5)

**Diet**

Regular (6)

**Medications**

aspirin 81 milligram Orally  once a day, first dose stat if not already given

pantoprazole (Protonix) 40 milligram intravenously  once a day

docusate sodium (Colace) 100 milligram orally 2 times a day

**Antibacterial Agents (Pharmacy to adjust dose)**

Select reason for ordering vancomycin below:

patient at high risk due to acute inpatient hospitalization within the last year

**Additional Medications**

Vancomycin 15 mg/kg IVPB every 12 hours, Pharmacy to adjust -hospitalization within the last 2 months

**Contingency/PRN Medications**

**For Sleep/Itching**

temazepam (Restoril) 15 milligram orally once a day, at bedtime as needed for insomnia, may repeat one dose in 30 minutes ( Do not use in pregnant patients )

**For Constipation**

bisacodyl (Dulcolax) 5 milligram orally  once a day as needed for constipation

**Antiemetics**

Physician Signature *[Handwritten Signature]*

Date 2/17/14 Time 15:17

Printed on: Mon Feb 17 15:11:00 EST 2014


MR#001632858 R: 306-01 02/17/14

MAURICE, EUGENE G

01/02/49 M 65Y

CHERVU, ARUN

ACCT# C1404801123



ondansetron (Zofran) 4 milligram orally or intravenously every 6 hours as needed for nausea/vomiting

**For Pain (Do not exceed a total dose of 3000 mg acetaminophen per 24 hours)**

nitroglycerin 0.4 milligram sublingually as needed for chest pain, may repeat every 5 minutes x 3 doses, call if unrelieved

acetaminophen (Tylenol) 650 milligram orally or rectally every 6 hours as needed for mild pain or fever above 101.5 F

HYDROcodone 5 mg - acetaminophen 325 mg (Norco) 1 - 2 tablet orally every 6 hours as needed for moderate pain

morphine 1 - 2 milligram intravenously every 3 hours as needed for severe pain

**For Hypertension**

hydralazine  milligrams intravenously every  hours as needed for systolic bp greater than 180

clonidine (Catapres)  milligrams orally every 4 hours as needed for systolic bp greater than 170

**For Anxiety**

ALPRAZolam (Xanax) 0.25 milligram orally every 6 hours as needed for anxiety

**IV Fluids**

Saline lock

**Laboratory**

AM on 2/18/14

CBC with differential

Basic metabolic panel

PT and INR

Other CRP, ESR

**CONSULT CALLED**  
**CALLED TO: Havlik/PS**  
**DATE: 2/17/14**  
**TIME: 1625**  
**CALLED BY: FRS**

**Respiratory**


Respiratory Care per CPG

**MD Consults (if urgent or today consult ordered after 4pm, must be called in by requesting physician)**

Consult to Dr. Josph Havlik Possible infection Today

*[Handwritten Signature]*  
 Physician Signature  
 Date 2/17/14 Time 1515  
 Printed on: Mon Feb 17 15:11:00 EST 2014

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





HIM Approval: November 2012  
Created By:

### Venous Thromboembolism (VTE) Prophylaxis

Enter Zynx Tracking Order #: 44170 in HEO/STAR (14)

**Nursing Orders**  
 Sequential pneumatic compression (Calf SCDs) (3)

**Pharmacologic Prophylaxis**  
*For hospitalized acutely ill general medical patients without contraindications who are confined to bed and have additional risk factors for VTE, DVT prophylaxis with LDUH, an LMWH, or a factor Xa inhibitor should be used, noting that LMWH reduces the risk of major bleeding as compared with UFH*  
*Individualized therapy based on the type of agent used, comorbidities, risk factors, and/or type of procedure should be used*

Pharmacologic Prophylaxis Start Date and Time: 2/17/14 / 2000 hrs

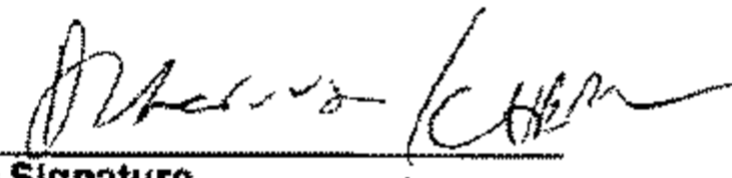
heparin 5,000 unit subcutaneously every 8 hours  
(recommended if CrCl less than 30 mL/min, EXCEPT elective hip replacement)


**Laboratory Evaluation**

*Labs should be drawn for Inpatients within 1 week, Outpatients within 1 month*

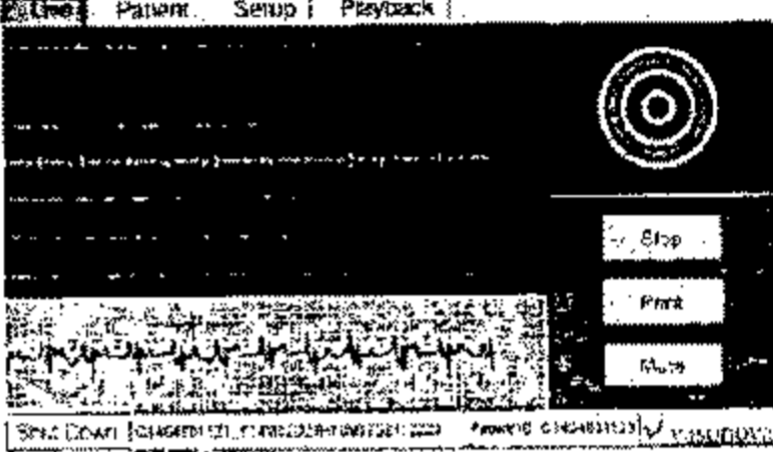
When above medications are ordered, perform baseline CBC and BMP  
Then perform CBC day 2, day 5 and day 7  
Notify MD if platelet count is less than 100,000 or decreased by 50% of baseline

RED

  
Physician Signature  
Date 2/17/14 Time 15:09  
Printed on: Mon Feb 17 15:09:09 EST 2014

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



WELLSTAR PROGRESS NOTES

DATE	Time AM/PM	NOTES
2/21/14	1317	<p>Vasonova Inc.</p> <div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="border: 1px solid black; padding: 5px; width: 200px;"> <p><input type="checkbox"/> Live <input type="checkbox"/> Patient <input type="checkbox"/> Setup <input type="checkbox"/> Playback</p>  <p>Stop Print Close</p> </div> <div style="font-size: 0.8em;"> <p>Patient ID: C1404801123</p> <p>Date Time: 02/21/14 10:39:55 AM</p> <p>Patient Name: Eugene Maurice</p> <p>DOB: 01/02/1949</p> <p>Physician: N/A</p> <p>Clinician: N/A</p> </div> <div style="width: 150px;"> <p><i>RVA Pile placed in</i></p> <p><i>SVC/CAS per vasonova</i></p> <p><i>UPS Technology Sustained</i></p> <p><i>bulky material w/ ports</i></p> </div> </div> <p style="margin-top: 10px;">WELLSTAR COBB HOSPITAL, 3950 AUSTELL RD, AUSTELL, GEORGIA</p>

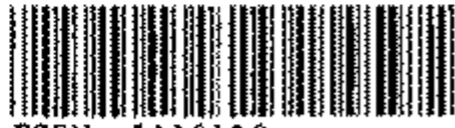
**WELLSTAR**

Cobb  Douglas  Kennestone  
 Paulding  Windy Hill  Other \_\_\_\_\_

001632E58 339-01 02/17/14  
 MAURICE, EUGENE G  
 01/02/49 M 65Y C1404801123  
 CHERVU, ARUN




\*1-WS1650\*



FORM: 1110110

Progress Note - MAURICE, EUGENE G - 02/21/14 12:33  
(SUMMARIZED PATIENT DATA ONLY, COMPLETE DATA ONLINE.)

10

MAURICE, EUGENE G  
Coba  
FROM: 02/20/14 12:33 TO: 02/21/14 12:33  
ROOM: 339-01 ADM: 02/17/14 15:35  
AGE: 65Y SEX: M MD: CHERVU, ARUN  
DOB: 01/02/1948 ID: 1404801123 MR: 001632858  
REQUESTED: 02/21/14 12:33 (AH7)  
OPT OUT:

VITAL SIGNS Most recent value for 02/21 (Range for past 24 hrs excluding most recent value)						
Temp #1	97.3F 0 <sup>12:03</sup>	(97.9F 0-98.3F C)	NIBPmean	(57mmHg-117mmHg)	MAP	(82mmHg-120mmHg)
Pulse #1	50bpm 0 <sup>12:03</sup>	(50bpm 40-99bpm)	BP Equip	Portab	(Portab)	Pulse Ox E Spotck
Respiratio	16/min 12:03	(13-24/0)	Daily Weig	108.23 04:14	(109.6kg Bed)	ABP
BP #1	155/78 12:03	(113-157/49-112)	SpO2	90% Roc 12:03	(91%-100%)	

INTAKE Most recent value for 02/21 (Range for past 24 hrs excluding most recent value)			
Oral ml	(100-500)	0.45 Salin	(779) IV (90.9)
IVPB ml	(50)		

OUTPUT Most recent value for 02/21 (Range for past 24 hrs excluding most recent value)			
Urine ml	(300-400)	Urine occu 2 <sup>02:14</sup>	
I&O (02/20 07:01-02/21 07:01)	1819/1220	Net 599	I&O (02/21 07:01-12:32) ---/--- Net ---

ALL LABS Most recent value for 02/21 (Range for past 36 hrs excluding most recent value)					
BASIC METABOLIC PANEL					
SODIUM	136 08:08	(135 L)	PLATELET	146 L 08:08	(141 L)
POTASSIUM	4.7 08:08	(5.0)	% BASOS	0 08:08	
CHLORIDE	103 08:08	(105)	% EOS	0 08:08	
CO2	23 L 08:08	(20 L)	% LYMPHS	8 L 08:08	
GLUCOSE	246 H 08:08	(204 H)	% MONOS	9 08:08	
BUN	30 H 08:08	(25 H)	% NEUTROPH	83 H 08:08	
CREATININE	1.17 08:08	(1.31)	ABSOLUTE B	<0.1	
ANION GAP	15 08:08	(15)	ABSOLUTE E	<0.1 L	
CALCIUM, TO	9.3 08:08	(9.3 L)	ABSOLUTE I	<0.1	
GFR NON-AF	<60	(55 L)	ABSOLUTE L	1.4 L 08:08	
GFR AFRICA	<60	(>60)	ABSOLUTE M	1.6 H 08:08	
CBC W/O DIFFERENTIAL					
WBC COUNT	17.3 H 08:08	(14.4 H)	ABSOLUTE N	14.3 H 08:08	
RBC COUNT	3.82 08:08	(4.04)	MPV	10.4 08:08	(9.7)
HEMOGLOBIN	11.1 L 08:08	(11.8 L)	PERCENT IM	0 08:08	
HEMATOCRIT	34 L 08:08	(36 L)	CBC WITH DIFFERENTIAL		
MCV	89 08:08	(89)	WBC COUNT	17.3 H 08:08	(14.4 H)
MCH	29 08:08	(29)	RBC COUNT	3.82 08:08	(4.04)
MCHC	33 08:08	(33)	HEMOGLOBIN	11.1 L 08:08	(11.8 L)
			PERCENT IM	0 08:08	

2/19 Neck  
2/17 BC  
2/17 Neck  
Steph A  
CMSSM

ROUTINE MEDICATIONS (Indicates new or change in med order in last 24 hours. ( ) indicates shortened med name.)					
*Cefazolin 2G(1)2 GM	IV	Q8H	Docusate Sodi(1)100 MG	ORAL	BID
Pantoprazole (1)40 MG	IV	DAILY	Chlorthalidone 50 MG	ORAL	DAILY
Lisinopril 10 MG	ORAL	BID	Carvedilol 12.5 MS	ORAL	BID
Aspirin 81 MG	ORAL	DAILY	Pravastatin 5(1)80 MG	ORAL	MWF
			Ezetimibe 10 MG	ORAL	MWF
			Heparin Sodi(1)5000 UNIT	SUBC	TIDHEP

Discontinued Medications: Vancomycin HCl; Kinetics - Pharmacy Dosing;

2/19/14 5/1 Pice zone placed. Out of ICU  
13:00 Tolerating Cefazolin. No fever or drainage  
① Neck wound & erythema or drainage  
A) CMSSA Neck port of CEA wound infected  
② Mild port of pneumonia  
③ PUD  
P) P/w wife + pt + Dr. Chervu  
P/w today to continue Cefazolin  
29m 12g 80 → 4/20/14  
Weekly labs & Neutrophils. P/w 1 week.



PATIENT ID: 1404801123

*[Handwritten signature]*  
A. Chervu

POOR ORIGINAL



FORM: 1110110

Progress Note - MAURICE, EUGENE G - 02/21/14 07:29  
(SUMMARIZED PATIENT DATA ONLY, COMPLETE DATA ONLINE.)

MAURICE, EUGENE G  
Cobb  
FROM: 02/20/14 07:29 TO: 02/21/14 07:29  
ROOM: 339-01 ADM: 02/17/14 15:35  
AGE: 65Y SEX: M MD: CHERVU, ARUN  
DOB: 01/02/1948 ID: 1404801123 MR 001832856  
REQUESTED: 02/21/14 07:29 (AZ)  
OPT OUT:

VITAL SIGNS Most recent value for 02/21 (Range for past 24 hrs excluding most recent value)							
Temp #1	98F Ora <sup>04:14</sup>	(98F Ora-98.3F O)	NIBPmean	(55mmHg-117mmHg)	MAP	(69mmHg-120mmHg)	
Pulse #1	64bpm M <sup>04:14</sup>	(63bpm-69bpm)	BP Equip	Portab	(Portab)	Pulse Ox E Spotck	(Spotck)
Respiratic	18/min <sup>04:14</sup>	(13-24/0)	Daily Weig	168.23 <sup>04:14</sup>	(109.6kg Bed)	ABP	(82-159/50-103)
BP #1	110/56mm <sup>04:14</sup>	(102-157/46-112)	SpO2	96% Ro <sup>04:14</sup>	(89%-100%)		

INTAKE Most recent value for 02/21 (Range for past 24 hrs excluding most recent value)					
Oral ml	(100-500)	0.45 Salin	(779)	IV	(0-90.9)
IVPB ml	(50)				

OUTPUT Most recent value for 02/21 (Range for past 24 hrs excluding most recent value)					
Urine ml	(120-400)	Urine occu	2 <sup>04:14</sup>		
I&O (02/20 <sup>07:01-02/21<sup>07:01</sup></sup> )	1819/1220	Net	599	I&O (02/21 <sup>07:01-07:29</sup> )	---/--- Net ---

ALL LABS Most recent value for 02/21 (Range for past 35 hrs excluding most recent value)						
BASIC METABOLIC PANEL		CBC W/O DIFFERENTIAL		CBC WITH DIFFERENTIAL		
SODIUM	(135 L)	WBC COUNT	17.3 H <sup>06:08</sup>	(14.4 H)	WBC COUNT 17.3 H <sup>06:08</sup>	(14.4 H)
POTASSIUM	(5.0)	RBC COUNT	3.82 <sup>06:08</sup>	(4.04)	RBC COUNT 3.82 <sup>06:08</sup>	(4.04)
CHLORIDE	(105)	HEMOGLOBIN	11.1 L <sup>06:08</sup>	(11.8 L)	HEMOGLOBIN 11.1 L <sup>06:08</sup>	(11.8 L)
CO2	(20 L)	HEMATOCRIT	34 L <sup>06:08</sup>	(36 L)	HEMATOCRIT 34 L <sup>06:08</sup>	(36 L)
GLUCOSE	(204 H)	MCV	89 <sup>06:08</sup>	(89)	MCV 89 <sup>06:08</sup>	(89)
BUN	(25 H)	MCH	29 <sup>06:08</sup>	(29)	MCH 29 <sup>06:08</sup>	(29)
CREATININE	(1.31)	MCHC	33 <sup>06:08</sup>	(33)	MCHC 33 <sup>06:08</sup>	(33)
ANION GAP	(15)	RDW	15.2 <sup>06:08</sup>	(14.9)	RDW 15.2 <sup>06:08</sup>	(14.9)
CALCIUM, TO	(8.3 L)	PLATELET	146 L <sup>06:08</sup>	(141 L)	PLATELET 146 L <sup>06:08</sup>	(141 L)
GFR NON-AF	(85 L)	MPV	10.4 <sup>06:08</sup>	(9.7)	MPV 10.4 <sup>06:08</sup>	(9.7)
GFR AFRICA	(>60)					

ROUTINE MEDICATIONS *indicates new or change in med order in last 24 hours. ( ) indicates shortened med name.					
*Cefazolin 2G (12 GM)	IV Q8H	Docusate Sodi (100 MG)	ORAL BID	Ezetimibe 10 MG	ORAL MWF
Pantoprazole 140 MG	IV DAILY	Chlorzhalidone 50 MG	ORAL DAILY	Kinetics - Ph (1)	NOTE DOSE MISC UD
Lisinopril 10 MG	ORAL BID	Carvedilol 12.5 MG	ORAL BID	Heparin Sodi (1) 5000 UNIT	SUBC TIDHEP
Aspirin 81 MG	ORAL DAILY	Pravastatin S (180 MG)	ORAL MWF		

Discontinued Medications: Vancomycin HCL;

2/21/14  
07:29  
Vasceq  
JSS, Med  
feels OK  
Left Neck  
wounds clean, dry, intact  
minimal swelling of neck  
fargue in nodules  
speech intact  
D/c home if OK - ID  
w/BC and, but probably 2° to other  
steroid  
Neuro intact  
Flu in - wh.  
C HERVU



PATIENT ID: 1404801123



FORM: 1110110

Progress Note - MAURICE, EUGENE G - 02/20/14 11:02  
(SUMMARIZED PATIENT DATA ONLY, COMPLETE DATA ONLINE.)

(N)

MAURICE, EUGENE G  
Cobb  
FROM: 02/19/14 11:02 TO: 02/20/14 11:02  
ROOM: 454-01 ADM: 02/17/14 15:35  
AGE: 65Y SEX: M MD: CHERVU, ARUN  
DOB: 01/02/1949 ID: 1404801123 MR: 001632858  
REQUESTED: 02/20/14 11:02 (JAHT)  
OPT OUT:

VITAL SIGNS Most recent value for 02/20 (Range for past 24 hrs excluding most recent value)			
Temp #1	98.2F 07:30 (98F Oral)	BP #1	121/52 07:30 (93-124/45-62)
Pulse #1	67bpm 07:30 (61bpm-83bpm)	Widemean	70mmHg 07:30 (57mmHg-77mmHg)
Respiratio	10/min 07:30 (15-17/0)	Daily Weig	112.3kg 04:15
		SpO2	96% 07:30 (92%-95%)
		MAP	74mmHg 07:30 (65mmHg-86mmHg)
		ABP	148/50mm 07:30 (130-160/43-56)

INTAKE Most recent value for 02/20 (Range for past 24 hrs excluding most recent value)			
Oral ml	300 08:45 (118)	OtherMaint	1:50 08:00
0.45 Salin	154 06:17 (0)	IV	0 08:00 (0-67)

OUTPUT Most recent value for 02/20 (Range for past 24 hrs excluding most recent value)			
Urine Cath	200 04:00	JP #1 ml	10 05:00
I&O (02/19 06:01-02/20 06:01)	1150/200 Net 950	I&O (02/20 06:01-11:02)	649/10 Net 639

ALL LABS Most recent value for 02/20 (Range for past 36 hrs excluding most recent value)			
BASIC METABOLIC PANEL		CALCIUM, TO 8.3 L 04:45	
SODIUM	135 L 04:45	GFR NON-AF	55 L 04:45
POTASSIUM	5.0 04:45	GFR AFRICA	>60
CHLORIDE	105 04:45	CBC W/O DIFFERENTIAL	
CO2	20 L 04:45	WBC COUNT	14.4 R 04:45
GLUCOSE	204 H 04:45	RBC COUNT	4.0 04:45
BUN	25 H 04:45	HEMOGLOBIN	11.8 L 04:45
CREATININE	1.31 04:45	HEMATOCRIT	36 L 04:45
ANTON GAP	15 04:45	MCV	89 04:45
		MCH	29 04:45
		MCHC	33 04:45
		RDW	14.9 04:45
		PLATELET	141 L 04:45
		MPV	9.7 04:45
		CULTURE, WOUND W/ANAEROBIC	
		CULTURE, W	(SOURCE)

2/19 Need  
-> Wbx 1  
2/17 Bc  
-> Wbx 3

ROUTINE MEDICATIONS *indicates new or change in med order in last 24 hours. ( ) indicates shortened med name.			
Vancomycin HCL 1500 MG	IV Q12H	Chlorothalidone 50 MG	ORAL DAILY
Partoprazole (740 MG)	IV DAILY	Aspirin 81 MG	ORAL DAILY
Dexamethason (4 MG)	IV Q6H	Docusate Sodi (100 MG)	ORAL BID
Carvedilol 12.5 MG	ORAL BID	Pravastatin S (180 MG)	ORAL MWF
		Ezetimibe 10 MG	ORAL MWF
		Lisinopril 10 MG	ORAL BID
		Kinetics - Ph (1 NOTE DOSE MISC UD	
		*Heparin Sodi (15000 UNIT	SUBC TIDHEP

Discontinued Medications: Trimethoprim-Sulfamethoxazole;

INFUSING IVS & DRIPS			
Nicardipine in Sa (1)/Premix S (1)	0 ml/hr	Sodium Chloride 0.45%	70 ml/hr

2/20/14  
1245

5) Seen in ICU post 140 @ need  
No fever. Tolerating IV Vancomycin  
Wound 5 lengths  
Lungs clear  
Heart M 9.5  
A/D Staph A @ CEA post op wound infection  
@ Med post op  
A/D/ICU Dr. Chuan (2/19-2/20) & wife  
@ PICU June for IV antibiotics  
X to wound post op  
@ Continue Vancomycin

2/17 Need  
-> High 5P  
2/17 B146



PATIENT ID: 1404801123

Handwritten signature

(7) Start Cefazolin 29m IV q 8h

WELLSTAR PROGRESS NOTES

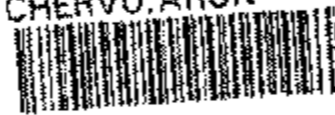
DATE	Time AM/PM	NOTES
	0:241	
		Maurice, Eugene 65 y/o
		Dr. Chervu
		expos (L) neck - CEA 1-14
		of hematoma
		- evacuation of hematoma, carotid patch
		vein patch repair (L) leg.
	Hx:	HTN, CAD, PVD (CABG, angioplasty)
	N	Intact - JP drain 10cc 4 inch dressing @ calf
		98/98.4 - 155/53 75, SR
		1+ ↓ ext -
	Vom	(L) Madril Alene
	PRN	3L 95% (RR=17) Cardene 0000
	B1	Regular JH 5mg/hr.
	BM	Flc → 1000cc / 150 (150) total 70cc/hr.
	IV:	(A) H g. 18 LR = 600 cc.
		(B) H g. 20 Vancin = 2000 q 18 hrs.
		1/2 NS 70 cc/hr. Decadron 4mg q 6 / 830 AM
		x 4 doses / 3rd dose
		Hep SA @ 7AM Labs
		CAE, AMP

WELLSTAR

- Cobb  Douglas  Kennestone
- Paulding  Windy Hill  Other \_\_\_\_\_

PROGRESS NOTES

001632858 454-01 02/17/14  
 MAURICE, EUGENE G  
 01/02/49 M 65Y C1404801123  
 CHERVU, ARUN







FORM: 1130110

Progress Note - MAURICE, EUGENE G - 02/20/14 07:05  
(SUMMARIZED PATIENT DATA ONLY, COMPLETE DATA ONLINE.)

MAURICE, EUGENE G  
Cobb  
FROM: 02/19/14 07:05 TO: 02/20/14 07:05  
ROOM: 454-01 ADM: 02/17/14 15:35  
AGE: 65Y SEX: M MD: CHERVU, ARUN  
DOB: 01/32/1949 ID: 1404801123 MR: 001632858  
REQUESTED: 02/20/14 07:05 (SR87)  
OPT OUT:

VITAL SIGNS Most recent value for 02/20 (Range for past 24 hrs excluding most recent value)								
Temp #1	99P Ora <sup>06:00</sup>	(97.0P Oral)	BP #1	104/42m <sup>06:00</sup>	(93-130/45-71)	SpO2	95% <sup>06:00</sup>	(92%-94%)
Pulse #1	66bpm <sup>06:00</sup>	(55bpm R-69bpm)	NIBPmean	61mmHg <sup>06:00</sup>	(57mmHg-77mmHg)	MAP	75mmHg <sup>06:00</sup>	(65mmHg-77mmHg)
Respiratio	17/min <sup>06:00</sup>	(17-18/0)	Daily Weig	112.3kg <sup>04:15</sup>		ABP	154/50m <sup>06:00</sup>	(138-142/43-51)

INTAKE Most recent value for 02/20 (Range for past 24 hrs excluding most recent value)			
Oral ml	118 <sup>06:00</sup>	OtherMaint	1150 <sup>04:00</sup>
IV	67 <sup>06:17</sup>		(0)
0.45 Salin	164 <sup>06:17</sup>		(0)

OUTPUT Most recent value for 02/20 (Range for past 24 hrs excluding most recent value)			
Urine Cath	200 <sup>06:00</sup>	JP #1 ml	10 <sup>06:00</sup>
ISO (02/19 06:01-02/20 06:01)	1150/200 Net 950	ISO (02/20 06:01-07:05)	349/10 Net 135

ALL LABS Most recent value for 02/20 (Range for past 36 hrs excluding most recent value)			
BASIC METABOLIC PANEL		CALCIUM, TD	8.3 L <sup>04:45</sup>
SODIUM	135 L <sup>04:45</sup>	GFR NON-AF	55 L <sup>04:45</sup>
POTASSIUM	5.0 <sup>04:45</sup>	GFR AFRICA	>60
CHLORIDE	105 <sup>04:45</sup>	CBC W/D DIFFERENTIAL	
CO2	20 L <sup>04:45</sup>	WBC COUNT	14.4 H <sup>04:45</sup>
GLUCOSE	204 H <sup>04:45</sup>	RBC COUNT	4.04 <sup>04:45</sup>
BUN	25 H <sup>04:45</sup>	HEMOGLOBIN	11.8 L <sup>04:45</sup>
CREATININE	1.31 <sup>04:45</sup>	HEMATOCRIT	36 L <sup>04:45</sup>
ANION GAP	15 <sup>04:45</sup>	MCV	89 <sup>04:45</sup>
		MCH	29 <sup>04:45</sup>
		MCHC	33 <sup>04:45</sup>
		RDW	14.9 <sup>04:45</sup>
		PLATELET	141 L <sup>04:45</sup>
		MPV	9.7 <sup>04:45</sup>
		CULTURE, WOUND W/ANARROBIC	
		CULTURE, W (SOURCE )	

ROUTINE MEDICATIONS *indicates new or change in med order in last 24 hours. ( ) indicates shortened med name.							
Vancomycin HCl	1500 MG	IV Q18H	Chlorthalidone	50 MG	ORAL DAILY	Ezetimibe	10 MG ORAL MWF
Pantoprazole	( ) 40 MG	IV DAILY	Aspirin	81 MG	ORAL DAILY	Lisinopril	10 MG ORAL BID
*Dexamethason	( ) 4 MG	IV Q6H	Docusate Sodi	( ) 100 MG	ORAL BID	Kinetics - PH	( ) 1 NOTE DOSE MISC UD
Carvedilol	12.5 MG	ORAL BID	Pravastatin S	( ) 80 MG	ORAL MWF	*Heparin Sodi	( ) 5000 UNIT SUBC TIDREQ

Discontinued Medications: Trimethoprim-Sulfamethoxazole;

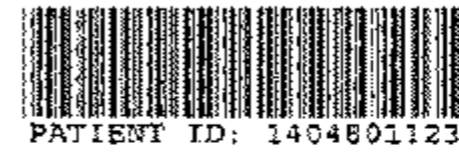
INFUSING IVS & DRIPS			
Nicardipine in Sal	( ) Premix S	2.5 mg/hr	25 ml/hr
Sodium Chloride	0.45%		70 ml/hr

2/20/14  
0800

Vascular

- Stable.
- Afebrile, vs
- A & O x 3
- Lungs: clear
- Cv: regular.
- Abd: soft.
- Nemo: A & O x 3, CN intact, 5/5 (B) UE strength (B) LE strength
- (C) neck: Choked - 5/5 intact / JB removed (empty)
- (A) (P) - 5/5 (C) conical patch excision
- doing well.
- on Conalene 9H
- keep in i/cn until Conalene weaned off

S.A. 02/20/14



PATIENT ID: 1404801123

WELLSTAR PROGRESS NOTES

DATE	Time AM/PM	NOTES
2/17/14	2230	Pt, resting in NAD, BP, Pt, to receive BP meds no acute issues @ this time, will follow-up as needed ————— OLUENZERN

Date/Time of Insertion: 2/20/14  
Initials: [Signature]  
BAIRD  
Foley Catheter

**WELLSTAR**  
 Cobb  Douglas  Kennestone  
 Paulding  Windy Hill  Other \_\_\_\_\_

001632858 306-01 02/17/14  
MAURICE, EUGENE G  
01/02/49 M 65Y C1404801123  
CHERVU, ARUN

**PROGRESS NOTES**



FORM: 1110110

IP

Progress Note - MAURICE, EUGENE G - 02/19/14 10:56  
(SUMMARIZED PATIENT DATA ONLY, COMPLETE DATA ONLINE.)

MAURICE, EUGENE G  
DOB: 02/18/14 10:55 TO: 02/19/14 10:56  
ROOM: 305-01 ADM: 02/17/14 15:35  
AGE: 65Y SEX: M MD: CHERVU, ARUN  
DOB: 01/02/1949 ID: 1404801123 MR: 001632858  
REQUESTED: 02/19/14 10:56 (JAH7)  
OPT OUT:

VITAL SIGNS		Most recent value for 02/19 (Range for past 24 hrs excluding most recent value)	
Temp #1	97.6F 09:50	(97.6F C-97.9F O) BP #1	138/71mm 09:50 (129-157/65-67)
Pulse #1	55bpm 09:50	Portab	(Portab)
Respiratio	18/min 09:50	Height/Len	(57in)
I&O (02/18 07:01-02/19 07:01)	---/--- Net ---	I&O (02/19 07:01-10:55)	---/--- Net ---

ALL LABS				Most recent value for 02/19 (Range for past 36 hrs excluding most recent value)	
BASIC METABOLIC PANEL		RBC COUNT	(4.05)	ABSOLUTE E	(0.4)
SODIUM	(140)	HEMOGLOBIN	(11.9 L)	ABSOLUTE L	(2.6)
POTASSIUM	(4.7)	HEMATOCRIT	(36 L)	ABSOLUTE M	(0.4)
CHLORIDE	(106)	MCV	(89)	ABSOLUTE N	(3.5)
CO2	(27)	MCH	(29)	MPV	(10.4)
GLUCOSE	(159 H)	MCHC	(33)	PLATELET E	(ADEQUATE)
BUN	(18)	RDW	(14.8)	RBC MORPHO	(RBC MORPHOL)
CREATININE	(1.26)	PLATELET	(146 L)	CRP, QUANT	
ANION GAP	(12)	% LYMPHS	(37)	CRP, QUANT	(<0.5)
CALCIUM, TO	(9.1)	% MONOS	(6)	PROTIME	
GFR NON-AF	(57 L)	% EOS	(5)	INR	(1.01)
GFR AFRICA	(>60)	% BASOS	(3 H)	PT	(11.1)
CBC WITH DIFFERENTIAL		% NEUTROPH	(49)	SED RATE	
WBC COUNT	(7.1)	ABSOLUTE B	(0.2)	SED RATE	(11)

2/17/14  
→ NGX2

ROUTINE MEDICATIONS						- indicates new or change in med order in last 24 hours. ( ) indicates shortened med name.	
Vancomycin 1111000 MG	IV	Q12H	Lisinopril 10 MG	ORAL BID	Chlorthalidone 50 MG	ORAL DAILY	
Pantoprazole ( ) 40 MG	IV	DAILY	Aspirin 81 MG	ORAL DAILY	Docusate Sodi ( ) 100 MG	ORAL BID	
Pravastatin S ( ) 80 MG	ORAL MWF		Ezetimibe 10 MG	ORAL MWF	Kinetics - Ph ( ) 11	NOTE DOSE MISC UD	
Carvedilol 12.5 MG	ORAL BID		Trimethoprim ( ) 1	TABLET TA	ORAL BID		

#2

2/17/14  
Staph 1P

Discontinued Medications: Heparin Sodium (Porcine);  
One Time Meds Scheduled: Dexamethasone Sodium Phosphate 8 MG IV 02/19/2014

2/19/2014  
1205

SI No new congestions  
Identifying IV Vancomycin  
No fever / discharge

o) (C) neck - no erythema or drainage  
Lungs clear  
Heart in S2

A) No port of wound infection of (C) neck  
to colonize of wound to strength SP (Staph flora?)

P) Dlu Dr Chervu + wife  
I+O today  
Continue Vancomycin IV for now



PATIENT ID: 1404801123

Handwritten signature



FORM: 3110110

Progress Note - MAURICE, EUGENE G - 02/19/14 07:03  
(SUMMARIZED PATIENT DATA ONLY, COMPLETE DATA ONLINE.)

MAURICE, EUGENE G  
Cctb  
FROM: 02/18/14 07:03 TO: 02/19/14 07:03  
ROOM: 306-01 ADM: 02/17/14 15:35  
AGE: 65Y SEX: M MD: CHERVU, ARUN  
DOB: 04/02/1949 ID: 1404801123 MR: 001632858  
REQUESTED: 02/19/14 07:03 (C780)  
OPT OUT

VITAL SIGNS Most recent value for 02/19 (Range for past 24 hrs excluding most recent value)			
Temp #1	97.5F O <sup>08:01</sup>	(97.4F O-98F Ora)	BP #1 145/65m <sup>08:01</sup> (129-157/67-77)
Pulse #1	65bpm B <sup>08:01</sup>	(60bpm M-63bpm M)	BP Equip Portab (Portab)
Respiratio	18/min <sup>08:01</sup>	(16-18/0)	Height/Len 57in Pulse Cx E
I&O (02/18 <sup>07:03</sup> , 02/19 <sup>07:03</sup> )		---/--- Net ---	I&O (02/19 <sup>07:01-07:03</sup> ) ---/--- Net ---

ALL LABS Most recent value for 02/19 (Range for past 36 hrs excluding most recent value)			
BASIC METABOLIC PANEL		RBC COUNT	(4.05)
SODIUM	(136-140)	HEMOGLOBIN	(11.9 L)
POTASSIUM	(4.4-4.7)	HEMATOCRIT	(36 L)
CHLORIDE	(104-106)	MCV	(89)
CO2	(25-27)	MCH	(29)
GLUCOSE	(150 H-159 H)	MCHC	(33)
BUN	(18-20)	RDW	(14.8)
CREATININE	(1.26-1.42)	PLATELET	(146 L)
ANION GAP	(11-12)	% LYMPHS	(37)
CALCIUM, TO	(9.1)	% MONO	(6)
GFR NON-AF	(50 L-57 L)	% EOS	(5)
GFR AFRICA	(>60)	% BASO	(3 H)
CBC WITH DIFFERENTIAL		% NEUTROPH	(49)
WBC COUNT	(7.1)	ABSOLUTE B	(0.2)
		ABSOLUTE E	(0.4)
		ABSOLUTE L	(2.6)
		ABSOLUTE M	(0.4)
		ABSOLUTE N	(3.5)
		MPV	(10.4)
		PLATELET E	(ADEQUATE)
		RBC MORPHO	(RBC MORPHOL)
		CRP, QUANT	
		CRP, QUANT	(<0.9)
		PROTIME	
		INR	(1.01)
		PT	(11.1)
		SED RATE	
		SED RATE	(11)

ROUTINE MEDICATIONS *indicates new or change in med order in last 24 hours. ( ) indicates shortened med name.			
*Vancomycin H(1500 MG	IV Q18H	Lisinopril 10 MG	ORAL BID
Pantoprazole (140 MG	IV DAILY	Aspirin 81 MG	ORAL DAILY
Pravastatin S(180 MG	ORAL MWF	Szetimibe 10 MG	ORAL MWF
Carvedilol 12.5 MG	ORAL BID	Trimethoprim (11 TABLET TA	ORAL BID
		Chlorzhalidone 50 MG	ORAL DAILY
		Docusate Sodi(100 MG	ORAL BID
		Kinetics - Ph(1) NOTE DOSE MISC UD	
		Heparin Sodi(15000 UNIT	SUBC Q8H

One Time Meds Scheduled: Dexamethasone Sodium Phosphate 8 MG IV 02/19 08:00;

2/19/14  
08:40 AM

Vance Surg  
VSS, Afib

None - intact

↳ significant drainage today

CTA reversed to pt

"Left Neck Exploration with possible  
Excision of Bovine Pericardial Patch  
and Vein Patch Repair"

on Vancomycin

*[Signature]*  
CHERVU



PATIENT ID: 1404801123



FORM: 1110110

Progress Note - MAURICE, EUGENE G - 02/18/14 14:31  
(SUMMARIZED PATIENT DATA ONLY, COMPLETE DATA ONLINE.)

10

MAURICE, EUGENE G  
Caus  
FROM: 02/17/14 14:31 TO: 02/18/14 14:31  
ROOM: 306-01 ADM: 02/17/14 15:35  
AGE: 65Y SEX: M MD: CHERVU, ARUN  
DOB: 01/02/1948 ID: 1404801123 MR: 001632858  
REQUESTED: 02/18/14 14:31 (JAHT)  
OPT OUT:

VITAL SIGNS Most recent value for 02/18 (Range for past 24 hrs excluding most recent value)

Temp #1	96F Ora 09:24	(97.8F 0.58.4F D) BP Equin	Portab	(Portab)	BSA	(2)
Pulse #1	66bpm 09:24	(61bpm 4.0.10.10) Height/Len	57in 11:31	(67in)	Daily Weig	106.5kg 04:35
Respiratio	16/min 09:24	(18)	Admission	(103kg)	SpO2	96% Rod 09:24 (95% Rod 97% Rod)
BP #1	150/77mm 09:24	(132-176/62-69)	BMI	(35.5)	Pulse Ox E Spotck	

I&O (02/17 07:00-02/18 07:00) ---/--- Net --- I&O (02/18 07:00-14:31) ---/--- Net ---

ALL LABS Most recent value for 02/18 (Range for past 36 hrs excluding most recent value)

BASIC METABOLIC PANL		% LYMPHS	37.05.00	CALCIUM, TO	9.1 09:00	(9.1)	
SODIUM	140 05:00	(136)	% MONOS	6.05.00	GFR NON-AP	57 L 05:00 (50 L)	
POTASSIUM	4.7 05:00	(4.4)	% EOS	5.05.00	GFR AFRICA	>60 (>60)	
CHLORIDE	106 05:00	(104)	% BASOS	3 H 05:00	ALBUMIN	(4.1)	
CO2	27 05:00	(25)	% NEUTROPH	49 05:00	ALKALINE P	(57)	
GLUCOSE	159 H 05:00	(150 H)	ABSOLUTE B	0.2 05:00	ALT \ISGPT	(30)	
BUN	18 05:00	(20)	ABSOLUTE E	0.4 05:00	AST \ISGOT	(26)	
CREATININE	1.26 05:00	(1.42)	ABSOLUTE L	2.6 05:00	BILIRUBIN	(0.5)	
ANION GAP	12 05:00	(11)	ABSOLUTE M	0.4 05:00	GLOBULIN	(3.0)	
CALCIUM, TO	9.1 05:00	(9.1)	ABSOLUTE N	3.5 05:00	PROTEIN, TO	(7.1)	
GFR NON-AP	57 L 05:00	(50 L)	MPV	10.4 05:00	CRP QUANT	<0.5	
GFR AFRICA	>60 (>60)		PLATELET E ADEQUAT		CULTURE, BLOOD		
CBC WITH DIFFERENTIAL			RBC MORPHO RBC MOR		CULTURE, B	(SOURCE)	
WBC COUNT	7.1 05:00		COMP METABOLIC PANL		CULTURE, WOUND W/ANEROBIC		
RBC COUNT	4.95 05:00		SODIUM	140 05:00	(136)	CULTURE, WOUND W/ANEROBIC	
HEMOGLOBIN	11.9 L 05:00		POTASSIUM	4.7 05:00	(4.4)	CULTURE, W	(SOURCE)
HEMATOCRIT	36 L 05:00		CHLORIDE	106 05:00	(104)	PROTEIN	
MCV	89 05:00		CO2	27 05:00	(25)	INR	1.01 05:00
MCH	29 05:00		GLUCOSE	159 H 05:00	(150 H)	PT	15.2 05:00
MCHC	33 05:00		BUN	18 05:00	(20)	BED RATE	
RDW	14.8 05:00		CREATININE	1.26 05:00	(1.42)	SSD RATE	11 05:00
PLATELET	146 L 05:00		ANION GAP	12 05:00	(11)		

2/17 BC  
2/17 wound  
Feeling  
worse

2/18/14 check - 3/10 WCA low density collection

ROUTINE MEDICATIONS indicates new or change in med order in last 24 hours. ( ) indicates shortened med name.

*Vancomycin H(1500 MG	IV Q8H	*Lisinopril	10 MG	ORAL BID	*Chlorthalido(50 MG	ORAL DAILY
*Pantoprazole(45 MG	IV DAILY	*Aspirin	81 MG	ORAL DAILY	*Docusate Sod(100 MG	ORAL BID
*Pravastatin (80 MG	ORAL MWF	*Ezetimibe	10 MG	ORAL MWF	*Kinetics - P(1) NOTE DOSE MISC UD	
*Carvedilol	12.5 MG	*Trimethoprim(1) TABLET TA	ORAL BID	*Heparin Sodi(5000 UNIT	SUBC Q8H	

2/19/2017  
19:20

S) Tolerating Vancomycin  
No fever  
No drainage

D) Wound - wound not draining. No cysts

A) No port exposed infected. (med after CEA vs heurston/german)

P) Continue Vancomycin pending CT  
HD planned 2/19

3 heurston  
or german  
vs  
infected



PATIENT ID: 1404801123

Handwritten signature

WELLSTAR PROGRESS NOTES

DATE	Time AM/PM	NOTES
2/18/14	10 <sup>25</sup> AM	wound care assessment - @ incision (leucocytes old) near from anastomosis. Has a pin point opening, hypergranulated, plan for surgery tomorrow. per vascular. Recommended to pt keep covered with bandaid. Shower w/ hibiclens. Wound care
2/18	1320	pt care wound care. Vancomycin initiated empirically. Then blood. CX reviewed. ESR < 70 mm/hr. TO OLINAM. Vancomycin 150 mg IV Q12H. Monitor Ser & Cr. Adjust if needed. Goal trough ~ 15-20 mcg/L.

WELLSTAR

- Cobb  Douglas  Kennestone
- Paulding  Windy Hill  Other \_\_\_\_\_

PROGRESS NOTES

001632858 306-01 02/17/14  
 MAURICE, EUGENE G  
 01/02/49 M 65Y C1404801123  
 CHERVU, ARUN





FORM: 1110310

Progress Note - MAURICE, EUGENE G - 02/18/14 07:05  
(SUMMARIZED PATIENT DATA ONLY, COMPLETE DATA ONLINE.)

MAURICE, EUGENE G  
Cobb  
FROM: 02/17/14 07:05 TO: 02/18/14 07:05  
ROOM: 306-01 ADM: 02/17/14 15:35  
AGE: 65Y SEX: M MD: CHERVU, ARUN  
DOB: 01/02/1949 ID: 1404801123 MR: 001632658  
REQUESTED: 02/18/14 07:05 (SRB7)  
OPT OUT:

VITAL SIGNS Most recent value for 02/18 (Range for past 24 hrs excluding most recent value)			
Temp #1	98.8 F 04:35	(97.8F-100.4F) OI BP Equip	Portab (Portab) BSA (2)
Pulse #1	56bpm 04:35	(52bpm-61bpm) M	Height/Len 67in Daily Weig 105.5kg 04:35
Respiratio	18/min 04:35	(18)	Admission (303kg) SpO2 95% 04:35 (98% 00-97% 00)
B2 #1	142/69mm 04:35	(132-176/62-67)	BMT (35.5)

ALL LABS Most recent value for 02/18 (Range for past 36 hrs excluding most recent value)			
BASIC METABOLIC PANEL		PLATELET	146 L 05:00
SODIUM	140 05:00 (136)	LYMPHS	37 05:00
POTASSIUM	4.7 05:00 (4.4)	MONOS	6 05:00
CHLORIDE	106 05:00 (104)	EOS	5 05:00
CO2	27 05:00 (25)	EASOS	3 R 05:00
GLUCOSE	159 H 05:00 (150 H)	NEUTROPH	49 05:00
BUN	18 05:00 (20)	ABSOLUTE B	0.2 05:00
CREATININE	1.26 05:00 (1.42)	ABSOLUTE E	0.4 05:00
ANION GAP	12 05:00 (11)	ABSOLUTE L	2.6 05:00
CALCIUM, TO	9.1 05:00 (9.1)	ABSOLUTE M	0.4 05:00
GFR NON-AF	57 L 05:00 (50 L)	ABSOLUTE N	3.5 05:00
GFR AFRICA	>60 (>60)	MPV	10.4 05:00
CBC WITH DIFFERENTIAL		PLATELET E ADEQUAT	
WBC COUNT	7.1 05:00	RBC MORPHO	RBC MOR
RBC COUNT	4.05 05:00	COMP METABOLIC PANEL	
HEMOGLOBIN	11.9 L 05:00	SODIUM	140 05:00 (136)
HEMATOCRIT	36 L 05:00	POTASSIUM	4.7 05:00 (4.4)
MCV	89 05:00	CHLORIDE	106 05:00 (104)
MCH	29 05:00	CO2	27 05:00 (25)
MCHC	33 05:00	GLUCOSE	159 H 05:00 (150 H)
RDW	14.8 05:00		
		BUN	18 05:00 (20)
		CREATININE	1.26 05:00 (1.42)
		ANION GAP	12 05:00 (11)
		CALCIUM, TO	9.1 05:00 (9.1)
		GFR NON-AF	57 L 05:00 (50 L)
		GFR AFRICA	>60 (>60)
		ALBUMIN	4.1 (4.1)
		ALKALINE P	157 (157)
		ALT (SGOT)	30 (30)
		AST (SGOT)	26 (26)
		BILIRUBIN	0.5 (0.5)
		GLOBULIN	3.0 (3.0)
		PROTEIN, TO	7.1 (7.1)
		CRP, QUANT	4.05
		CRP, QUANT	4.05
		CULTURE, WOUND W/ANAEROBIC	
		CULTURE, W	(SOURCE) @WBC
		PROTIME	
		INR	1.01 05:00
		PT	11.1 05:00

@WBC  
organisms  
seen

ROUTINE MEDICATIONS *indicates new or change in med order in last 24 hours. ( ) indicates shortened med name.			
*Panloprazole 140 MG	IV DAILY	*Trimethoprim 11 TABLET TA	ORAL BID
*Ezetimibe 10 MG	ORAL MWF	*Chlorthalido 50 MG	ORAL DAILY
*Pravastatin 180 MG	ORAL MWF	*Docusate Sod 100 MG	ORAL BID
*Carvedilol 12.5 MG	ORAL BID	*Lisinopril 10 MG	ORAL BID
		*Aspirin 81 MG	ORAL DAILY
		*Kinetics - P ( )	NOTE DOSE MISC UB
		*Heparin Sedi ( )	5000 UNIT SUBC Q8H

2/18/14  
08:15

Complaints this AM. Of fevers. Overall "feels great"

neck of change.  
2 small openings very superficial exudate @ lower excision  
neuro grossly intact.

Plan ~~to~~ OR tomorrow for left neck exploration  
with possible excision of bone pericardial patch  
& vein patch repair

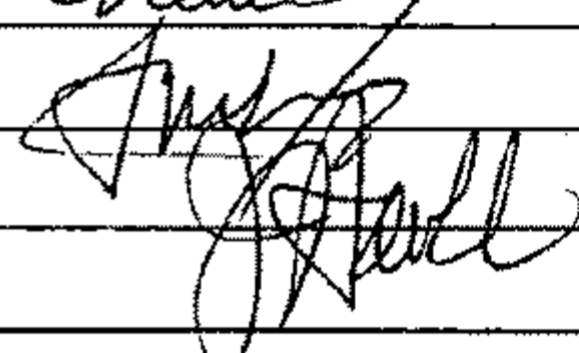
- blood cx (P)  
- final wound cx (P)

Hector Douvion MD



PATIENT ID: 1404801123

WELLSTAR PROGRESS NOTES

DATE	Time AM/PM	NOTES
2/17	2014	DD consult
1830		Inspect (R/L) neck part of wound infection vs seoma after (L) CEA <del>new</del> patch.
		(2) PVD (3) CAD (4) H/A
		Rev. (1) BCX2 (2) wound CTs (3) Vancomycin 15mg/kg q12h (4) Surgical I+D culture per Dr. Chenn
		

WELLSTAR

- Cobb  Douglas  Kennestone  
 Paulding  Windy Hill  Other \_\_\_\_\_

PROGRESS NOTES

Form # WS1650

ITEM # 1650

Page 1 of 1

Revision Date (10/2008)



\*1-WS1650\*

HIM Approved 10/2008

001632858 306-01 02/17/14  
 MAURICE, EUGENE G  
 01/02/49 M 65Y C1404801123  
 CHERVU, ARUN





## ADMISSION PRESSURE ULCER ASSESSMENT

Pressure Ulcer Present on Admission

NO Pressure Ulcer Present on Admission

Pressure Ulcer Prevention (PS-48) initiated in HED

Pressure Ulcer Treatment (PS-49) completed per treatment guidelines

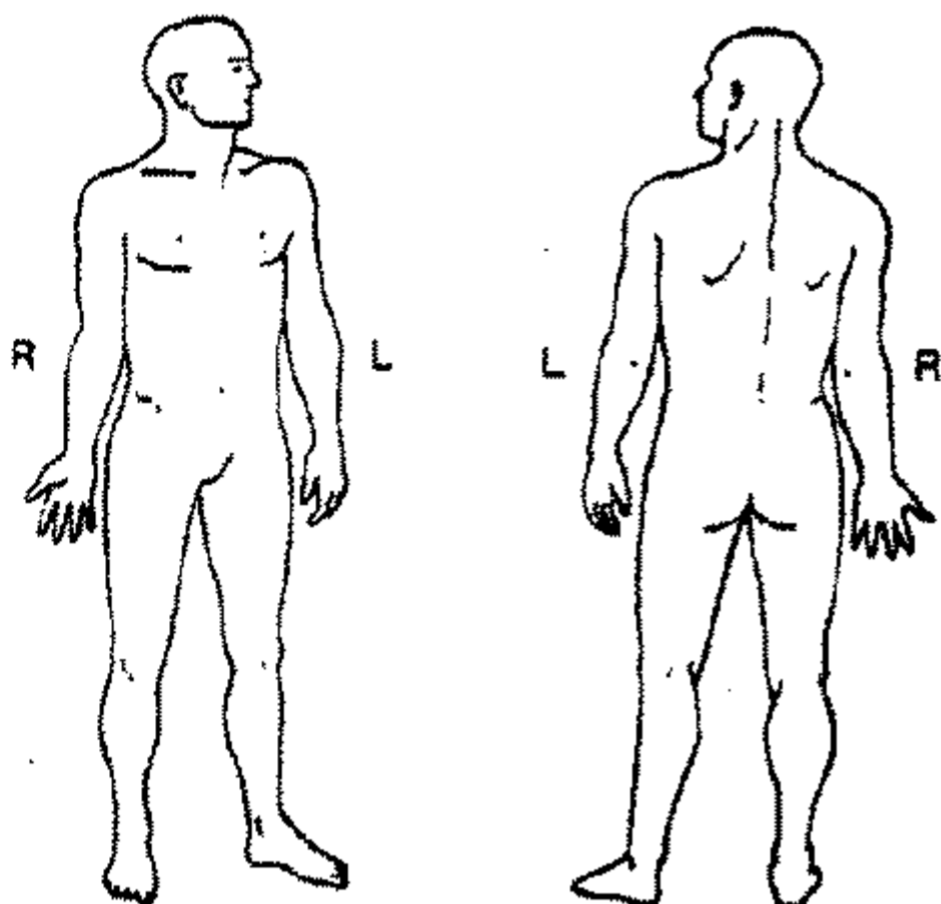
R = Non-blanchable Redness

N = Open and/ or Necrotic

D = Deep Tissue Injury (DTI)

**NOTE:** The terms **Non-blanchable Redness**, **Open/ Necrotic**, and **Deep Tissue Injury** indicate tissue damage related to pressure. Document "other" skin impairments in HED, not here.

Document corresponding letter over affected area(s):



Consult WOC nurse for deep tissue injury, necrotic, and full-thickness wounds per Pressure Ulcer Treatment guidelines (PS-49).

**PHYSICIAN TO COMPLETE**

This patient has a pressure ulcer that was present on admission.

RN Signature:

*[Handwritten Signature]*

Physician Signature:

*(MD signature required only if Pressure Ulcer Present on Admission)*

Date/ Time: 2/17/14 5 AM / PM

Date/ Time: \_\_\_\_\_ / \_\_\_\_\_ AM / PM

**\*\*Review Bed Surface Selection Guidelines (in HED)\*\***

**WellStar**

- Cobb     Douglas     Kennestone  
 Paulding     Windy Hill

**Admission Pressure Ulcer Assessment**

001632858    339-01    02/17/14  
 MAURICE, EUGENE G  
 01/02/49    M    65Y    C1404801123  
 CHERVU, ARUN



\*1-WS1286\*

**PRESSURE ULCER DOCUMENTATION**

Date: 2/19/14 OR#: 7 SURGEON: Chervu / Doursova

Diagnosis: infected CEA patch  
 Procedure: excised I&O, exploration of patch, repair of CEA

**PRE-PROCEDURE**  
 Identified  Day & P  
 Chart Reviewed  Consent Signed  
 Pre-anesthesia State:  
 Awake  Anxious  Asleep  
 Uncooperative  Calm  Agitated  
 Confused  Unresponsive

**PRE-ANESTHESIA EVALUATION**  
 Immediate pre-induction evaluation/assessment complete   
 Plan of Care Remains Same  Yes  No  
 Initials: mv Change To: \_\_\_\_\_

**PRE-INDUCTION VALUES**  
 11/55 P 60 R 18 SAT 6

**PATIENT SAFETY**  
 Machine Checked  
 Safety Belt On  
 Arms L & R on Ambicard <50°  
 Ambu Resistant  
 Ax Roll  
 Pressure points checked and padded  
 Eye Care:  Taped  Goggles

**PREMEDICATION**  
 Lorazepam 1 mg IV @ 1409  
 Fentanyl \_\_\_\_\_ Mcg IV @ \_\_\_\_\_

**ANTIBIOTIC**  
 Antibiotic: Vanu IV @ 0600  
 Antibiotic: \_\_\_\_\_ IV @ \_\_\_\_\_

**TOURNIQUET**  
 mm Hg \_\_\_\_\_ time \_\_\_\_\_ min

**PATIENT SUMMARY**  
 5'7 227/55  
 NKDD

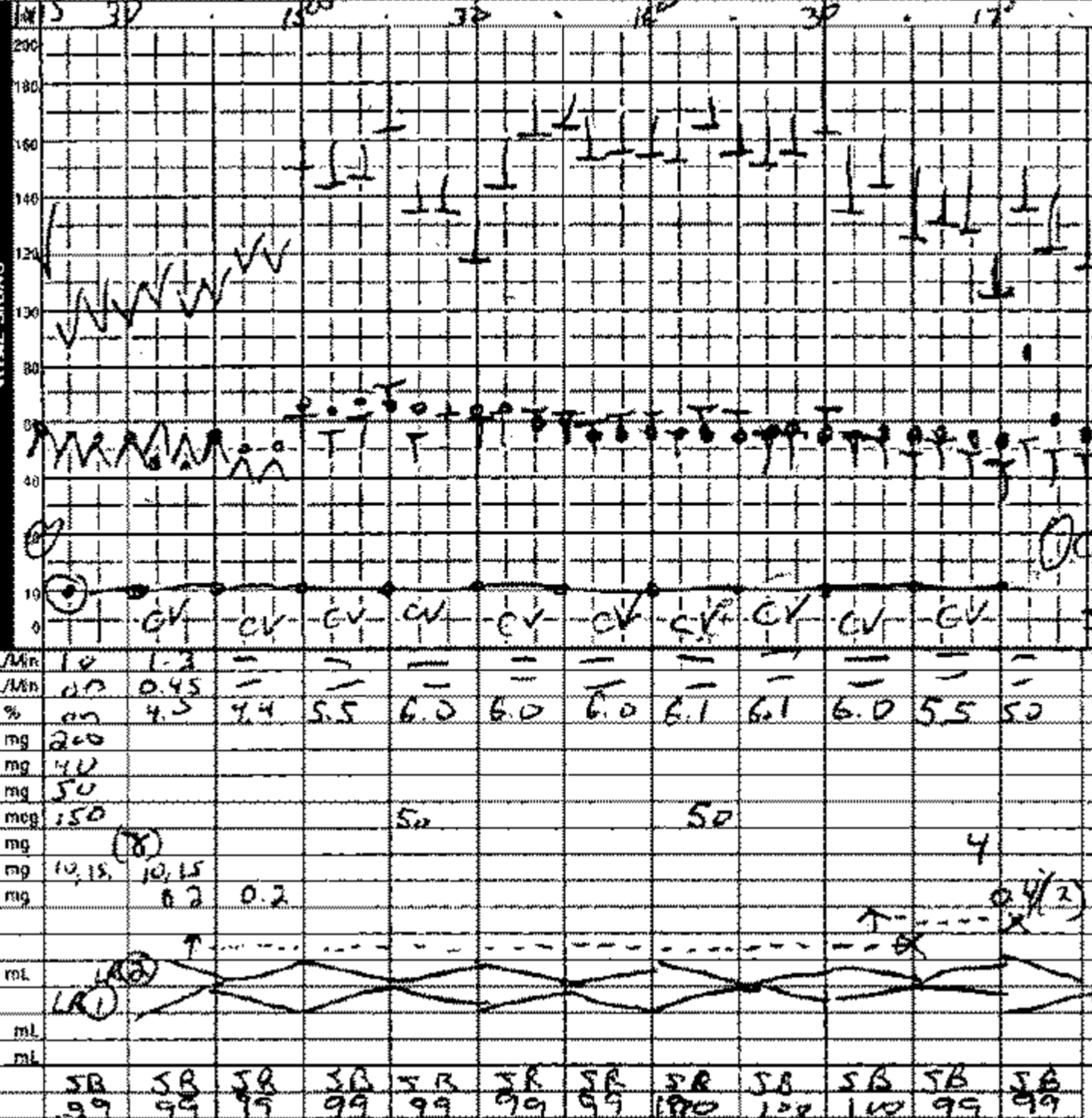
**MONITORS AND EQUIPMENT**  
 Steth  Pinacord  Graph  Other  
 Non-invasive B/P  Left  Right  
 Continuous EKG  Lead EKG  
 Pulse Oximeter  Oxygen Sensor  
 End Tidal CO<sub>2</sub>  Gas Analyzer  
 Active Warming:  Heat Exchanger  HME  BIS  
 Heat Hugger  HME  BIS  
 KC Pad  Fluid Warmer  
 F-NOCC Tube  
 Easy  DR  To Section  
 Ar. Line: 20g @ Radial  
 Other: 20g @ Head  
 IV(s): 18g @ Head

**ANESTHETIC TECHNIQUE**  
 General:  Pre-Oxygenation  C/A  
 Rapid Sequence  Circul Pressure  
 IV Induction  TIVA  
 Inhalation  Spinal  Epidural  
 Other: \_\_\_\_\_  
 Regional:  Spinal  Epidural  
 Site: \_\_\_\_\_  
 # \_\_\_\_\_ sponges / Spinal needles  
 Introducer:  attempts  
 G Tr. Epidural Needle  
 Catheter: \_\_\_\_\_ Neg. CSF  
 Neg. blood  Neg. paresthesia  
 Neg. test does  
 Drug \_\_\_\_\_ Dose \_\_\_\_\_ Time \_\_\_\_\_

**AIRWAY MANAGEMENT**  
 Intubation:  Oral  RAE  
 Nasal  Armored  
 Direct  Endobronch.  
 Blind  Uncuffed  Cuffed  
 Stylet  Cuffed  
 Magill's  BBS  
 Fiber Optic  ET CO<sub>2</sub> pressure  
 Awake  Blade  Miller  
 Secured w/ 23  Bouffard  
 Adaptors x 1  Easy  
 Airway:  Oral  Nasal  Difficult  
 Mask Case  See Remarks  
 LMA  Nasal Cannula

**ANESTHESIA TIME**

START	1406
IN ROOM	1411
STOP	1508
ASA	1
REMARKS	PT ED'd chart reviewed In OR STD ASA monitor Applied ASMs egd All pff IV induction smooth Atmospheric grade LAT C Mac 4 8.0 off on vent 18g IV start @ head mult attempts for art lines B. lateral @ Allens not / pre/post place 20g under upper sound by Dr Chervu @ radial 1527 5500 units Heparin IVP PSR 1538 20cc/hr LMD IVO PSR 1540 3min neupharm 1637 the nat. cath 1655 10u, Protamine IV PSR PT tolerated procedure well, Spn breathing resumed Spn VT > 10cc RR < 20 & stable continue on page 2





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

**ANESTHESIA-RELATED ISSUES**

Complications related to anesthesia (such as severe nausea, high fever, or difficult intubation) in yourself

Complications related to anesthesia in any of your family members

Full dentures     Upper     Lower

Partial dentures     Upper     Lower

Capped teeth     Upper     Lower

Loose or chipped tooth  
Where? \_\_\_\_\_

Painful or decreased ability to move neck or to open jaw fully

Nasal surgery or facial fracture

History of motion sickness

**PRIOR SURGERIES AND DATES**

No prior surgeries

\_\_\_\_\_

**HEART DISEASE**

High cholesterol

High blood pressure

Heart disease  
Date of last visit to a cardiologist: \_\_\_\_\_

Heart attack    Date: \_\_\_\_\_

Heart surgery, stent, angioplasty  
Date: \_\_\_\_\_

Chest pain or angina

Congestive heart failure

Palpitations or irregular heartbeat

Mitral valve prolapse or heart murmur

Any other heart valve disease

Pacemaker or cardiac defibrillator

Shortness of breath with mild exercise

Abnormal EKG or chest x-ray

**LUNG DISEASE**

Smoking history    Packs per day? \_\_\_\_\_  
Years? \_\_\_\_\_ Quit for how long? \_\_\_\_\_

Asthma or wheezing  
Date of last attack: \_\_\_\_\_

Lung disease, COPD, or emphysema

Oxygen use at home

**LUNG DISEASE (CONTINUED)**

Sleep apnea or history of excessive snoring

Use of a CPAP machine

Cold, fever, productive cough, or "flu" in the past 2 weeks

**GI / KIDNEY / LIVER DISEASE**

Acid reflux or heartburn

Hiatal hernia

Kidney disease

Kidney failure  
Date of last dialysis: \_\_\_\_\_

Liver disease or cirrhosis

Hepatitis or jaundice

Do you drink alcoholic beverages?  
\_\_\_\_\_ drinks per \_\_\_\_\_

Use recreational or street drugs

**ENDOCRINE DISEASE**

Diabetes     Type I     Type II

Take insulin

Take pills for diabetes (such as Glipizide, Glyburide, or Glucophage)  
Date last taken: \_\_\_\_\_

Thyroid disease

Taken steroids in the past year

**BLOOD DISORDERS**

Anemia

Sickle cell disease or trait

Bleeding or clotting abnormalities

Take blood thinners (such as aspirin, Coumadin, or Plavix)  
Date last taken: \_\_\_\_\_

Take vitamin E, garlic, ginger, ginseng, or ginkgo herbal supplements

Exposure to AIDS or HIV

**NEUROLOGIC DISEASE**

Stroke or CVA    Date: \_\_\_\_\_

History of TIA or "mini stroke"

Seizure disorder or epilepsy  
Date of last seizure: \_\_\_\_\_

Neuromuscular disease

Frequent headaches or migraines

Low back p

**NEUROLOGIC DISEASE (CONT'D)**

Anxiety

Depression

**FEMALE-RELATED ISSUES**

I am / could be pregnant  
If pregnant, how many weeks? \_\_\_\_\_

Date of last menstrual period \_\_\_\_\_

Pregnancy-induced hypertension (PIH)

Gestational diabetes

History of previous cesarean section

This has been an uncomplicated pregnancy

**OTHER MEDICAL CONDITIONS**

Rheumatoid arthritis or osteoarthritis

History of cancer  
What type? \_\_\_\_\_

History of mastectomy

Other medical problems not listed above (if so, please explain below):  
\_\_\_\_\_  
\_\_\_\_\_

**MEDICATIONS:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ALLERGIES:** \_\_\_\_\_  
\_\_\_\_\_

**Height:** \_\_\_\_\_ **Weight:** \_\_\_\_\_

**Date of Procedure:** \_\_\_\_\_

**Diagnosis:** \_\_\_\_\_  
\_\_\_\_\_


**Proposed Procedure:** \_\_\_\_\_  
\_\_\_\_\_

**WellStar**

Cobb     Douglas     Kennestone I

Kennestone SDS     Paulding     Windy Hill

001632858    339-01    02/17/14  
MAURICE, EUGENE G  
01/02/49    M    65Y    C1404801123  
CHERVU, ARUN



**Pre-Anesthetic Assessment and Consultation**

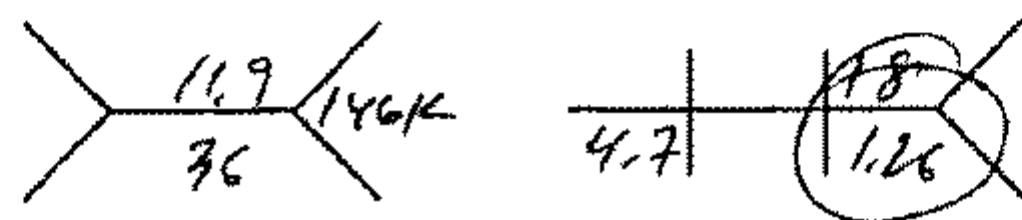
*②/NEIC EXPLANATION*

Do Not Write Below This Line - For Physician Use Only

AIRWAY EXAM: MAL 1 2 3 4  
 Good ROM  TMD greater than or equal to 3 FB  
CAPS / FULL / PARTIAL

SpO2 \_\_\_\_\_ BP \_\_\_\_\_ HR \_\_\_\_\_  
RR \_\_\_\_\_ SpO2 \_\_\_\_\_  
 See nursing notes for vital\*

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

LAB WORK:  


PROBLEM LIST:  
Circle those that apply and strike those that do not  
*CAD s/p CABG > 4 hrs*  
*HTN*  
*2000 s/p CABG - RENOVASCULAR PATENT*  
*Tobacco*  
*11/4/14*  
*(CABG MORTALITY)*  
↑ BMI  
OSA  
DM  
Asthma  
GERD  
*Kidney ↓*

Within normal limits  Within normal limits  
PT 16.1 INR 1.01 PTT \_\_\_\_\_  
Glucose \_\_\_\_\_ Time \_\_\_\_\_  
 HCG: Negative / LMP \_\_\_\_\_  T&S / T&C

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

EKG:  NSR / WNL ECHO: *9/27/13*  
Stress Test: *1/08*  
*Discussed*  
Cardiac Clearance: *CF = 75-80%*

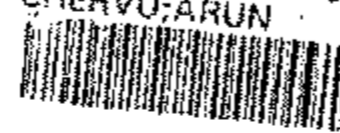
Chest x-ray:  NAD

Pulmonary Clearance:

ASA STATUS: 1 2 3 4 5 E GA  
 Risks, benefits, and options discussed.  
Questions regarding anesthetic risks were solicited and answered. Patient was warned of the risk of dental injury.  
*Wolff 2/19/14*  
*122*  
*Wolff 2/18/14*  
Anesthesia Provider \_\_\_\_\_ Date / Time \_\_\_\_\_

LMA \_\_\_\_\_ RSI \_\_\_\_\_ MAC \_\_\_\_\_ A-LINE \_\_\_\_\_ CVL \_\_\_\_\_  
24 HOUR POST-ANESTHESIA NOTE:  
For use for inpatients only  
 No anesthetic complications  VS stable  
 Discharged on day of surgery  Neuro intact  
 Pain controlled  
Comments:  
Authenticated by  
Thakur Patel, M.D.  
On 02/28/2014 10:14:39 AM  
*M. Wolff, M.D.* *2-20-14 @ 0810*  
Date / Time \_\_\_\_\_

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

001632858 306-01 02/17/14  
MAURICE, EUGENE G  
01/02/49 M 65Y C1404801123  
CHERVU, ARUN  


Room # 454

POST ANESTHESIA RECORD - INPATIENT

DATE: 2-19-14 SURGEON: Chervu ANESTH: Patel ANESTH: GEN SPINAL EPIDURAL BLOCK MAC LOCAL

PROCEDURE: Exploration neck, removal carotid patch & vein patch repair

HISTORY: CAD, CABG, HTN, MACRO, WTN ALLERGIES: NKDA

ADM ASSESSMENT TIME: 1803 DISCHARGE ASSESSMENT TIME: 0230
AIRWAY: Natural [x] Oral [ ] Nasal [ ] E/TT [ ] Trach [ ] LMA [ ]
LOC: Awake [x] Oriented [x] Drowsy [ ] Confused [ ] Unresponsive [ ]
RESP: Equal [x] Full [x] Shallow [ ] Labored [ ] Apneic [ ]
O2: NRB [ ] Cannula [x] T-piece [ ] Vent [ ] Trach Collar [ ] Room Air [ ]
% / Liters / Settings: 3L
BREATH SOUNDS: Clear [x] Rhonchi [ ] Wheezes [ ] Crackles [ ]
SpO2: 98 RR: 18

Comments: VANCO 0600 and 0000 Closure 1750 Ofirmev 1500
NURSING DIAGNOSIS: Potential alteration in ventilation related to effects of anesthesia IV sedation (i.e. decreased respiratory drive muscle relaxation altered level of consciousness)
EXPECTED OUTCOME: 1. Patent / clear airway maintained. 2. Adequate ventilation maintained.

BP: 152/62 Pulse: 60 Cardiac Rhythm: SR Temp: 97.9 Skin: Warm [x] Cool [ ] Dry [ ] Moist [ ]
Color: Normal [x] Pale [ ] Cyanotic [ ]

Peripheral Pulses: Radial L [x] R [x] NA Pedal LDP [x] LPT [ ] RDP [x] RPT [ ]
TEDS: Y [x] N [ ] SCD/AVI: Y [x] N [ ]

Capillary Refill: Brisk [x] Sluggish [ ] NA [ ] Sensation: Normal [x] Dull [ ] Absent [ ] NA [x]
Spinal Level: N/A Discharge @

Comments:
NURSING DIAGNOSIS: Potential alteration in cardiovascular function and tissue perfusion related to surgical intervention and effects of anesthesia.
EXPECTED OUTCOME: 1. Vital Signs within acceptable limits 2. Cardiac rhythm within acceptable limits 3. No evidence of excessive bleeding 4. A-line patent. Distal extremity warm and adequate capillary refill and sensation.

Comments:
NURSING DIAGNOSIS: Pain / anxiety due to surgical procedure.
EXPECTED OUTCOME: 1. Effect of comfort measures noted. 2. Verbal or non verbal expression of reasonable comfort

PAR Score: (see scale) PL Arrived with Personal Effects Bag: Y [ ] N [x] PT. CLASS I II III IV Pt. discharged with Personal Effects Bag: Y [ ] N [x]

Dressing(s): Y [x] NA [ ] Surg Site WNL Y [x] N [ ]
Site #1: Neck Site #2: Leg (lower)
D/I or %Sat: 40% D/I or %Sat: 95%
Side Rails up Y [x] N [ ] Padded Y [ ] N [x]
IV(s) Site WNL Y [x] N [ ] Patent Y [x] N [ ]
Comments: A-line @ wrist 1kg RA - INT @ hand JP @ neck
Drain(s) Patent Y [x] N [ ] NA [ ] JP @ neck
ADMITTING RN: J. D. ... DISCHARGE RN: J. M. ...

WellStar
Cobb [ ] Douglas [ ] Kennestone [ ]
Paulding [ ] Windy Hill [ ]
Post Anesthesia Record - Inpatient
001632858 306.01 02/17/14
MAURICE, EUGENE G
01/02/49 M 65Y C1404801123
CHERVU, ARUN
R



Date: 2-19-14

INTAKE OR: 1100				OUTPUT OR: DTV			MEDICATIONS:					
TIME	SITE	PACU	IN	LTC	TIME	URINE:	AMOUNT	TIME	ROUTE	MEDICATION	REASON	INT
1830	N	LR	600		005Z	CATU	1000	2130	IV	Decadron 4mg	IV pain	in
0000	WFB	Vancocin	250					2058	IV	Morphine 2mg	IV pain	in
0000	WFB	Carles Sing	1cc		0300	CATU	150	2245	IV	Hydroalozole 10mg	HTN	in
								2305	PO	Lisinopril 10mg	PO	in
								2305	PO	Coreg 12.5mg	PO	in
2300	IV	1/2 NS @ 70cc/hr	100	900				0000	WFB	Carles Sing	HTN	in
								0005	WFB	Vancocin	150mg	in
					2330	OTHER: SIP	10	0113	IVP	Decadron 4mg	Just	in

PACU TOTALS	CRYSTALLOIDS	OTHER: EB	URINE	OTHER: SIP	OTHER:
	1100	150	1150	10	

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

TIME NOTES: INT

1803 Pt to PACU from OR report received NPO - 1810 ice placed onto @ neck pt resting @ 1800

2130 Wife at pt bedside anxious to see pt explained we were very busy - pt unable to void - tolerating ice chips - wife for medication from pharmacy

2210 Another call placed to pharmacy continue to wait for meds.

2245 BP 180/113 - Hydroalozole given per orders continue to wait for meds from pharmacy

2310 Report to Stephanie RN -

2310 Assessed care of pt. Duden's reviewed. Will wait for you expectivess of you BP meds. Lot of Congest Allen

2330 update given to Mr. Chervu: re: BP, plan for Carles Sing

WellStar

Cobb     Douglas     Kennestone

Paulding     Windy Hill

Post Anesthesia Record - Inpatient

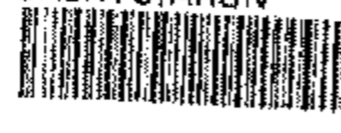
001632858    306-01    02/17/14

MAURICE, EUGENE G

01/02/49    M    65Y    C1404801123

CHERVU, ARUN

KER





Nurses Notes

2/19/14 2330 cont'd.  
 Date Time 2/19/14 2330 cont'd.  
 0015 ABP 139/50. Candene A & Sully per  
 0042 Ilefur Band Edge inserted 20 inches to mid.  
 pleat yellow urine observed 400 cc, still  
 draining. Will evaluate w/ hypertension. SN  
 0046 ABP 142/55. Candene A & Sully. WOP 700 cc  
 0052 1000 ml urine pump cath. Will allow FC  
 to remain in place until am. SN  
 0208 Te get ques to Main, TN SN

Signature *[Handwritten Signature]*  
 Signature  
 Signature

Signature  
 Signature  
 Signature

WellStar  
 Cobb  Douglas  Kennestone  
 Paulding  Windy Hill  
 Nurses Notes

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 CHERVU, ARUN



FORM #WS0327

ITEM #46154

Page 1 of 1

\*1-WS0327\*

2/2011

Preoperative Diagnosis: Possible Left Coronary Infarction

Postoperative / Final Diagnosis: same

Procedure Performed: Exploration of Neck & Excision of Infected Bovine Pericardial Patch & Vein Patch (GSD)

Performing Physician: Alberca

Assistant:  None H. Dourson

Anesthesia: GA (Dr. T. Patel)

Findings: hematoma over patch & poor incorporation bovine patch removed

Implant(s): vein patch

Specimen / Device Removed: Bovine Patch & sent for organ stain & CT.

Blood Loss: 150 cc; Fluids: 1100 cc

Physician Signature: Alberca / CHGR Date: 2/19/14 Time: 1810 AM / PM

Operative Report Dictated

**For Outpatient only**

Discharge Follow-up Instructions: \_\_\_\_\_

Condition on Discharge: \_\_\_\_\_

Discharge Medications: \_\_\_\_\_

Activities / Diet: \_\_\_\_\_

Physician Signature \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_ AM / PM

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- Paulding  Windy Hill

**PROCEDURE PROGRESS / DISCHARGE NOTE**

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CHERVU, ARUN



## PICC LINE INSERTION PROCEDURE NOTE - IV THERAPY

**Indication:**

- Medications requiring central venous access
- Inability to obtain peripheral access
- Long-term antibiotics
- Infusion of 3 or more incompatible continuous infusions or 2 continuous infusions plus blood product
- Hemodynamic monitoring / instability
- Poor venous access

**Catheter type:**  New catheter  Exchange over wire

Non-tunneled  1  2 lumen

Catheter Length 40 cm Inserted 39 cm Exposed 1 cm

Trimmed:  Yes  No  PICC Mfg: ARROW

Power Injectable  Yes  No  4F  5F

Lot #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

**Consent:**

- Order written  Allergies verified
- Consent obtained  Time Out observed 1247

**Ultrasound guided:**  Yes  No

Preassessment completed. Optimum vessel located and assessed for patency.

0.5 mL subdermal administration of numbing agent:

buffered lidocaine 1%  bacteriostatic saline

Number of doses: 1

**Procedure:**

Start time: 1243 Completion Time: 1317

Successful insertion:  Yes  No

Location:  Left  Right

Upper arm circumference: 36.5 cm (2 cm above insertion site)

Number of attempts: 1

Basilic  Brachial  Cephalic  Median Cubital

Other: \_\_\_\_\_

Stat PCXR ordered at: N/A Report received at: \_\_\_\_\_

Catheter tip location: SVC/CNV PER VASCONOVA

Sign over bed posted (No BP or tourniquet on \_\_\_\_\_ arm) VPS

**IHI guidelines followed:**

- Sterile modified Seldinger technique performed
- Central Line Bundle Checklist Completed**

Comments IF omissions occurred:

**ARROW** REF CDC-34052-VPS  
 2-L 5FR X 40CM ARROWe PICC Powered by ARROWe VPS® Stylet  
 (01) 0 08 01902 07642 7 (17) 150330(10) 23F13K0218  
 LOT 23F13K0218 Use By 2015-03

**Central line secured and dressed:**

- Stat Lock  Hub  Anchor (if used)
- Antiseptic disc applied  Stylet wire removed
- Sterile TSM dressing applied
- Needleless injection cap applied to each lumen
- Each lumen flushed with 20 mL preservative-free normal saline after positive blood return obtained. Flushes without resistance.
- Dressing dated and timed

**Complications:**

- Patient tolerated without immediate complications
- Patient experienced complications:
  - Bleeding  
Estimated blood loss:  less than 5 mL  other: \_\_\_\_\_
  - Hematoma  Neurologic changes
  - Air embolism  Pneumothorax
  - Arterial puncture  Other: \_\_\_\_\_
  - Resistance met with catheter insertion at \_\_\_\_\_ cm
- Intervention(s) for any marked complication(s) above:**
  - pulled back to midline position and physician notified
  - other: \_\_\_\_\_

**Education Given to:**

- patient  caregiver
- Procedure, care, and maintenance explained
- CaBSI FAQ sheet given
- Patient or caregiver verbalized understanding, asked questions appropriately

**Performed by:**

Print Name: Valerie Hynes CNR

Signature: Valerie Hynes

Date: 2/21/14 Time: 1325 AM/PM

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PICC Line Insertion Procedure Note - IV THERAPY

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 CHERVU, ARUN



**NEUROVASCULAR ASSESSMENT FLOWSHEET**

Date	2/19/14	2/19/14	2/19/14	2/19/14	2/19/14	2/19/14	2/19/14	2/19/14						
Time	1805	2005	2205	2300	2100	2300	2300	2300						
Site Assessed	Y	Y	Y	Y	Y	Y	Y	Y						
Nurse Initials	UN	UN	UN	UN	UN	UN	UN	UN						
Tissue Color: Pink (P) Blue (B)	P	P	P	P	P	P	P	P						
Pale (Pl) Mottled (M)														
Tissue Temp: Cold (C) Warm (W)	W	W	W	W	W	W	W	W						
Cool (CO) Hot (H)														
Edema: None = 0 Slight = 1+ Marked = 3+	1+	1+	1+	1+	1+	1+	1+	1+						
Non-pitting = N Moderate = 2+ Severe = 4+														
Pain: Rate: "0" = none to "10" = worst ever Radiating = R Constant = C Intermittent = I	0	0	0	0	0	0	0	0						
Dull = D Sharp = S														
Palpated Pulse: weak = 1+ increased = 3+ Absent = 0	2+	2+	2+	2+	2+	2+	2+	2+						
normal = 2+ bounding = 4+														
Doppler Pulse: Present = P Absent = A	P	P	P	P	P	P	P	P						
Capillary Refill: Less than 3 secs = (WNL) 4-5 secs = Delayed (D) 6 secs or longer = Prolonged (P)	WNL	WNL	WNL	WNL	WNL	WNL	WNL	WNL						
Motor Function: Strong Active ROM = SA Weak Active ROM = WA Passive ROM = P	SA	SA	SA	SA	SA	SA	SA	SA						
Sensory Function: Discriminates sharp/dull = DSD Decreased Sensation = D "Pins and Needles" = P Numb = N	DSD	DSD	DSD	DSD	DSD	DSD	DSD	DSD						

\*\*\*Notify Physician immediately of abnormal findings\*\*\*

Initials	Full Signature & Title	Initials	Full Signature & Title	Initials	Full Signature & Title
UN	UNCOOBYN 2/19/14	SV	SV [Signature]		

WellStar

- Cobb  
  Douglas  
  Kennestone  
 Paulding  
  Windy Hill

Neurovascular Assessment Flowsheet

001632858 306-01 02/17/14  
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 CHERVU, ARUN



# WELLSTAR.

## Patient Admissions Packet Table of Contents and Acknowledgment Form


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

The undersigned hereby certifies that the patient named below received this Patient Admissions Packet which contains the above forms on this 17 day of Feb, 2014.

EUGENE MAURICE  
Name of Patient

Eugene G. Maurice  
Signature of Nurse or Other Healthcare Provider

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

<b>WellStar</b> <input type="checkbox"/> Cobb <input type="checkbox"/> Douglas <input type="checkbox"/> Kennestone <input type="checkbox"/> Paulding <input type="checkbox"/> Windy Hill <input type="checkbox"/> Other _____	001632858 454-01 02/17/14 MAURICE,EUGENE G 01/02/49 M 65Y C1404801123 CHERVU,ARUN 	KER
<b>Patient Admissions Packet - Table of Contents</b>		

FORM # WS0644

(White Copy: Chart / Yellow Copy: Patient)


Revision Date (12/2011)



\*1-WS0644\*

DATE	TIME	DEPT CODE	STAFF INITIALS	EDUCATION TOPIC	Please check (✓) the appropriate column in each category (see code legend below)													
					LEARNER			METHOD				OUTCOME						
					P	F	O	D	W	T	G	V	V	N	D	R		
				Admission education provided and discussed with patient per Admission Packet (Advance Directives, Smoking Cessation, Patient Rights, immunizations, etc.)														
				Review safe and effective use of medications including food/drug interaction List:														
				Review safe and effective use of medical equipment List:														
2/19/14	10:20	P140	SC	Review pain management List:	✓									✓	✓			
				Review diet and nutrition List:														
				Review rehabilitation techniques List:														
				Review community resources List:														
				Review Infection Control Practices: Hand hygiene, respiratory hygiene, and contact precautions according to patient's condition														
				Review measures to prevent adverse events in surgery: Patient identification practices, prevention of surgical infections, and marking of the procedure sites														
2/19/14	12:50	P140	SC	Disease specific and health promotion education provided (booklets, videos, handouts) <ul style="list-style-type: none"> <li>DVT</li> <li>Diabetes</li> <li>AMI - Acute Myocardial Infarction booklet given "Living with Heart Disease"</li> <li>Surgical Patient - Turn, cough, deep breathe</li> <li>Smoking cessation information provided</li> <li>HF - Heart Failure Booklet given "A Guide to a Stronger Heart" (includes diet, activity, medications, worsening signs and symptoms, follow-up, weight monitoring)</li> <li>Stroke - Stroke packet given (includes signs and symptoms, warning signs, when to call 911, personal risk factors, medications and need for follow up)</li> <li>Other</li> </ul> <i>Hand of process explained</i>													✓	✓
				The following videos were viewed by the patient (list titles):														
2/19/14	1:05	OR 51	OR	<i>OR Patient Bundle Implementation</i>														✓
<b>Department Code:</b> CR = Cardiac Rehab D = Diabetic Educator L = Lactation N = Food and Nutrition Therapy NS = Nursing OT = Occupational Therapy P = Pharmacy PT = Physical Therapy XR = Radiology / Imaging RT = Respiratory SS = Social Services SLP = Speech Language Pathologist W = Wound / Ostomy / Cont				<b>Learner Code:</b> P = Patient F = Family O = Other <b>Method Code:</b> D = Demonstration T = Video/CCTV V = Verbal W = Written G = Group/Class <b>Outcome Code:</b> V = Verbalized Understanding N = Needs Reinforcement D = Return Demonstration Satisfactorily R = Refused Teaching														
INITIAL		SIGNATURE		INITIAL		SIGNATURE		INITIAL		SIGNATURE								
MS		<i>[Signature]</i>		SC		<i>[Signature]</i>		SC		<i>[Signature]</i>								

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

001632858 306-01 02/17/14  
MAURICE, EUGENE G  
01/02/49 M 65Y C1404801123  
CHERVU, ARUN  


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

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

001632858   339-01   02/17/14  
MAURICE, EUGENE G  
01/02/49   M   65Y   C1404801123  
CHERVU, ARUN



Transferring Unit: CCU Bed: 454 Receiving Unit: 3N Bed: 339  
 Date: 2/10 2/20 Time: 12W Admitting Physician: Cheval  
 Report Given to: Bremner Consultants: Hevlik  
 Reason for Transfer: Off cardiac Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Diagnosis: <u>Oct acid</u>	Code Status: _____		Yes	No
Allergies: _____	Isolation: _____	ID Band	<input checked="" type="checkbox"/>	
Past Medical History: _____		Allergy Band		<input checked="" type="checkbox"/>
Complications: _____		Dentures		<input checked="" type="checkbox"/>
Surgical Procedure: <u>Sp L partial hysterectomy CVZC</u>		Glasses/Contact Lenses	<input checked="" type="checkbox"/>	
		Hearing Aid		<input checked="" type="checkbox"/>
		Family Notified / Phone #		<input checked="" type="checkbox"/>
		Belongings given to:		<input checked="" type="checkbox"/>
		Equipment:		<input checked="" type="checkbox"/>


Vital Signs: \_\_\_\_\_ Diabetic: \_\_\_\_\_ Last BBG: nk  
 Neuro:  A+O x \_\_\_\_\_  Confused  Unresponsive  
 Respiratory:  RA  O2  Chest Tubes  
 Other: \_\_\_\_\_  
 Cardiovascular: Rhythm: \_\_\_\_\_ Pacer/Defib \_\_\_\_\_  
 Pulses: Rad 2+  Dop \_\_\_\_\_ DP \_\_\_\_\_  Dop \_\_\_\_\_  
 GI: Diet reg ABD \_\_\_\_\_  
 Renal:  Voids  Foley  Incontinent  
 Tubes \_\_\_\_\_ Last BM \_\_\_\_\_  
 Character \_\_\_\_\_  
 Skin: Intact \_\_\_\_\_ Impaired \_\_\_\_\_  
 Dialysis: Access Type \_\_\_\_\_ Thrill \_\_\_\_\_  
 Bruit \_\_\_\_\_ Last Date \_\_\_\_\_  
 Describe \_\_\_\_\_  
 Wounds / Dressing: LLS  
 IV Access: 1) #12 Krenk 2) #206  
 IV Drips / Fluids: same 10k  
 Psychosocial:  Cooperative  Combative  
 ADL:  Self  Assist  Complete  BRP  
 Other \_\_\_\_\_ Turn \_\_\_\_\_ Other \_\_\_\_\_

Pain Score: <u>0</u>	Abnormal Labs: _____	Intake: _____
Fall Precautions: _____	Next Labs Due: <u>AMU BMP ABC</u>	Output: _____
Skin Precautions: _____	Next Meds Due: <u>2100</u>	
Vaccine Status: <u>current</u>	PRN Meds (given last 2 hours): _____	

[Signature]  
 Transferring Nurse Signature / Credentials

Receiving Nurse Signature / Credentials

**WellStar**  
 Cobb  Douglas  Kennestone  
 Paulding  Windy Hill  
**In-House Transfer Document**

001632858 454-01 02/17/14  
 MAURICE, EUGENE G  
 01/02/49 M 65Y C1404801123  
 CHERVU, ARUN  




\*1-WS0200\*





**Transfer/Renewal** of Medication

Wellstar Health System

Patient Transfer from \_\_\_\_\_ unit to \_\_\_\_\_ unit/location

MAURICE, EUGENE G  
ROOM: 306-01 ADM: 02-17-2014 15:35  
AGE: 65 Y SEX: M MD: Chervu, Arun G.  
DOB: 01-02-1949 ID: 1404801123 MR: 001632858  
REQUESTED: 02/19/2014 09:18  
W - Ocl Cnd Ari Wo Infect

**ALLERGIES**

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

**CURRENT HOME MEDICATIONS LIST**

Physician: Consider Home Medications at the time of TRANSFER.

DRUG (GENERIC NAME)	DOSE (COMMENT)	ROUTE	FREQUENCY
Aspirin Oral [aspirin oral]	(Strength: 81 mg)	Oral	Every day
Bactrim DS oral [sulfamethoxazole-trimethoprim oral]	(Special Instructions: take for 10 days, start on 2/11/14 Strength: 800-160 mg)	Oral	2 times per day
Bactroban top	(Special Instructions: for 30 days, start 2/7/14 Strength: 2 %)	Topical	Every day as needed
carvedilol Oral [carvedilol oral]	(Strength: 12.5 mg)	Oral	2 times per day
chlorthalidone Oral [chlorthalidone oral]	(Strength: 50 mg)	Oral	Every day
ramipril Oral [ramipril oral]	(Strength: 10 mg)	Oral	2 times per day
Vytorn 10-80 Oral [ezetimibe-simvastatin oral]	(Special Instructions: Three times a week (M,W,F) Strength: 10-80 mg)	Oral	Every day

REFERENCE LIST ONLY - For REORDERS, use current hospital medication list or space provided for new medication orders.

**CURRENT HOSPITAL MEDICATIONS**

Physician: This is the Renewal of Medication form. Please review current active hospital medications and use the check boxes to Discontinue or Continue. Please sign and date/time each page. Return this copy to the patient's chart under the orders section. Any previous hold medications must be ordered in the "NEW MEDICATION ORDERS" section.

DRUG	DOSE (COMMENT)	ROUTE	FREQUENCY/RATE	START DATE STOP DATE	STATUS	Continue	Discontinue
<b>ANTIBACTERIALS</b>							
TRIMETHOPRIM-SULFAMETHOXAZOLE	1 TABLET TAB (THERAPY START DATE: 2/11 X 10 DAYS)	ORAL	TWICE A DAY	02/16/2014 00:00 02/22/2014 00:00	Active	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>ANTIBACTERIALS, MISCELLANEOUS</b>							
VANCOMYCIN HCL	1500 MG=250 ML SOLR (THERAPY START DATE: 2/18)	IV	EVERY 18 HOURS	02/16/2014 12:00	Active	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>ANTICOAGULANTS</b>							
HEPARIN SODIUM (PORCINE)	5000 UNIT=1 ML SOLN (IF PLATELET COUNTS FALL BELOW 100,000/MM3 OR A GREATER THAN 50 PERCENT DROP PLEASE CONTACT PHYSICIAN)	SUBCUT ANEOUS	EVERY 8 HOURS	02/17/2014 20:00	Active	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

**FAXED**

POOR ORIGINAL

Physician Signature: *M. Chervu/HERVU* Date and Time: 2/19/14, 1800hs

*Maurice Yarn noted 2/19/14 0300*

001632858 306-01 02/17/14  
MAURICE, EUGENE G  
01/02/49 M 65Y C1404801123  
CHERVU, ARUN



**Transfer/Renewal** of Medication  
Wellstar Health System

MAURICE, EUGENE G  
ROOM: 306-01 ADM: 02-17-2014 15:35  
AGE: 65 Y SEX: M MD: Chervu, Arun G.  
DOB: 01-02-1949 ID: 1404801123 MR: 001632858  
REQUESTED: 02/19/2014 09:18  
W - Cnt Crtd An Wd Infrct

DRUG	DOSE (COMMENT)	ROUTE	FREQUENCY/RATE	START DATE STOP DATE	STATUS	Continue	Discontinue
<b>ANTILIPEMIC AGENTS</b>							
EZETIMIBE	10 MG=1 TAB	ORAL	MON, WED, AND FRI	02/18/2014 00:00	Active	<input checked="" type="checkbox"/>	<input type="checkbox"/>
PRAVASTATIN SODIUM	80 MG=1 TAB # THIS THERAPY WAS SUBSTITUTED FOR SIMVASTATIN (ZOCOR) TAB 80MG MWF ORAL	ORAL	MON, WED, AND FRI	02/19/2014 09:00	Active	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>ANTIULCER AGENTS AND ACID SUPPRESSANTS</b>							
PANTOPRAZOLE SODIUM	40 MG=1 SOLR (MIX WITH NS PF 10ML AND GIVE OVER 2 MINUTES)	IV	ONCE A DAY	02/17/2014 12:00	Active	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>CARDIOVASCULAR DRUGS</b>							
CARVEDILOL	12.5 MG=(2 x 6.25 MG TAB)	ORAL	TWICE A DAY	02/18/2014 00:00	Active	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>DIURETICS</b>							
CHLORTHALIDONE	50 MG=(2 x 25 MG TAB)	ORAL	ONCE A DAY	02/18/2014 09:00	Active	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>GASTROINTESTINAL DRUGS</b>							
DOCUSATE SODIUM	100 MG=1 CAP (HOLD FOR DIARRHEA/LOOSE STOOLS)	ORAL	TWICE A DAY	02/17/2014 21:00	Active	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>HORMONES AND SYNTHETIC SUBSTITUTES</b>							
DEXAMETHASONE SODIUM PHOSPHATE	8 MG=82 ML SOLN ***CALL PHARMACY FOR DOSE*** TO BE GIVEN IN OR	IV	ONE TIME DOSE	02/18/2014 08:00 02/18/2014 18:00	Active	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<b>NONSTEROIDAL ANTI-INFLAMMATORY AGENTS</b>							
ASPIRIN	81 MG=1 CREW (FIRST DOSE STAT IF NOT ALREADY GIVEN.)	ORAL	ONCE A DAY	02/17/2014 17:00	Active	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>RENIN-ANGIOTENSIN-ALDOSTERONE SYS. INHIB</b>							
LISINAPRIL	10 MG=1 TAB	ORAL	TWICE A DAY	02/18/2014 00:00	Active	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>UNKNOWN</b>							
KINETICS - PHARMACY DOSING	1 NOTE DOSE	MISCELLANEOUS	AS DIRECTED	02/17/2014 17:00	Active	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**CURRENT PRN HOSPITAL MEDICATIONS**

DRUG	DOSE (COMMENT)	ROUTE	FREQUENCY/RATE	START DATE STOP DATE	STATUS	Continue	Discontinue
<b>ANALGESICS AND ANTIPIRETTICS</b>							
ACETAMINOPHEN	650 MG=1 SUPP (PO/PO FOR MILD PAIN OR FEVER ABOVE F. MAXIMUM DOSE ACETAMINOPHEN PER 24 HOURS; ADULT: 3 GRAM)	RECTAL	EVERY 6 HOURS AS NEEDED	02/17/2014 17:00	Active	<input checked="" type="checkbox"/>	<input type="checkbox"/>
ACETAMINOPHEN	650 MG=(2 x 325 MG TAB) (PO/PO FOR MILD PAIN OR FEVER ABOVE F. MAXIMUM DOSE ACETAMINOPHEN PER 24 HOURS; ADULT: 3 GRAM)	ORAL	EVERY 6 HOURS AS NEEDED	02/17/2014 17:00	Active	<input checked="" type="checkbox"/>	<input type="checkbox"/>

POOR ORIGINAL



Physician Signature: [Signature] Date and Time: 2/19/14, 1800hr

*Spated Maurice G 2/20/14 0300*

001632858 306-01 02/17/14  
MAURICE, EUGENE G  
01/02/49 M 65Y C1404801123  
CHERVU, ARUN



**Transfer/Renewal of Medication**  
Wellstar Health System

MAURICE, EUGENE G  
ROOM: 306-01 ADM: 02-17-2014 15:35  
AGE: 65 Y SBX: M MD: Chervu, Arun G.  
DOB: 01-02-1949 ID: 1404801123 MR: 001632858  
REQUESTED: 02/19/2014 09:18  
W - Ogl Chd Ar We Inrol

DRUG	DOSE (COMMENT)	ROUTE	FREQUENCY/RATE	START DATE STOP DATE	STATUS	Continue	Discontinue
HYDROCODONE-ACETAMINOPHEN 5-325MG	1-2 TABLET TAB (FOR MODERATE PAIN. MAXIMUM DOSE ACETAMINOPHEN PER 24 HOURS: ADULT: 3 GRAM DOCUMENT PAIN SCORE ASSESSMENT BEFORE AND AFTER ADMINISTERING MEDICATION.)	ORAL	EVERY 6 HOURS AS NEEDED	02/17/2014 17:00	Active	<input checked="" type="checkbox"/>	<input type="checkbox"/>
MORPHINE SULFATE	1-2 MG=0.5-1 ML SYRG (FOR BEVERE PAIN CAUTION: SOUND ALIKE/ LOOK ALIKE MEDICATION DOCUMENT PAIN SCORE ASSESSMENT BEFORE AND AFTER ADMINISTERING MEDICATION.)	IV	EVERY 3 HOURS AS NEEDED	02/17/2014 17:00	Active	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>ANTIEMETICS</b>							
ONDANSETRON	4 MG=1 TAB (FOR IV FOR NAUSEA/VOMITING.)	ORAL	EVERY 6 HOURS AS NEEDED	02/17/2014 17:00	Active	<input checked="" type="checkbox"/>	<input type="checkbox"/>
ONDANSETRON HCL	4 MG=2 ML SOLN (IV/PO FOR NAUSEA/VOMITING.)	IV	EVERY 6 HOURS AS NEEDED	02/17/2014 17:00	Active	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>ANTI-INFECTIVES (SKIN &amp; MUCOUS MEMBRANE)</b>							
MUPIROCI 2%	1 APP OINT (X 30 DAYS, START 2/7/14)	TOPICAL	EVERY DAY AS NEEDED	02/18/2014 00:00 03/03/2014 00:00	Active	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>ANXIOLYTICS, SEDATIVES AND HYPNOTICS</b>							
ALPRAZOLAM	0.25 MG=1 TAB (FOR ANXIETY. CAUTION: SOUND ALIKE/ LOOK ALIKE MEDICATION CAUTION: THIS MEDICATION HAS BEEN IMPLICATED IN CAUSING PATIENT FALLS. PLEASE CONSIDER THIS WHEN ASSIGNING THE 'MEDICATION' SCORE IN THE SCHMID FALL RISK ASSESSMENT.)	ORAL	EVERY 6 HOURS AS NEEDED	02/17/2014 17:00	Active	<input checked="" type="checkbox"/>	<input type="checkbox"/>
TEMAZEPAM	15 MG=1 CAP (FOR INSOMNIA. MAY REPEAT ONE DOSE IN 30 MINUTES (DO NOT USE IN PREGNANT PATIENTS). CAUTION: THIS MEDICATION HAS BEEN IMPLICATED IN CAUSING PATIENT FALLS. PLEASE CONSIDER THIS WHEN ASSIGNING THE 'MEDICATION' SCORE IN THE SCHMID FALL RISK ASSESSMENT.)	ORAL	AT BEDTIME AS NEEDED	02/17/2014 17:00	Active	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>GASTROINTESTINAL DRUGS</b>							
BISACODYL	5 MG=1 TAB (FOR CONSTIPATION.)	ORAL	EVERY DAY AS NEEDED	02/17/2014 17:00	Active	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>HYPOTENSIVE AGENTS</b>							
CLONIDINE HCL	0.1 MG=1 TAB (FOR SYSTOLIC BP GREATER THAN CAUTION: SOUND ALIKE/ LOOK ALIKE MEDICATION CAUTION: THIS MEDICATION HAS BEEN IMPLICATED IN CAUSING PATIENT FALLS. PLEASE CONSIDER THIS WHEN ASSIGNING THE 'MEDICATION' SCORE IN THE SCHMID FALL RISK ASSESSMENT.)	ORAL	EVERY 4 HOURS AS NEEDED	02/17/2014 17:00	Active	<input checked="" type="checkbox"/>	<input type="checkbox"/>
HYDRALAZINE HCL	10 MG=0.5 ML SOLN (FOR SYSTOLIC BP GREATER THAN 180 CAUTION: SOUND ALIKE/ LOOK ALIKE MEDICATION)	IV	EVERY 3 HOURS AS NEEDED	02/17/2014 15:57	Active	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**FAXED**

POOR ORIGINAL

Physician Signature: *Maurice Eugene G. Chervu* Date and Time: 2/19/14, 1800hr

*Edith Mungar 2/20/14 03:20*

001632858 306-01 02/17/14  
MAURICE, EUGENE G  
01/02/49 M 65Y C1404801123  
CHERVU, ARUN



**Transfer/Renewal** of Medication

Wellstar Health System

MAURICE, EUGENE G  
ROOM: 306-01 ADM: 02-17-2014 15:35  
AGE: 65 Y SEX: M MD: Chervu, Arun G.  
DOB: 01-02-1949 ID: 1404801123 MR: 001632858  
REQUESTED: 02/19/2014 09:18  
W - O: Chd Ad We Infrct

**NEW MEDICATION ORDERS**


DRUG	DOSE	ROUTE	FREQUENCY/RATE	INDICATION



PHOTOCOPY ORIGINAL

Physician Signature: Chervu Arun / CHERVU

Date and Time: 2/19/14, 10:00 AM Place on chart

001632858 306-01 02/17/14  
MAURICE, EUGENE G  
01/02/49 M 65Y C1404801123  
CHERVU, ARUN  




**Transfer/Renewal** of Medication

Wellstar Health System

Patient Transfer from \_\_\_\_\_ unit to \_\_\_\_\_ unit/location

MAURICE, EUGENE G  
ROOM: 454-01 ADM: 02-17-2014 15:35  
AGE: 65 Y SEX: M MD: Chervu, Arun G.  
DOB: 01-02-1949 ID: 1404801123 MR: 001632858  
REQUESTED: 02/20/2014 14:42  
W - Ocl Cnd Art Wo Infrct

**ALLERGIES**

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

**CURRENT HOME MEDICATIONS LIST**

Physician: Consider Home Medications at the time of TRANSFER.

DRUG (GENERIC NAME)	DOSE (COMMENT)	ROUTE	FREQUENCY
aspirin Oral [aspirin oral]	(Strength: 81 mg)	Oral	Every day
Bactrim DS oral [sulfamethoxazole-trimethoprim oral]	(Special Instructions: take for 10 days. start on 2/11/14 Strength: 800-160 mg)	Oral	2 times per day
Bactroban top	(Special Instructions: for 30 days, start 2/7/14 Strength: 2 %)	Topical	Every day as needed
carvedilol Oral [carvedilol oral]	(Strength: 12.5 mg)	Oral	2 times per day
chlorthalidone Oral [chlorthalidone oral]	(Strength: 50 mg)	Oral	Every day
ramipril Oral [ramipril oral]	(Strength: 10 mg)	Oral	2 times per day
Vytorin 10-80 Oral [ezetimibe-simvastatin oral]	(Special Instructions: Three times a week (M,W,F) Strength: 10-80 mg)	Oral	Every day

REFERENCE LIST ONLY - For REORDERS use current hospital medication list or space provided for new medication orders.

**CURRENT HOSPITAL MEDICATIONS**

Physician: This is the Renewal of Medication form. Please review current active hospital medications and use the check boxes to Discontinue or Continue. Please sign and date/time each page. Return this copy to the patient's chart under the orders section. Any previous held medications must be ordered in the "NEW MEDICATION ORDERS" section.

DRUG	DOSE (COMMENT)	ROUTE	FREQUENCY/ RATE	START DATE STOP DATE	STATUS	Continue	Discontinue
<b>ANTICOAGULANTS</b>							
HEPARIN SODIUM (PORCINE)	5000 UNIT=1 ML SOLN (IF PLATELET COUNTS FALL BELOW 100,000/MM3 OR A GREATER THAN 50 PERCENT DROP PLEASE CONTACT PHYSICIAN)	SUBCUT ANEOUS	3 TIMES A DAY HEPARIN	02/20/2014 07:00	Active	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>ANTILIPEMIC AGENTS</b>							
EZETIMIBE	10 MG=1 TAB	ORAL	MON, WED, AND FRI	02/19/2014 09:00	Active	<input checked="" type="checkbox"/>	<input type="checkbox"/>
PRAVASTATIN SODIUM	80 MG=1 TAB (# THIS THERAPY WAS SUBSTITUTED FOR SIMVASTATIN (ZOCOR) TAB 80MG MWF ORAL)	ORAL	MON, WED, AND FRI	02/19/2014 09:00	Active	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>ANTIULCER AGENTS AND ACID SUPPRESSANTS</b>							
PANTOPRAZOLE SODIUM	40 MG=1 SOLR (MIX WITH NS PF 10ML AND GIVE OVER 2 MINUTES)	IV	ONCE A DAY	02/17/2014 17:00	Active	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Authenticated by  
Jeffrey N Winter, MD  
On 02/28/2014 09:23:42 AM

Physician Signature:

*V.O. RBAC Dr. Winter*  
*J. Malcom, MD c/vsa*

Date and Time:

*2/20/14 1523*

**FAXED**

*270214  
New  
Henderson  
VA*

001632858 454-01 02/17/14  
MAURICE, EUGENE G  
01/02/49 M 65Y C1404801123  
CHERVU, ARUN



**Transfer/Renewal** of Medication  
Wellstar Health System

MAURICE, EUGENE G  
ROOM: 454-01 ADM: 02-17-2014 15:35  
AGE: 65 Y SEX: M MD: Chervu, Arun G.  
DOB: 01-02-1949 ID: 1404801123 MR: 001632858  
REQUESTED: 02/20/2014 14:42  
W - Ocl Crd Art Wo Infct

DRUG	DOSE (COMMENT)	ROUTE	FREQUENCY/RATE	START DATE STOP DATE	STATUS	Continue	Discontinue
<b>CALCIUM-CHANNEL BLOCKING AGENTS</b>							
PREMIX SOLUTION/NICARDIPINE IN SALINE PMX (ISO-OS)	200 ML/20 MG (CONCENTRATION 0.1MG/ML CAUTION: SOUND ALIKE/ LOOK ALIKE MEDICATION PROTECT FROM LIGHT)	IV		02/19/2014 20:00	Active	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>CARDIOVASCULAR DRUGS</b>							
CARVEDILOL	12.5 MG=(2 x 6.25 MG TAB)	ORAL	TWICE A DAY	02/18/2014 00:00	Active	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>CEPHALOSPORINS</b>							
CEFAZOLIN 2GM/50ML D5W	2 GM=50 ML IV (CAUTION: SOUND ALIKE/ LOOK ALIKE MEDICATION)	IV	EVERY 8 HOURS	02/20/2014 14:00	Active	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>DIURETICS</b>							
CHLORTHALIDONE	50 MG=(2 x 25 MG TAB)	ORAL	ONCE A DAY	02/18/2014 09:00	Active	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>ELECTROLYTIC, CALORIC, AND WATER BALANCE</b>							
SODIUM CHLORIDE 0.45%	1,000 ML	IV	70 ml/hr	02/19/2014 19:40	Active	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>GASTROINTESTINAL DRUGS</b>							
DOCUSATE SODIUM	100 MG=1 CAP (HOLD FOR DIARRHEA/LOOSE STOOLS.)	ORAL	TWICE A DAY	02/17/2014 21:00	Active	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>NONSTEROIDAL ANTI-INFLAMMATORY AGENTS</b>							
ASPIRIN	81 MG=1 CHEW (FIRST DOSE STAT IF NOT ALREADY GIVEN.)	ORAL	ONCE A DAY	02/17/2014 17:00	Active	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>RENIN-ANGIOTENSIN-ALDOSTERONE SYS. INHIB</b>							
LISINAPRIL	10 MG=1 TAB	ORAL	TWICE A DAY	02/18/2014 00:00	Active	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>SYMPATHOMIMETIC (ADRENERGIC) AGENTS</b>							
SODIUM CHLORIDE 0.9 %/PHENYLEPHRINE HCL (PRESSORS)	500 ML/50 MG (CONCENTRATION 0.1 MG/ML IT IS RECOMMENDED THIS AGENT BE INFUSED THROUGH A CENTRAL LINE. IF INFUSED WITHOUT A CENTRAL LINE, THE IV SITE SHOULD BE CHECKED AT LEAST EVERY 2 HOURS.)	IV		02/19/2014 20:00	Active	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>UNKNOWN</b>							
KINETICS - PHARMACY DOSING	1 NOTE DOSE	MISCELL ANEOUS	AS DIRECTED	02/17/2014 17:00	Active	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**CURRENT PRN HOSPITAL MEDICATIONS**

DRUG	DOSE (COMMENT)	ROUTE	FREQUENCY/RATE	START DATE STOP DATE	STATUS	Continue	Discontinue
<b>ANALGESICS AND ANTIPYRETICS</b>							
ACETAMINOPHEN	650 MG=1 SUPP (PRN/PO FOR MILD PAIN OR FEVER ABOVE P. MAXIMUM DOSE ACETAMINOPHEN PER 24 HOURS ADULT: 3 GRAM)	RECTAL	EVERY 6 HOURS AS NEEDED	02/17/2014 17:00	Active	<input checked="" type="checkbox"/>	<input type="checkbox"/>

On: 02/28/2014 09:23:43 AM

Physician Signature: V.O. RBAC Dr. Winter / J. Malcolm, RN EVSA Date and Time: 2/20/14 1524

**FAXED**

*Olivia New Arun*

001632858 454-01 02/17/14  
MAURICE, EUGENE G  
01/02/49 M 65Y C1404801123  
CHERVU, ARUN



**Transfer/Renewal** of Medication  
Wellstar Health System

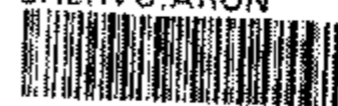
MAURICE, EUGENE G  
ROOM: 454-01 ADM: 02-17-2014 15:35  
AGE: 65 Y SEX: M MD: Chervu, Arun G.  
DOB: 01-02-1949 ID: 1404801123 MR 001632858  
REQUESTED: 02/20/2014 14:42  
W - Ocl Crld An Wo Infrct

DRUG	DOSE (COMMENT)	ROUTE	FREQUENCY/ RATE	START DATE STOP DATE	STATUS	Continue	Discontinue
ACETAMINOPHEN	650 MG=(2 x 325 MG TAB) (PO/PR FOR MILD PAIN OR FEVER ABOVE F. MAXIMUM DOSE ACETAMINOPHEN PER 24 HOURS: ADULT: 3 GRAM)	ORAL	EVERY 6 HOURS AS NEEDED	02/17/2014 17:00	Active	<input checked="" type="checkbox"/>	<input type="checkbox"/>
HYDROCODONE-ACETAMINOPHEN 5-325MG	1-2 TABLET TAB (FOR MODERATE PAIN. MAXIMUM DOSE ACETAMINOPHEN PER 24 HOURS: ADULT: 3 GRAM DOCUMENT PAIN SCORE ASSESSMENT BEFORE AND AFTER ADMINISTERING MEDICATION.)	ORAL	EVERY 6 HOURS AS NEEDED	02/17/2014 17:00	Active	<input checked="" type="checkbox"/>	<input type="checkbox"/>
MORPHINE SULFATE	1-2 MG=0.5-1 ML SYRG (FOR SEVERE PAIN. CAUTION: SOUND ALIKE/ LOOK ALIKE MEDICATION DOCUMENT PAIN SCORE ASSESSMENT BEFORE AND AFTER ADMINISTERING MEDICATION.)	IV	EVERY 3 HOURS AS NEEDED	02/17/2014 17:00	Active	<input checked="" type="checkbox"/>	<input type="checkbox"/>
MORPHINE SULFATE	2-3 MG=1-1.5 ML SYRG (CAUTION: SOUND ALIKE/ LOOK ALIKE MEDICATION DOCUMENT PAIN SCORE ASSESSMENT BEFORE AND AFTER ADMINISTERING MEDICATION.)	IV	EVERY 2 HOURS AS NEEDED	02/19/2014 20:00	Active	<input type="checkbox"/>	<input checked="" type="checkbox"/>
OXYCODONE-ACETAMINOPHEN 5-325MG	1-2 TABLET TAB (MAXIMUM DOSE ACETAMINOPHEN PER 24 HOURS: ADULT: 3 GRAM DOCUMENT PAIN SCORE ASSESSMENT BEFORE AND AFTER ADMINISTERING MEDICATION.)	ORAL	EVERY 4 HOURS AS NEEDED	02/19/2014 20:00	Active	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>ANTICHOLINERGIC AGENTS</b>							
ATROPINE SULFATE	0.4 MG=1 ML SOLN (FOR HR < 40 AND SBP < 90)	IV	AS NEEDED	02/18/2014 20:00	Active	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>ANTIEMETICS</b>							
ONDANSETRON	4 MG=1 TABL (PO/IV FOR NAUSEA/VOMITING.)	ORAL	EVERY 6 HOURS AS NEEDED	02/17/2014 17:00	Active	<input checked="" type="checkbox"/>	<input type="checkbox"/>
ONDANSETRON HCL	4 MG=2 ML SOLN (IV/PO FOR NAUSEA/VOMITING.)	IV	EVERY 6 HOURS AS NEEDED	02/17/2014 17:00	Active	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>ANTI-INFECTIVES (SKIN &amp; MUCOUS MEMBRANE)</b>							
MUPIROCIN 2%	1 APP OINT (X 30 DAYS, START 2/7/14)	TOPICAL	EVERY DAY AS NEEDED	02/18/2014 00:00 03/08/2014 00:00	Active	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>ANXIOLYTICS, SEDATIVES AND HYPNOTICS</b>							
ALPRAZOLAM	0.25 MG=1 TAB (FOR ANXIETY. CAUTION: SOUND ALIKE/ LOOK ALIKE MEDICATION CAUTION: THIS MEDICATION HAS BEEN IMPLICATED IN CAUSING PATIENT FALLS. PLEASE CONSIDER THIS WHEN ASSIGNING THE 'MEDICATION' SCORE IN THE SCHMID FALL RISK ASSESSMENT.)	ORAL	EVERY 6 HOURS AS NEEDED	02/17/2014 17:00	Active	<input checked="" type="checkbox"/>	<input type="checkbox"/>
TEMAZEPAM	15 MG=1 CAP (FOR INSOMNIA. MAY REPEAT ONE DOSE IN 30 MINUTES (DO NOT USE IN PREGNANT PATIENTS). CAUTION: THIS MEDICATION HAS BEEN IMPLICATED IN CAUSING PATIENT FALLS. PLEASE CONSIDER THIS WHEN ASSIGNING THE 'MEDICATION' SCORE IN THE SCHMID FALL RISK ASSESSMENT.)	ORAL	AT BEDTIME AS NEEDED	02/17/2014 17:00	Active	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Authenticated by  
Jeffrey N Winter, MD  
On 02/28/2014 09:23:44 AM

Physician Signature: V.O. RBAC Dr. Winter  
J. Malcolm, MD Date and Time: 2/20/14  
1525

001632858 454-01 02/17/14  
MAURICE, EUGENE G  
01/02/49 M 65Y C1404801123  
CHERVU, ARUN



**FAXED**

*John  
two  
pages*

**Transfer/Renewal of Medication**

Wellstar Health System

MAURICE, EUGENE G  
 ROOM: 454-01 ADM: 02-17-2014 15:35  
 AGE: 65 Y SEX: M MD: Chervu, Arun G.  
 DOB: 01-02-1949 ID: 1404801123 MR: 001632858  
 REQUESTED: 02/20/2014 14:42  
 W - Oct Crld Ad Wo Infret

DRUG	DOSE (COMMENT)	ROUTE	FREQUENCY/RATE	START DATE STOP DATE	STATUS	Continue	Discontinue
<b>GASTROINTESTINAL DRUGS</b>							
BISACODYL	5 MG=1 TREC (FOR CONSTIPATION)	ORAL	EVERY DAY AS NEEDED	02/17/2014 17:00	Active	<input checked="" type="checkbox"/>	<input type="checkbox"/>
MAGNESIUM HYDROXIDE	2400 MG=30 ML SUSP (FOR COSNTIPATION)	ORAL	EVERY 6 HOURS AS NEEDED	02/19/2014 20:00	Active	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>HYPOTENSIVE AGENTS</b>							
CLONIDINE HCL	0.1 MG=1 TAB (FOR SYSTOLIC BP GREATER THAN CAUTION: SOUND ALIKE/ LOOK ALIKE MEDICATION CAUTION: THIS MEDICATION HAS BEEN IMPLICATED IN CAUSING PATIENT FALLS. PLEASE CONSIDER THIS WHEN ASSIGNING THE 'MEDICATION' SCORE IN THE SCHMID FALL RISK ASSESSMENT.)	ORAL	EVERY 4 HOURS AS NEEDED	02/17/2014 17:00	Active	<input checked="" type="checkbox"/>	<input type="checkbox"/>
HYDRALAZINE HCL	10 MG=0.5 ML SOLN (FOR SYSTOLIC BP GREATER THAN 180 CAUTION: SOUND ALIKE/ LOOK ALIKE MEDICATION)	IV	EVERY 3 HOURS AS NEEDED	02/17/2014 16:57	Active	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>VASODILATING AGENTS</b>							
NITROGLYCERIN	0.4 MG=1 SUBL (FOR CHEST PAIN FOR 3 DOSES ONLY)	SUBLIN GUAL	EVERY 5 MINUTES AS NEEDED	02/19/2014 20:00	Active	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**NEW MEDICATION ORDERS**

DRUG	DOSE	ROUTE	FREQUENCY/RATE	INDICATION

Authenticated by  
 Jeffrey N Winter, MD  
 On 02/28/2014 09:23:46 AM

Physician Signature: V.O. RBAC Dr. Winter / J. Malcolm, RN CVSA Date and Time: 2/20/14 1525

001632858 454-01 02/17/14  
 MAURICE, EUGENE G  
 01/02/49 M 65Y C1404801123  
 CHERVU, ARUN

**FAXED**

*Handwritten notes:*  
 2/20/14  
 J. Malcolm  
 RN







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

**Discharge Medication Reconciliation Orders**

Wellstar Health System

MAURICE, EUGENE G  
ROOM: 339-01 ADM: 02-17-2014 15:35  
AGE: 65 Y SEX: M MD: Charvu, Arun G.  
DOB: 01-02-1949 ID: 1404501123 MR: 001532658  
REQUESTED: 02/21/2014 07:41  
W - Ocl Crb Art Wa Infrcl

**ALLERGIES**

<b>ALLERGIES</b>	<b>SYMPTOMS WITH ALLERGY (NV, HIVES, ITCHING, ANAPHYLAXIS):</b>
No Known Allergies	

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

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

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

IP	ACETAMINOPHEN	650 MG=1 SUPP (PR/PO FOR MILD PAIN OR FEVER ABOVE F. MAXIMUM DOSE ACETAMINOPHEN PER 24 HOURS: ADULT: 3 GRAM)	RECTAL	EVERY 8 HOURS AS NEEDED		Active	Yes (1) Add to HM list <input type="checkbox"/> (2) Please write RX <input type="checkbox"/>	No <input checked="" type="checkbox"/>
IP	ACETAMINOPHEN	650 MG=(2 x 325 MG TAB) (PO/PR FOR MILD PAIN OR FEVER ABOVE F. MAXIMUM DOSE ACETAMINOPHEN PER 24 HOURS: ADULT: 3 GRAM)	ORAL	EVERY 6 HOURS AS NEEDED		Active	Yes (1) Add to HM list <input type="checkbox"/> (2) Please write RX <input type="checkbox"/>	No <input checked="" type="checkbox"/>
IP	HYDROCODONE-ACETAMINOPHEN 5-325MG	1-2 TABLET TAB (FOR MODERATE PAIN. MAXIMUM DOSE ACETAMINOPHEN PER 24 HOURS: ADULT: 3 GRAM DOCUMENT PAIN SCORE ASSESSMENT BEFORE AND AFTER ADMINISTERING MEDICATION.)	ORAL	EVERY 6 HOURS AS NEEDED		Active	Yes (1) Add to HM list <input checked="" type="checkbox"/> (2) Please write RX <input type="checkbox"/>	No <input type="checkbox"/>
IP	MORPHINE SULFATE	1-2 MG=0.5-1 ML SYRG (FOR SEVERE PAIN. CAUTION: SOUND ALIKE/LOOK ALIKE MEDICATION DOCUMENT PAIN SCORE ASSESSMENT BEFORE AND AFTER ADMINISTERING MEDICATION.)	IV	EVERY 3 HOURS AS NEEDED		Active	Yes (1) Add to HM list <input type="checkbox"/> (2) Please write RX <input type="checkbox"/>	No <input checked="" type="checkbox"/>

**ANTIBACTERIALS**

HM	Bactrim DS oral [sulfamethoxazole-trimethoprim oral]	(Special Instructions: take for 10 days, start on 2/11/14 Strength: 800-160 mg)	Oral	2 times per day	02/17/2014	Active	Continue <input type="checkbox"/> Discontinue <input checked="" type="checkbox"/>
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**ANTICHOLINERGIC AGENTS**

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

IP	HEPARIN SODIUM (PORCINE)	5000 UNIT=1 ML SOLN (IF PLATELET COUNTS FALL BELOW 100,000/MM3 OR A GREATER THAN 50 PERCENT DROP PLEASE CONTACT PHYSICIAN)	SUBCUTANEOUS	3 TIMES A DAY HEPARIN		Active	Yes (1) Add to HM list <input type="checkbox"/> (2) Please write RX <input type="checkbox"/>	No <input checked="" type="checkbox"/>
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**POOR ORIGINAL**

Physician Signature: *[Signature]*  
*[Signature]*

Date and Time: 2/21/14

Patient Identification Sticker Required

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

**Discharge Medication Reconciliation Orders**

Wellstar Health System

MAURICE, EUGENE G  
 ROOM: 339-01 ADM: 02-17-2014 15:35  
 AGE: 65 Y SEX: M MD: Chervu, Arun G.  
 DOB: 01-02-1949 ID: 1404801123 MR: 001632858  
 REQUESTED: 02/21/2014 07:41  
 W - Ocl Crd An Wo Infrct

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

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

**ANTI-INFECTIVES (SKIN & MUCOUS MEMBRANE)**

HM	Bactroban top	(Special Instructions: for 30 days, start 2/7/14 Strength: 2 %)	Topical	Every day as needed	02/17/2014	Active	Continue <input type="checkbox"/> Discontinue <input checked="" type="checkbox"/>	
IP	MUPIROCIN 2%	1 APP OINT (X 30 DAYS, START 2/7/14)	TOPICAL	EVERY DAY AS NEEDED		Active	Yes (1) Add to HM list <input type="checkbox"/> (2) Please write RX <input type="checkbox"/>	No <input checked="" type="checkbox"/>

**ANTILIPEMIC AGENTS**

HM	Vytorin 10-80 Oral (ezetimibe-simvastatin oral)	(Special Instructions: Three times a week (M,W,F) Strength: 10-80 mg)	Oral	Every day	02/17/2014	Active	Continue <input checked="" type="checkbox"/> Discontinue <input type="checkbox"/>	
IP	EZETIMIBE	10 MG=1 TAB	ORAL	MON, WED, AND FRI		Active	Yes (1) Add to HM list <input type="checkbox"/> (2) Please write RX <input type="checkbox"/>	No <input checked="" type="checkbox"/>
IP	PRAVASTATIN SODIUM	80 MG=1 TAB (# THIS THERAPY WAS SUBSTITUTED FOR SIMVASTATIN (ZOCOR) TAB 80MG MWF ORAL)	ORAL	MON, WED, AND FRI		Active	Yes (1) Add to HM list <input type="checkbox"/> (2) Please write RX <input type="checkbox"/>	No <input checked="" type="checkbox"/>

**ANTIULCER AGENTS AND ACID SUPPRESSANTS**

IP	PANTOPRAZOLE SODIUM	40 MG=1 SOLR (MIX WITH NS PF 10ML AND GIVE OVER 2 MINUTES)	IV	ONCE A DAY		Active	Yes (1) Add to HM list <input type="checkbox"/> (2) Please write RX <input type="checkbox"/>	No <input checked="" type="checkbox"/>
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**ANXIOLYTICS, SEDATIVES AND HYPNOTICS**

IP	ALPRAZOLAM	0.25 MG=1 TAB (FOR ANXIETY. CAUTION: SOUND ALIKE/ LOOK ALIKE. MEDICATION CAUTION: THIS MEDICATION HAS BEEN IMPLICATED IN CAUSING PATIENT FALLS. PLEASE CONSIDER THIS WHEN ASSIGNING THE 'MEDICATION' SCORE IN THE SCHMID FALL RISK ASSESSMENT.)	ORAL	EVERY 6 HOURS AS NEEDED		Active	Yes (1) Add to HM list <input type="checkbox"/> (2) Please write RX <input type="checkbox"/>	No <input checked="" type="checkbox"/>
IP	TEMAZEPAM	15 MG=1 CAP (FOR INSOMNIA. MAY REPEAT ONE DOSE IN 30 MINUTES (DO NOT USE IN PREGNANT PATIENTS). CAUTION: THIS MEDICATION HAS BEEN IMPLICATED IN CAUSING PATIENT FALLS. PLEASE CONSIDER THIS WHEN ASSIGNING THE 'MEDICATION' SCORE IN THE SCHMID FALL RISK ASSESSMENT.)	ORAL	AT BEDTIME AS NEEDED		Active	Yes (1) Add to HM list <input type="checkbox"/> (2) Please write RX <input type="checkbox"/>	No <input checked="" type="checkbox"/>

Physician Signature: *[Handwritten Signature]*  
*C. H. P.*

Date and Time: 2/21/14 07:45

Patient Identification Sticker Required

Do NOT Fax to Pharmacy. Place on chart in Discharge tab.  
**Discharge** Medication Reconciliation Orders  
 Wellstar Health System

MAURICE, EUGENE G  
 ROOM: 339-01 ADM: 02-17-2014 15:35  
 AGE: 65 Y SEX: M MD: Chervu, Arun G.  
 DOB: 01-02-1949 ID: 1404801123 MR: 001632858  
 REQUESTED: 02/21/2014 07:41  
 W - Ocl Cnd Art Wo Infrct

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

HM	carvedilol Oral [carvedilol oral]	(Strength: 12.5 mg)	Oral	2 times per day	02/17/2014	Active	Continue <input checked="" type="checkbox"/> Discontinue <input type="checkbox"/>
IP	CARVEDILOL	12.5 MG=(2 x 6.25 MG TAB)	ORAL	TWICE A DAY		Active	Yes (1) Add to HM list <input type="checkbox"/> (2) Please write RX <input type="checkbox"/> No <input checked="" type="checkbox"/>

**CEPHALOSPORINS**

PO ID

IP	CEFAZOLIN 2GM/50ML D5W	2 GM=50 ML IV (CAUTION: SOUND ALIKE/ LOOK ALIKE MEDICATION)	IV	EVERY 8 HOURS		Active	Yes (1) Add to HM list <input type="checkbox"/> (2) Please write RX <input type="checkbox"/> No <input type="checkbox"/>
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**DIURETICS**

HM	chlorthalidone Oral [chlorthalidone oral]	(Strength: 50 mg)	Oral	Every day	02/17/2014	Active	Continue <input checked="" type="checkbox"/> Discontinue <input type="checkbox"/>
IP	CHLORTHALIDONE	50 MG=(2 x 25 MG TAB)	ORAL	ONCE A DAY		Active	Yes (1) Add to HM list <input type="checkbox"/> (2) Please write RX <input type="checkbox"/> No <input checked="" type="checkbox"/>

**GASTROINTESTINAL DRUGS**

IP	BISACODYL	5 MG=1 TBEC (FOR CONSTIPATION.)	ORAL	EVERY DAY AS NEEDED		Active	Yes (1) Add to HM list <input type="checkbox"/> (2) Please write RX <input type="checkbox"/> No <input checked="" type="checkbox"/>
IP	DOCUSATE SODIUM	100 MG=1 CAP (HOLD FOR DIARRHEA/LOOSE STOOLS.)	ORAL	TWICE A DAY		Active	Yes (1) Add to HM list <input type="checkbox"/> (2) Please write RX <input type="checkbox"/> No <input checked="" type="checkbox"/>
IP	MAGNESIUM HYDROXIDE	2400 MG=30 ML SUSP (FOR COSNTIPATION)	ORAL	EVERY 6 HOURS AS NEEDED		Active	Yes (1) Add to HM list <input type="checkbox"/> (2) Please write RX <input type="checkbox"/> No <input checked="" type="checkbox"/>

**HYPOTENSIVE AGENTS**

IP	CLONIDINE HCL	0.1 MG=1 TAB (FOR SYSTOLIC BP GREATER THAN . CAUTION: SOUND ALIKE/ LOOK ALIKE MEDICATION CAUTION: THIS MEDICATION HAS BEEN IMPLICATED IN CAUSING PATIENT FALLS. PLEASE CONSIDER THIS WHEN ASSIGNING THE 'MEDICATION' SCORE IN THE SCHMID FALL RISK ASSESSMENT.)	ORAL	EVERY 4 HOURS AS NEEDED		Active	Yes (1) Add to HM list <input type="checkbox"/> (2) Please write RX <input type="checkbox"/> No <input checked="" type="checkbox"/>
IP	HYDRALAZINE HCL	10 MG=0.5 ML SOLN (FOR SYSTOLIC BP GREATER THAN 180 CAUTION: SOUND ALIKE/ LOOK ALIKE MEDICATION)	IV	EVERY 3 HOURS AS NEEDED		Active	Yes (1) Add to HM list <input type="checkbox"/> (2) Please write RX <input type="checkbox"/> No <input checked="" type="checkbox"/>

POOR ORIGINAL

Physician Signature: *Arjun Chervu* Date and Time: 2/21/14 0745

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

**Discharge Medication Reconciliation Orders**

Wellstar Health System

MAURICE, EUGENE G  
 ROOM: 339-01 ADM: 02-17-2014 15:35  
 AGE: 65 Y SEX: M MD: Chervu, Arun G.  
 DOB: 01-02-1949 ID: 1404801123 MR: 001632858  
 REQUESTED: 02/21/2014 07:41  
 W - Ocl Crd An Wo Infrct

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

HM	aspirin Oral [aspirin oral]	(Strength: 81 mg)	Oral	Every day	02/17/2014	Active	Continue <input checked="" type="checkbox"/> Discontinue <input type="checkbox"/>
IP	ASPIRIN	81 MG=1 CHEW (FIRST DOSE STAT IF NOT ALREADY GIVEN.)	ORAL	ONCE A DAY		Active	Yes (1) Add to HM list <input type="checkbox"/> (2) Please write RX <input type="checkbox"/> No <input checked="" type="checkbox"/>

**RENIN-ANGIOTENSIN-ALDOSTERONE SYS. INHIB**

HM	ramipril Oral [ramipril oral]	(Strength: 10 mg)	Oral	2 times per day	02/17/2014	Active	Continue <input checked="" type="checkbox"/> Discontinue <input type="checkbox"/>
IP	LISINAPRIL	10 MG=1 TAB	ORAL	TWICE A DAY		Active	Yes (1) Add to HM list <input type="checkbox"/> (2) Please write RX <input type="checkbox"/> No <input checked="" type="checkbox"/>

**VASODILATING AGENTS**

IP	NITROGLYCERIN	0.4 MG=1 SUBL (FOR CHEST PAIN FOR 3 DOSES ONLY)	SUBLING UAL	EVERY 5- MINUTES AS NEEDED		Active	Yes (1) Add to HM list <input type="checkbox"/> (2) Please write RX <input type="checkbox"/> No <input checked="" type="checkbox"/>
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**UNKNOWN**

IP	KINETICS - PHARMACY DOSING	1 NOTE DOSE	MISCELL ANEOUS	AS DIRECTED		Active	Yes (1) Add to HM list <input type="checkbox"/> (2) Please write RX <input type="checkbox"/> No <input checked="" type="checkbox"/>
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POOR ORIGINAT.

Physician Signature: *Alkeru md / C. H. H.* Date and Time: 2/21/14 07:45

Do NOT Fax to Pharmacy. Place on chart in Discharge tab.  
**Discharge** Medication Reconciliation Orders  
Wellstar Health System

MAURICE, EUGENE G  
ROOM: 339-01 ADM: 02-17-2014 15:35  
AGE: 65 Y SEX: M MD: Charva, Arun G.  
DOB: 01-02-1949 ID: 1404801123 MR: 001632858  
REQUESTED: 02/21/2014 07:41  
W - Ocl Crtd Art Wo Infrct

**NEW MEDICATION ORDERS**

DRUG	DOSE	ROUTE	FREQUENCY/RATE	INDICATION

POOR ORIGINAL

Physician Signature: [Signature] Date and Time: 2/21/14 0745 - Place on chart in Discharge tab  
- DO NOT FAX TO PHARMACY

Patient Identification Sticker Required



**Admission Medication Reconciliation Orders**

Wellstar Health System

MAURICE, EUGENE G  
ROOM: 306-01 ADM: 02-17-2014 15:35  
AGE: 65 Y SEX: M MD: Chervu, Arun G.  
DOB: 01-02-1949 ID: 1404801123 MR: 001632858  
REQUESTED: 02/17/2014 19:42  
W - Ocl Grid Art Wo Infrct

**ALLERGIES**

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

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

**ACTIVE HOME MEDICATIONS (including OTC Herbals)**

\*\*\*Pharmacy does not dispense herbal supplements\*\*\*

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

DRUG (GENERIC NAME) (COMMENTS)	DOSE	ROUTE	FREQUENCY	CONFIRMED,	LAST TAKEN	Continue	Discontinue
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**ANTIBACTERIALS**

Bactrim DS oral [sulfamethoxazole-trimethoprim oral] (Special Instructions: take for 10 days, start on 2/11/14 Strength: 800-160 mg)		Oral	2 times per day	02/17/14 19:34	02/17/2014 09:00	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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**ANTI-INFECTIVES (SKIN & MUCOUS MEMBRANE)**

Bactroban top  (Special Instructions: for 30 days, start 2/7/14 Strength: 2 %)		Topical	Every day, as needed	02/17/14 19:36		<input checked="" type="checkbox"/>	<input type="checkbox"/>
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**ANTILIPEMIC AGENTS**

Vytorin 10-80 Oral [ezetimibe-simvastatin oral] (Special Instructions: Three times a week (M,W,F) Strength: 10-80 mg)		Oral	Every day	02/17/14 19:40	02/17/2014 09:00	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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**CARDIOVASCULAR DRUGS**

carvedilol Oral [carvedilol oral] (Strength: 12.5 mg)		Oral	2 times per day	02/17/14 19:33	02/17/2014 09:00	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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**DIURETICS**

chlorthalidone Oral [chlorthalidone oral] (Strength: 50 mg)		Oral	Every day	02/17/14 19:41	02/17/2014 09:00	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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**NONSTEROIDAL ANTI-INFLAMMATORY AGENTS**

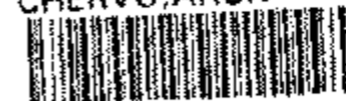
aspirin Oral [aspirin oral] (Strength: 81 mg)		Oral	Every day	02/17/14 19:32	02/17/2014 09:00	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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Authenticated by  
Rector M. Dourton, M.D.  
On 02/28/2014 09:37:01 AM

Physician Signature: To / Dr. Hector Dourton / RBAE / Keme Jones RA Date and Time: 02/17/14 2:30 PM

**FORMED**

001632858 306-01 02/17/14  
MAURICE, EUGENE G  
01/02/49 M 65Y C1404801123  
CHERVU, ARUN



**Admission Medication Reconciliation Orders**  
Wellstar Health System

MAURICE, EUGENE G  
ROOM: 306-01 ADM: 02-17-2014 15:35  
AGE: 65 Y SEX: M MD: Chervu, Arun G.  
DOB: 01-02-1949 ID: 1404801123 MR: 001632858  
REQUESTED: 02/17/2014 19:42  
W - Ocl Crtd Art Wo Infrct

DRUG [GENERIC NAME] (COMMENTS)	DOSE	ROUTE	FREQUENCY	CONFIRMED	LAST TAKEN	Continue	Discontinue
<b>RENIN-ANGIOTENSIN-ALDOSTERONE SYS. INHIB</b>							
ramipril Oral [ramipril oral] (Strength: 10 mg)		Oral	2 times per day	02/17/14 19:32	02/17/2014 09:00	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**HELD HOME MEDICATIONS (Including OTC Herbals)** \*\*\*Pharmacy does not dispense herbal supplements\*\*\*

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

**NEW MEDICATION ORDERS**


DRUG	DOSE	ROUTE	FREQUENCY	COMMENTS
<i>[Large diagonal scribble across the table]</i>				

**FAXED**

POOR ORIGINAL

Physician Signature: To/Dr. Hector Douman / R. B. [Signature] Date and Time: 02/17/14 2:30 PM

001632858 306-01 02/17/14  
MAURICE, EUGENE G  
01/02/49 M 65Y C1404801123  
CHERVU, ARUN



WellStar Cobb Hospital - Home Medication Reconciliation Form

Allergy List:  NKDA

Page \_\_\_\_\_ of \_\_\_\_\_

Allergy	Reaction(s)	Allergy	Reaction(s)	Allergy	Reaction(s)

List all medications, nutritionals, herbal supplements, and pumps or patches used prior to this visit or admission

Source:  Patient  Family  Provided List  Medication bottles  Other \_\_\_\_\_

- Patient states no medications taken  
 Followup required; patient does not know / cannot provide complete list of medications  
 Patient admitted from LTC/LTAC; MAR used to list current medications

ATTENTION PATIENTS: Instructions for Home Medications		
Continue at home?	Next dose due	Comments / Changes
Y N	Y N	
Y N	Y N	
Y N	Y N	
Y N	Y N	
Y N	Y N	
Y N	Y N	
Y N	Y N	
Y N	Y N	
Y N	Y N	
Y N	Y N	

Medications	Dose	Route	Frequency	Last dose taken prior to admit?	Hospital Admit
Aspirin	81mg	PO	once	2/17/14	Y N
Vytorin	10-80mg	PO	MWF	2/17/14	Y N
Carvedilol	12.5mg	PO	two time	2/17/14	Y N
Ramipril	10mg	PO	two time	2/17/14	Y N
Diuretic		PO	once	?	Y N
Bactrim DS	800-160mg	PO	BID x 10 days		Y N
			start 2/11/14		Y N
Bactroban	2% ointment		once daily x 30 day		Y N
			start 2/7/14		Y N

David Admitting Nurse RN 2/17/14 1730 Date Time ~~Chervu, Arun~~ error bk Admitting Physician MD 2/17/14 Date Time

NEW MEDICATIONS ORDERED / PRESCRIBED AT DISCHARGE

Medication Name	Dose	How often should I take it?	Why do I take it?	First Dose Due	Special Instructions	Education provided

Physicians: Your signature indicates that the medications were reviewed based on the information obtained from the sources identified on this form. It is understood that you may not be the prescriber for the above home medications.

- Medication List Reviewed at discharge; NO changes made  Medication List Reviewed at discharge; Changes made

Discharging Physician Signature \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

**PATIENTS** At discharge, refer to bolded HOME area. Continue taking medications circled Y (yes). Stop taking medications circled N (no). Begin new medications that are written above. Share this list of medications with your primary care doctor. Update this information when medications are discontinued, doses are changed, or new medications, including any over the counter, medications are added. Carry your current medication list with you at ALL times in the event of an emergency. A copy of this form is provided to the patient at discharge.

Patient Signature \_\_\_\_\_ Date / Time \_\_\_\_\_ Nurse Signature \_\_\_\_\_ Date / Time \_\_\_\_\_

WellStar Cobb Hospital

001632858 306-01 02/17/14  
 MAURICE, EUGENE G  
 01/02/49 M 65Y 01404801123  
 CHERVU, ARUN



Home Medication Reconciliation List



FORM #WC0093 ITEM #100496

Page \_\_\_\_\_ of \_\_\_\_\_

\*3-WC0093\*

REV. 11/2011  
 HIM Approved 7/2011



## Instructions for Medication Reconciliation Form

### Admission

- The first nurse to interview the patient on admission should initiate the Medication Reconciliation Form (MRF). Indicate: allergies, source of information, and if the patient reports no medications are taken at home. Indicate on form if admitted from LTC / LTAC and list medications from current MAR for current medications.
- If unable to obtain information, followup required - reported to subsequent shifts until information completed.
- For each medication the patient was taking prior to admission, document the name, dose, amount, route, frequency, and date and time the last dose taken.
- The admitting provider reviews the list of medication the patient was taking at admission and chooses to continue or discontinue each medication.
- A new physician's order is required if the physician wants to change any aspect of the patient's existing medication. New physician's orders are required:
  - To change the drug (including strength)
  - To change the dose
  - To change the frequency
  - To change the route
- Signature of the admitting provider indicates the medication orders have been reviewed and reconciled. This is now an order. Fax to the pharmacy.
- Medication may be reconciled with the physician over the phone. Policy and procedure for Read Back and Confirm (RBAC) would apply.
- If additional home meds are identified following initial completion of MRF, these can be added to original form in designated space, and, if physician has already signed, the physician is notified for clarification of order to continue or stop during stay. Note to pharmacy re: New Meds added and re fax order to pharmacy. Nurse to sign on line following admitting nurse and document as RBAC as indicated.
- All medication must be reconciled within 8 hours of admission.
- The MRF shall be placed under Home Meds tab.

### Transfer


- For transfer reconciliation, physician orders of the service from which the patient is transferred should be reviewed for active medications the patient was taking at the time of transfer.
- The MRF and the Medication Administration Record (MAR) should be compared. Review MAR for the time and date of the last dose of each medication.
- Review the home medication list to see if medication that was held on admission now needs to be restarted.
- The healthcare team needs to communicate the active patient medication list to the next provider of service.
- WellStar currently uses the Therapy Review and Reorder Form (TRRF) to reconcile patient medications when a patient is transferring from one level of care to another, during patient hospitalization (for example: when a patient transfers from critical care to acute care).

### Discharge

- The physician at the time of discharge shall review the active medication list. The reported home medication list is also reviewed to determine which home medications should be continued or stopped after discharge.
- The physician will need to provide new prescriptions for any new or modified medications.
- Any new medications or modified medications should be listed in the section of the MRF titled "New Medications Ordered / Prescribed at Discharge" by either the discharging provider or the discharging nurse. Consulting physicians may add medications intended for home into this section of the MRF as needed.
- The physician is to indicate that medication list had been reviewed and if changes were made to home list or not and then sign.
- If the physician is not on the unit to complete the discharge reconciliation process, the nurse may contact the physician by telephone and verbally review and reconcile the list.
- The normal procedures for RBAC must be adhered to.
- The discharge plan should include stopped medication orders.
- **Copy the Medication Reconciliation form and give the copy to the patient at time of discharge.**
- **Instruct the patient to share the medication list with their primary care physician and update the information when changes are made to their medications.**

WellStar complies with this National Patient Safety Goal with the use of these forms:  
Therapy Review and Reorder Form (TRRF) and Medication Reconciliation Form (MRF).

001632858 339-01 02/17/14  
MAURICE, EUGENE G  
01/02/49 M 65Y C1404801123  
CHERVU, ARUN



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

**Section I: Screening Ages 18 and Greater**

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

Screening completed by: David RN Date: 2/17/14 Time: 5 AM PM

**Section II: Vaccine Orders for Eligible Inpatients**

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

**Section III: Administration**

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


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

3. Vaccine(s) given:

Pneumococcal vaccine 0.5 mL IM \_\_\_\_\_ (site) Lot # \_\_\_\_\_

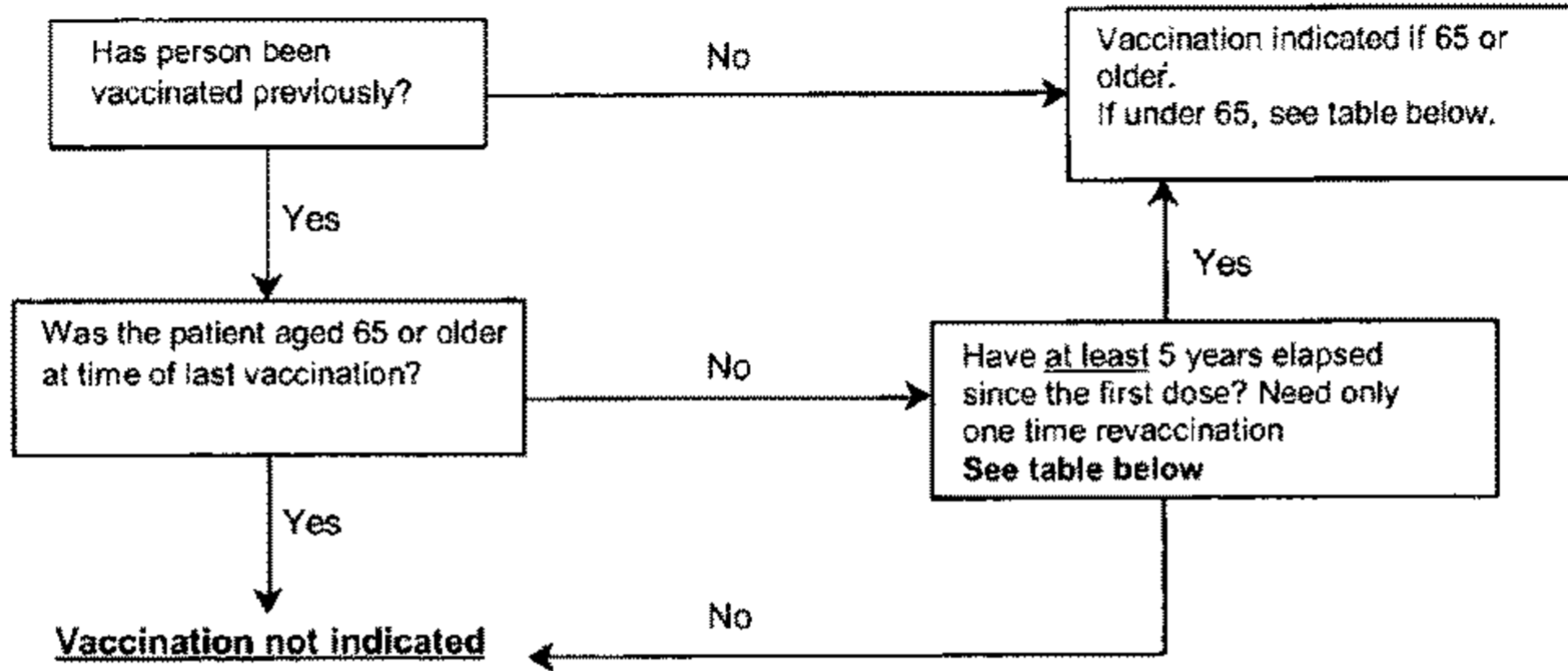
Influenza vaccine (adult) 0.5 mL IM \_\_\_\_\_ (site) Lot # \_\_\_\_\_

Administered by: Signature / title: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_ AM / PM

<p><b>WellStar</b></p> <p><input type="checkbox"/> Cobb <input type="checkbox"/> Douglas <input type="checkbox"/> Kennestone</p> <p><input type="checkbox"/> Paulding <input type="checkbox"/> Windy Hill</p> <p><b>Adult Influenza and Pneumococcal Screening and Vaccination Administration Day 2</b></p>	<p>001632858 306-01 02/17/14</p> <p>MAURICE, EUGENE G</p> <p>01/02/49 M 65Y C1404801123</p> <p>CHERVU, ARUN</p> 
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**"Neither inactivated nor live vaccines administered to a lactating woman affect the safety of breast-feeding for mothers or infants."** (citation is long...CDC MMWR 2006)

**Pneumococcal Vaccine Administer Day 2 - Algorithm for vaccinating eligible persons**



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

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

**Resources:**

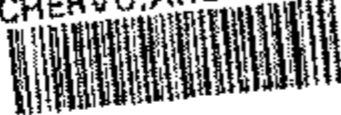
- <http://cdc.gov/vaccines/recs/schedules/default.htm>
- <http://cdc.gov/vaccines/recs/schedules/downloads/child/0-6yrs-schedule-pr.pdf>
- <http://cdc.gov/vaccines/recs/schedules/downloads/child/7-18yrs-schedule-pr.pdf>
- <http://cdc.gov/vaccines/recs/schedules/downloads/adult/mmwr-adult-schedule.pdf>

**WellStar**

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**Adult Influenza and Pneumococcal Screening and Vaccination Administration Day 2**

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

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

RN Initials		<b>MUST BE COMPLETED BY UNIT SENDING TO PROCEDURE / SURGICAL AREA</b>	
1	COA	Isolation Precautions: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Type: <input type="checkbox"/> Contact <input type="checkbox"/> Droplet <input type="checkbox"/> Airborne	Receiving Dept./ RN Notified: <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>PROCEDURE VERIFICATION - Nursing Unit / PreOp</b>			
	DOA	<input checked="" type="checkbox"/> H&P (OP update within 24 hours of procedure)	<input checked="" type="checkbox"/> Informed Consent signed and witnessed
		<input type="checkbox"/> Patient Identification, patient verbalizes correct procedure, and all documentation matches confirmed procedure	
<b>PAPERWORK CHECK - Nursing Unit / PreOp</b>			
	COA	Pacemaker <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, interrogation form (Item #100940) must be on chart. Call device manufacturer if needed.
		Defibrillator <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, interrogation form (Item #100940) must be on chart. Call device manufacturer if needed.
	DOA	<input checked="" type="checkbox"/> Patient Database <input type="checkbox"/> Blood Administration Record <input type="checkbox"/> Print Inpatient Med Admin Record / TRRF	
		<input type="checkbox"/> Outpatient Home Medication Reconciliation List <input type="checkbox"/> POLST <input type="checkbox"/> Advanced Directive <input checked="" type="checkbox"/> PT/INR/PTT	
		<input checked="" type="checkbox"/> CBC <input checked="" type="checkbox"/> Chemistry <input type="checkbox"/> X-rays <input type="checkbox"/> EKG <input type="checkbox"/> Preg test <input type="checkbox"/> BBG	
		<input type="checkbox"/> Blood Products (Type / Screen, Type / Crossmatch) Number of Units: _____ R number: _____	
<b>2 PATIENT PREP - Nursing Unit / PreOp, Procedure Area / OR</b>			
	COA	<input checked="" type="checkbox"/> Allergy band on patient and allergies listed on patient's Database	Height: <u>5'7"</u> Weight: <u>227 lbs</u> BMI: _____
		<input type="checkbox"/> Tubes, Drains, Catheters List: _____	
		<input type="checkbox"/> Anti-embolism hose <input type="checkbox"/> Foot Pump <input checked="" type="checkbox"/> Sequential Compression sleeve	Other: _____
	COA	<input checked="" type="checkbox"/> Beta Blocker Therapy Last dose date/ time: <u>Coreg 12.5mg 0849 2/19/14</u>	
	COA	<input checked="" type="checkbox"/> Anticoagulant Therapy Last dose date/ time: <u>Heparin SC @ 205 2/18/14</u>	
	COA	IV Access (existing or started) <input type="checkbox"/> IV # / g / site / solution: <u>D hand #209</u>	<input type="checkbox"/> Other: _____
	COA	<input checked="" type="checkbox"/> VTE Assessment Complete	NPO since: <u>MD 2/19/14</u> Voided at: <u>1230</u>
	COA	Prep: <input type="checkbox"/> None <input type="checkbox"/> Bowel prep → Results: _____ (per Pt or Initials/Date/Time)	
	COA	<input type="checkbox"/> Skin → <input type="checkbox"/> chlorhexidine <input type="checkbox"/> CHG Wipes solution	PM Prep: <u>2/18/14 2225</u> (per Pt or Initials/Date/Time)
		<input type="checkbox"/> Hair removal: clipped	AM Prep: <u>2/19/14 0540</u> (per Pt or Initials/Date/Time)
	NO	Remove all that apply: Dentures/ Partials Glasses/ Contacts Jewelry/ Body Jewelry Hearing Aid <u>Underwear</u> Hair Clips/ Pins	
		Disposition of belongings: <input checked="" type="checkbox"/> Remain in room <input type="checkbox"/> To family / significant other Locked in: <input type="checkbox"/> Prep room <input type="checkbox"/> Security	
	NO	VS prior to leaving unit: BP: <u>138/71</u> P: <u>55</u> RR: <u>18</u> T: <u>97.6</u> SpO2/O2: <u>98%</u> / flow <u>RA</u>	
Released to Procedure Area / OR via <input type="checkbox"/> Stretcher <input type="checkbox"/> Bed <input type="checkbox"/> Wheelchair <input type="checkbox"/> Ambulatory			
Released by (Floor RN or PreOp RN): <u>MX</u>		Date: _____	Time: _____
Report given to (healthcare professional / RN): _____		Date: _____	Time: _____
<b>MANDATORY: UNIVERSAL PROTOCOL - PART I - Procedure Area / OR</b>			
	SC	<input checked="" type="checkbox"/> H&P (OP update within 24 hours of procedure)	<input checked="" type="checkbox"/> Informed Consent signed, witnessed, on chart
		<input checked="" type="checkbox"/> Patient Identification, patient verbalizes correct procedure, and all documentation matches confirmed procedure	
		Side / Site confirmed: <input checked="" type="checkbox"/> Left <input type="checkbox"/> Right	Location: _____
		<input checked="" type="checkbox"/> Site Marked by physician <input type="checkbox"/> Site specific bracelet applied <input type="checkbox"/> N/A	
	SC	<input checked="" type="checkbox"/> Required test results, blood / antibiotics / irrigation fluids, implants, devices and special needs / equipment are available	
	SC	Released to Procedure Area / OR via <input checked="" type="checkbox"/> Stretcher <input type="checkbox"/> Bed <input type="checkbox"/> Wheelchair <input type="checkbox"/> Ambulatory	

Procedure Area / OR RN Signature: S. Carmichael RN Date: 2-19-14 Time: 1411 AM / PM

**WellStar**  
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**Pre-Procedure Checklist**

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**PRE-PROCEDURE CHECKLIST - page 2**

**ADMITTED FROM:**  Inpatient unit  Telemetry  ED  Home  Other: IS Baseline 2500

**Education:**  Patient / Family informed of procedural and safety processes, questions answered

**FOR OPS / AM ADMISSION**

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

Medications taken today on Medication Administration Record

**PREOPERATIVE AREA MEDICATION ADMINISTRATION**

Medication	Dose	Route	Date / time	Administered by	Pain Scale	Response / Comment
<u>Chlorhexidine</u>	<u>oral</u>	<u>rinse</u>	<u>2/19/14</u>	<u>1310</u>	<u>1/15</u>	

**POST MEDICATION VITAL SIGNS**


Time	<u>1255</u>	<u>98/</u>					
BP		<u>130/71</u>					
Pulse		<u>51</u>					
Respirations		<u>18</u>					
SpO2 / oxygen		<u>96%</u>					

Above information completed by (RN): [Signature] Date / Time: 2/19/14 1315 AM / PM

**NURSES NOTES**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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Rapid Response Progress Note

Date: 2/11/14 Time: 0900

Reason for Call: Flu ICU transfer

Location: ICU Care Rm# 339, CDU/ED Rm#, OR/PACU Rm#, Other, Critical Care Rm#, Women's Center Rm#, Lobby/Barred Center, Visitor/Employee

ICU Discharge prior to RRT call? Yes No

If yes, date admitted to non-ICU unit (after ICU disch.): 2/10/14

Discharged from PACU within 24 hrs of RRT call? Yes No

Sedation / anesthesia within 24 hrs of RRT call? Yes No

Medicated for pain within 12 hrs of RRT call? Yes No

In ED 24 hours prior to RRT call? Yes No

Telemetry discontinued 24 hours prior to RRT call? Yes No

Vital signs taken during RRT call table with columns: TIME, BBG, GCS, HR, BP, Resp, SpO2, Temp./Units

RRT Assessment (check all that apply)

Assessment categories: Cardiac, Respiratory, Neurological, Medical with various checkboxes for symptoms like Bradycardia, Stroke Alert, etc.

Drug Interventions (check all given during RRT event)

Drug intervention categories: Atropine, Nitroglycerine, Morphine, ASA, Narcan, Romazicon, Ativan, Dextrose, 0.9% NS, Dopamine, Levophed, etc.

Non-Drug Interventions, diagnostic and therapeutic (check all done or ordered during RRT event)

Non-drug intervention categories: Access Inserted, Interventions, Labs, Pathway Initiated, and a Swallowing Screen with 8 numbered items.

Procedure Note

Assisted with procedure: Time out completed Patient tolerated without complication See RN note

Summary of Call

Handwritten summary: Flu SLP ICU transfer VS stable, pt c/o complaints & questions. Noted WBC 17.3, neutrophils 85% also seen 4, pt ambulating in room to rest room. Advised staff RN of lab, per RN on abx being ordered by ID & plan to go home & PECC + 6 weeks course ABX. Advised to call if any further needs.

Nursing Plan of Care

Provider notification of findings, Interventions per Rapid Response Standing Orders, POLST obtained from provider, Safe transport of patient to: ICU, Cath Lab, OR, Telemetry, Other Hospital, Remain in current room, Re-evaluate further as needed. Sign: [Signature] Date: 2/11/14 Time: 0900



\*2-RRPNT\*

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**Re-evaluation Note**

Labs reviewed  Vital Signs Reviewed  No patient complaints  Denies pain  Condition unchanged since transfer  No acute distress noted

*see front page*

Sign: *[Signature]* Date: 2/21/14 Time: 0905

**Severe Sepsis Screening Tool**

**Suspected or Documented Infection**

1. Is the patient's history suggestive of a new infection or is the patient on antibiotic therapy (non-prophylactic)

**SIRS**

2. SIRS: Systemic Inflammatory Response Syndrome (2 or more of the following):

- Temperature greater than or equal to 101° F or less than 96.8° F
- Heart Rate greater than 90 beats per minute
- Respiratory Rate greater than 20 breaths per minute
- WBC greater than 12,000/ mm<sup>3</sup> or less than 4,000/ mm<sup>3</sup>
- Bands greater than 10%
- Acutely altered mental status
- Hyperglycemia in the absence of diabetes (greater than 120 mg/dl)

If the answer to both questions 1 and 2 are YES, suspicion of infection is present. Continue screen

**End Organ Dysfunction**

3. Organ dysfunction: change from baseline (one or more of the following within 3 days of infection)

- SBP less than 90 mmHg or MAP less than 70 mmHg
- SBP decrease greater than 40 mmHg from baseline
- Requires vasopressor to maintain SBP greater than 90 mmHg
- Bilateral pulmonary infiltrates with a new (or increased) oxygen requirement to maintain SpO<sub>2</sub> greater than 90%
- Creatinine greater than 2.0 mg/dl or Urine Output less than 0.5 mL/kg/hour for greater than 2 hours
- Bilirubin greater than 2 mg/dl
- Platelet count less than 100,000
- Coagulopathy (INR greater than 1.5 or aPTT greater than 60 secs)
- Lactate greater than 2 mmol/L

If suspicion of infection is present AND organ dysfunction is present, the patient meets the criteria for SEVERE SEPSIS and should be started on the sepsis bundle with an Intensivist consult.

**GCS Screening Tool**

**Eye Opening Response**

- Spontaneous--open with blinking at baseline **4 points**
- To verbal stimuli, command, speech **3 points**
- To pain only (not applied to face) **2 points**
- No response **1 point**

**Verbal Response**

- Oriented **5 points**
- Confused conversation, but able to answer questions **4 points**
- Inappropriate words **3 points**
- Incomprehensible speech **2 points**
- No response **1 point**

**Motor Response**

- Obeys commands for movement **6 points**
- Purposeful movement to painful stimulus **5 points**
- Withdraws in response to pain **4 points**
- Flexion in response to pain (decorticate posturing) **3 points**
- Extension response in response to pain (decerebrate posturing) **2 points**
- No response **1 point**

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**NURSING ASSESSMENT OF PATIENT DISCHARGE READINESS**

Discharge: Date 2/21/14 Time \_\_\_\_\_ AM / PM Patient Phone Number: 678-398-9479  
 Mode Of Discharge:  Ambulatory  Wheelchair  Ambulance  Carried  
 Destination:  Home  Facility \_\_\_\_\_  In Care of \_\_\_\_\_  
 Discharge per Physician Assessment and Order:  Yes  AMA  
 Pain Assessment: Pain Goal (0 -10) 0 Verbalized Pain (0 -10) 0  
 If pain is greater than established comfort goal, action taken:  Physician notified  Other \_\_\_\_\_  
 Vaccine(s) administered during hospitalization:  
 Influenza / Date: \_\_\_\_\_ Pneumococcal / Date: \_\_\_\_\_ Other / Date: \_\_\_\_\_

**PATIENT DISCHARGE INSTRUCTIONS**

Diagnosis-specific education provided (Care Notes, books pamphlets): \_\_\_\_\_

**Healthy Living Guides:**

- Have regular physical activity, avoid sitting for long periods, regularly stretch, exercise your feet and legs while sitting.
- Check with doctor for restrictions / limitations: as tolerated
- Eat a well-balanced diet as tolerated. Follow your doctor's recommendations. Diet: regular
- Report rapid weight gain or loss to your doctor.
- Call your doctor for chest pain, chest pressure, any excessive pain, shortness of breath, fast heartbeat, weakness, dizziness, fainting, fever, nausea, unusual bleeding or bruising, etc.
- Call 911 if you think you are having a heart attack or stroke; **see warning signs on the back of this form.**
- Know your risk factors for heart attack and/or stroke: high blood pressure, diabetes, atrial fibrillation (rapid heart rate), smoking, inactivity, high cholesterol levels.
- Remember to follow up with your primary care doctor after discharge.

Patient discharged with the following equipment: \_\_\_\_\_

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

**More information is on the back of this form.**

**FOLLOW-UP APPOINTMENTS AND REFERRALS**

(i.e. Physician, Home Health, Social Services, Outpatient, Cardiac Rehab)

Name	Phone	Date	Time	Call for Appointment
Infectious Disease - Dr. Havlik		2/21/14	1 week	✓ 770-7348382

**ADDITIONAL INSTRUCTIONS (add contact information for equipment):**

Go across Bridge to Suite 402 to Infusion Center

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

Eugene G. Martin \_\_\_\_\_ AM / PM Sharon Lee RN \_\_\_\_\_ AM / PM  
 Patient/Responsible Person Signature Date / Time Nurse Signature Date / Time

**WellStar**

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 Paulding  Windy Hill

**Discharge Summary**

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ORIGINAL - Chart YELLOW - Patient PINK - Unit  
 \*2-WS0230\*

HIM Approved 1/2012



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

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

**Cardiac Rehabilitation / Registration for Heart Smart or HF Outpatient Classes**

Cobb Hospital: 770-732-4129  
 Douglas Hospital: 770-920-6425  
 Kennestone Hospital: 770-793-7455  
 Paulding Hospital: Contact any of the above numbers for registration

**Diabetes Services**

Diabetes Education Classes, Support Groups, Disease Management, and Weight Management  
 Kennestone, Cobb, Douglas, and Paulding: 770-793-7828

**Nutrition Counseling**

Cobb Hospital: 770-732-3984  
 Douglas Hospital: 770-920-6367  
 Kennestone Hospital: 770-956-7827  
 Paulding Hospital: 770-505-7121

**HEART FAILURE PATIENT:**

Please refer to the Heart Failure booklet for further information.

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

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

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

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

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

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

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

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

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

**WellStar**

- Cobb  Douglas  Kennestone  
 Paulding  Windy Hill

**Discharge Summary**

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**CONSENT TO ROUTINE PROCEDURES AND TREATMENTS & FINANCIAL RESPONSIBILITY STATEMENT**

**Section I CONSENT TO ROUTINE PROCEDURES AND TREATMENTS**

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

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

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

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



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

**Section II MATERNITY PATIENTS**

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

**Section III EMERGENCY OR LABORING PATIENTS**

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

SIGNATURE of Patient (or Patient Representative*) 		SIGNATURE of Witness 	
Printed name of Patient Eugene G. Maurice		Printed name of Witness Jerrin Mills	
Date signed FEB 17 2014	Time 1530 AM/PM	Date signed FEB 17 2014	Time 1530 AM/PM
* Relationship to patient (if applicable)		Name of interpreter (if applicable)	

**Section IV ASSIGNMENT OF BENEFITS/FINANCIAL RESPONSIBILITY**

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

WellStar <input checked="" type="checkbox"/> Cobb <input type="checkbox"/> Douglas <input type="checkbox"/> Kennestone <input type="checkbox"/> Paulding <input type="checkbox"/> Windy Hill <input type="checkbox"/> Other _____	MR#001632858 R: 306-01 02/17/14 MAURICE, EUGENE G 01/02/49 M 65Y CHERVU, ARUN ACCT# C1404801123 :R 
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**General Consent to Treat & Financial Responsibility Statement**



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

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

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

**Section V FINANCIAL ASSISTANCE STATEMENT**

It is WellStar's policy to provide medical care at no cost to qualified members of the WellStar-served communities, and to provide significantly discounted medical care to certain qualified members of our communities faced with financial hardship due to medical misfortune, according to policy. I understand that if payment of my bill creates a financial hardship, I may qualify for assistance with all or part of my medical expenses associated with my treatment at a WellStar facility and that I can call 678-836-5750 for more information.

**Section VI CONSENT TO PHOTOGRAPHY AND VIDEOTAPING**

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

**Section VII NOTICE REGARDING RELEASE OF HEALTH INFORMATION**

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

**Section VIII INPATIENT INFORMATION**

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


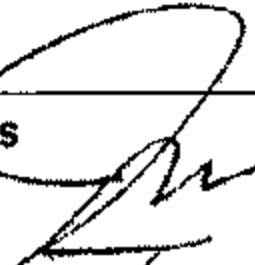
**Section IX ADVANCE DIRECTIVE**

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


**Section X PERSONAL VALUABLES**

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

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

<b>SIGNATURE of Patient (or Patient Representative*)</b> 		<b>SIGNATURE of Witness</b> 	
Date signed FEB 17 2014		Printed name of Witness Jenni Mills	
Time 1530 AM (PM)	Date signed FEB 17 2014	Time 1530 AM (PM)	
* Relationship to patient (if applicable)		Name of interpreter (if applicable)	

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

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

INFORMED CONSENT FOR PROCEDURE OR DIAGNOSTIC TEST

DO NOT SIGN THIS FORM WITHOUT READING AND UNDERSTANDING ITS CONTENTS.

Patient Name: Eugene G Maurice Date: 2-21-14

The diagnosis requiring the following procedure(s) is: Long term IV antibiotics

I understand that the following procedure(s) which has (have) been described to me is (are) to be performed on the patient mentioned above:

Peripherally Inserted Central Catheter Placement

The purpose of the procedure(s) is (are): Intravenous Access

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

Infusion Nurse Specialist Valerie Hayes RN

The procedure will be performed at Bedside

and that as a result of this procedure being performed there may be material risk of: INFECTION, ALLERGIC REACTION, DISFIGURING SCAR, SEVERE LOSS OF BLOOD, LOSS OR LOSS OF FUNCTION OF ANY LIMB OR ORGAN, PARALYSIS OR PARTIAL PARALYSIS, PARAPLEGIA, QUADRIPLEGIA, BRAIN DAMAGE, CARDIAC OR RESPIRATORY ARREST, OR DEATH. In addition to these material risks, there may be other possible risks involved in this procedure including but not limited to:

bleeding infection vascular/nerve damage and/or blood clot on catheter

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

unknown

The practical alternatives to the procedure(s) is (are): Traditional Intravenous Access

Placement

- I understand that the physician, medical personnel and other assistants will rely on statements about me as the patient, my medical history, and other information, in determining whether to perform the procedure or the course of treatment for my condition and in recommending the procedure which has been explained.
I understand that during the course of the procedure described above it may be necessary or appropriate to perform additional procedures which are unforeseen or not known to be needed at the time consent is given. I consent to and authorize the persons described herein to make the decisions concerning such procedures as they deem necessary or appropriate.
I also consent to diagnostic studies, x-ray examinations, and any other treatment or courses of treatment relating to the diagnosis or procedures described herein.

The likelihood of success of this procedure is: (x) good ( ) fair ( ) poor
However, I understand that the practice of medicine is not an exact science and that NO GUARANTEES OR ASSURANCES HAVE BEEN MADE TO ME concerning the results of this procedure.

- I consent to the administration of anesthesia including conscious sedation and to the use of such anesthetics as may be deemed advisable by my physician/anesthesiologist. In addition, the alternatives, risks, and benefits of the planned anesthesia or conscious sedation have been discussed.
I consent that any tissues, specimens, organs or limbs removed from my body in the course of any procedure may be tested or retained for scientific or teaching purposes and then disposed of within the discretion of the physician, facility or other health care provider.
I consent to the presence of any medically oriented personnel designated by the physician including students and business personnel under the direct supervision and control of such physician and all other personnel who may otherwise be involved in such procedure(s).
I consent to allow all licensing, accrediting and/or regulatory agencies access to my medical records.

WellStar
Cobb Douglas Kennestone
Paulding Windy Hill

001632858 339-01 02/17/14
MAURICE,EUGENE G
01/02/49 M 65Y C1404801123
CHERVU,ARUN

Informed Consent for Procedure or Diagnostic Test



**BLOOD TRANSFUSION CONSENT**

I understand that in the event of severe blood loss I may require a blood transfusion. I also understand that there are risks associated with blood transfusion including, but not limited to, HIV (AIDS) infection, hepatitis, and other infections as well as fever, chills, allergic reactions, accumulation of fluid in the lungs and break down of red blood cells (hemolysis). I understand that there are risks associated with alternatives to blood transfusion, for example, self donation, directed donors, intraoperative hemodilution and blood salvage for autotransfusion. I further understand that in certain life threatening emergency situations, it may be necessary to administer blood and/or blood components before all laboratory tests have been completed. I understand in certain situations of limited blood supply, following blood policies, I may be given blood that is compatible with my blood but not my exact blood type. I understand the practical alternatives are self donation, directed donors, and intraoperative hemodilution and blood salvage for autotransfusion. However, I understand there is no substitute for blood or blood components and that the failure to transfuse when needed could potentially cause additional medical problems or complicate existing ones or lead to serious illness or death. The use of blood and/or blood products has been explained to me and I have been given an opportunity to ask questions.

I hereby  consent  refuse to receive blood and/or blood product transfusion(s)

Signature of Patient \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Signature of Person authorized to sign \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Relationship to Patient \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Patient unable to sign because \_\_\_\_\_

Witness to Signature \_\_\_\_\_

Note: If this section is not applicable to the patient, the party obtaining patient consent may cross out, initial, date, and time.

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

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

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

I hereby voluntarily request and consent to the performance of the procedure(s) described or referred to herein.

Signature of Patient Eugene G. Maurice Date 2/21/14 Time 1227

Signature of Person authorized to sign \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Relationship to Patient \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Patient unable to sign because \_\_\_\_\_

Witness to Signature A. Sherman, CRNI

Name/Signature of Physician or Medical Professional explaining the procedure to the patient or guardian:

Valerie Gross Date 2/21/14 Time 1227

NOTE: This consent may have other consents included as referenced.

WellStar

- Cobb  Douglas  Kennestone
- Paulding  Windy Hill

Informed Consent for Procedure or Diagnostic Test

001632858 339-01 02/17/14  
MAURICE, EUGENE G  
01/02/49 M 65Y C1404901123  
CHERVU, ARUN



INFORMED CONSENT FOR PROCEDURE OR DIAGNOSTIC TEST

DO NOT SIGN THIS FORM WITHOUT READING AND UNDERSTANDING ITS CONTENTS.

Patient Name: Eugene Maurice Date: 2/18/14

The diagnosis requiring the following procedure(s) is: left neck suspected infection

I understand that the following procedure(s) which has (have) been described to me is (are) to be performed on the patient mentioned above:

left neck exploration with possible excision of Bovine pericardial patch and vein patch repair

The purpose of the procedure(s) is (are): explore left neck

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

The procedure will be performed at Cobb Hospital

and that as a result of this procedure being performed there may be material risk of: INFECTION, ALLERGIC REACTION, DISFIGURING SCAR, SEVERE LOSS OF BLOOD, LOSS OR LOSS OF FUNCTION OF ANY LIMB OR ORGAN, PARALYSIS OR PARTIAL PARALYSIS, PARAPLEGIA, QUADRIPLEGIA, BRAIN DAMAGE, CARDIAC OR RESPIRATORY ARREST, OR DEATH. In addition to these material risks, there may be other possible risks involved in this procedure including but not limited to:

bleeding, clotting, infection, vessel damage

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

unknown

The practical alternatives to the procedure(s) is (are): do nothing

- I understand that the physician, medical personnel and other assistants will rely on statements about me as the patient, my medical history, and other information, in determining whether to perform the procedure or the course of treatment for my condition and in recommending the procedure which has been explained.
I understand that during the course of the procedure described above it may be necessary or appropriate to perform additional procedures which are unforeseen or not known to be needed at the time consent is given. I consent to and authorize the persons described herein to make the decisions concerning such procedures as they deem necessary or appropriate.
I also consent to diagnostic studies, x-ray examinations, and any other treatment or courses of treatment relating to the diagnosis or procedures described herein.

The likelihood of success of this procedure is: [X] good ( ) fair ( ) poor
However, I understand that the practice of medicine is not an exact science and that NO GUARANTEES OR ASSURANCES HAVE BEEN MADE TO ME concerning the results of this procedure.

- I consent to the administration of anesthesia including conscious sedation and to the use of such anesthetics as may be deemed advisable by my physician/anesthesiologist. In addition, the alternatives, risks, and benefits of the planned anesthesia or conscious sedation have been discussed.
I consent that any tissues, specimens, organs or limbs removed from my body in the course of any procedure may be tested or retained for scientific or teaching purposes and then disposed of within the discretion of the physician, facility or other health care provider.
I consent to the presence of any medically oriented personnel designated by the physician including students and business personnel under the direct supervision and control of such physician and all other personnel who may otherwise be involved in such procedure(s).
I consent to allow all licensing, accrediting and/or regulatory agencies access to my medical records.

WellStar

- [X] Cobb [ ] Douglas [ ] Kennestone
[ ] Paulding [ ] Windy Hill

Informed Consent for Procedure or Diagnostic Test

001632858 306-01 02/17/14
MAURICE,EUGENE G
01/02/49 M 65Y C1404801123
CHERVU,ARUN



FORM #WS0124

ITEM #60063

Page 1 of 2

Rev. 6/2012b (7/2008)

HIM Approved 6/2012



\*3-WS0124\*

**BLOOD TRANSFUSION CONSENT**

I understand that in the event of severe blood loss I may require a blood transfusion. I also understand that there are risks associated with blood transfusion including, but not limited to, HIV (AIDS) infection, hepatitis, and other infections as well as fever, chills, allergic reactions, accumulation of fluid in the lungs and break down of red blood cells (hemolysis). I understand that there are risks associated with alternatives to blood transfusion, for example, self donation, directed donors, intraoperative hemodilution and blood salvage for autotransfusion. I further understand that in certain life threatening emergency situations, it may be necessary to administer blood and/or blood components before all laboratory tests have been completed. I understand in certain situations of limited blood supply, following blood policies, I may be given blood that is compatible with my blood but not my exact blood type. I understand the practical alternatives are self donation, directed donors, and intraoperative hemodilution and blood salvage for autotransfusion. However, I understand there is no substitute for blood or blood components and that the failure to transfuse when needed could potentially cause additional medical problems or complicate existing ones or lead to serious illness or death. The use of blood and/or blood products has been explained to me and I have been given an opportunity to ask questions.

I hereby  consent  refuse to receive blood and/or blood product transfusion(s)

Signature of Patient Eugene G. Mauri Date 2/18/14 Time 0830

Signature of Person authorized to sign \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Relationship to Patient \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Patient unable to sign because \_\_\_\_\_

Witness to Signature Jennifer Malcom, RN 2/18/14 0830

*Note: If this section is not applicable to the patient, the party obtaining patient consent may cross out, initial, date, and time.*

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

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

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

I hereby voluntarily request and **consent** to the performance of the procedure(s) described or referred to herein.

Signature of Patient Eugene G. Mauri Date 2/18/14 Time 0830

Signature of Person authorized to sign \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Relationship to Patient \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Patient unable to sign because \_\_\_\_\_

Witness to Signature Jennifer Malcom, RN 2/18/14 0830

Name/Signature of Physician or Medical Professional explaining the procedure to the patient or guardian: [Signature] Date 2/18/14 Time 8:30


**NOTE:** This consent may have other consents included as referenced.

**WellStar**

Cobb  Douglas  Kennestone  
 Paulding  Windy Hill

**Informed Consent for Procedure or Diagnostic Test**

001632858 306-01 02/17/14  
MAURICE, EUGENE G  
01/02/49 M 65Y C1404801123  
CHERVU, ARUN



**WellStar Cobb Hospital**  
3950 Austell Road SW  
Austell, Georgia 30106

Phone Number: (770) 732-3585  
Fax Number: (770) 732-3565

Marla J. Franks, M.D., Laboratory Director

Patient Name: **MAURICE, EUGENE G**  
Patient #: 1404801123\001632858\3\2\  
Location: 339-001  
Location: MTC (CH)  
Admitting Date: 2/17/2014  
Order Physician: ARUN CHERVU

MRN. #: 001632858  
DOB/Age: 1/2/1949 (Age: 65)  
Client: Wellstar Cobb Hospital  
Collected: 2/19/2014  
Admit MD: ARUN CHERVU  
Copy To:

Accession #: **CS14-1484**  
Sex: M  
Received: 2/20/2014  
Final Report: 2/21/2014 18:06  
Other Inst: (Not Provided)

---

**SURGICAL PATHOLOGY-CH REPORT**

**Pre-Operative Diagnosis:**  
Suspected left neck infection

**Post-Operative Diagnosis:**  
{Not Provided}

**Clinical History:**  
Add'l remarks: please "sonocate"

**Specimen:**  
Left carotid patch

**Gross Description:**  
Maurice, Eugene. The specimen is received without formalin labeled with the patient's name and "left carotid patch" and consists of a tan-pink friable fragment with embedded blue suture material, 4 x 1 cm. Soft tissue is not attached. Gross only. MG/nw 02/20/14

**Microscopic Description:**  
Not performed.

---

**Final Diagnosis:**  
CAROTID PATCH, LEFT, EXTRACTION:  
SPECIMEN FOR GROSS EXAMINATION ONLY (SEE GROSS DESCRIPTION).

\*\*\*Electronically Signed Out By Cesar Angeletti, M.D.\*\*\*  
Cesar Angeletti, M.D.

CA 2/21/2014  
CPT: 1: 88305



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

Marla J. Franks,  
Laboratory Director

PATIENT NAME	ACCOUNT #	MED REC #	LOCATION
AGE SEX			
MAURICE, EUGENE G	1404801123	001632858	MTC 339-00
65Y M			
PHYS: CHERVU, ARUN			

\*\*\*\*\* HEMATOLOGY

\*\*\*\*\*

DATE:	02/21/14	02/20/14	02/18/14	NORMALS	UNITS
TIME:	0606	0445	0500		
WBC	17.3H	14.4H	7.1	3.5-10.5	10E9/L
RBC	3.82L	4.04L	4.05L	4.32-5.72	10E12/L
HGB	11.1L	11.8L	11.9L	13.5-17.5	gm/dL
HCT	34L	36L	36L	39-50	%
MCV	89	89	89	81-95	fL
MCH	29	29	29	26-34	PG
MCHC	33	33	33	32-36	gm/dL
RDW	15.2	14.9	14.8	11.8-15.6	%
MPV	10.4	9.7	10.4	9.4-12.3	fL
PLT	146L	141L	146L	150-450	10E9/L
IGRE	0			0-2	%
IGAB	<0.1			0.0-0.1	10E9/L
%LYMPHS	8L		37	16-52	%
NEUTROPHILS	83H		49	40-80	%
%MONOS	9		6	1-12	%
%EOS	0		5	0-6	%
%BASOS	0		3H	0-2	%
NEUTAB	14.3H		3.5	1.7-7.0	10E9/L
LYMPAB	1.4L		2.6	1.5-4.0	10E9/L
MONOAB	1.6H		0.4	0.3-0.9	10E9/L
EOSAB	<0.1L		0.4	0.1-0.5	10E9/L
BASOAB	<0.1		0.2	0.0-0.3	10E9/L

PRINT DATE/TIME: 04/08/2014 02:20

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SUMMARY COVERS ADMISSION DATE BEGINNING: 02/17/2014 ENDING: 02/21/2014

MAURICE, EUGENE G

001632858

MTC

339-001

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

Marla J. Franks,  
Laboratory Director

PATIENT NAME	ACCOUNT #	MED REC #	LOCATION
AGE SEX			
MAURICE, EUGENE G	1404801123	001632858	MTC 339-00
65Y M			
PHYS: CHERVU, ARUN			

\*\*\*\*\* HEMATOLOGY MORPHOLOGY \*\*\*\*\*  
\*\*\*\*\*

02/18/14  
0500 CBC WITH DIFFERENTIAL  
NORMAL RBC MORPHOLOGY  
RBC MORPHOLOGY NORMAL  
PLATELET ESTIMATE ADEQUATE

PRINT DATE/TIME: 04/08/2014 02:20

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SUMMARY COVERS ADMISSION DATE BEGINNING: 02/17/2014 ENDING: 02/21/2014

MAURICE, EUGENE G

001632858

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339-001

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

Marla J. Franks,  
 Laboratory Director

PATIENT NAME	ACCOUNT #	MED REC #	LOCATION
AGE SEX			
MAURICE, EUGENE G	1404801123	001632858	MTC 339-00
65Y M			
PHYS: CHERVU, ARUN			

\*\*\*\*\* SPECIAL HEMATOLOGY I

\*\*\*\*\*

DATE:	02/18/14	
TIME:	0500	NORMALS
UNITS		
SED RATE	11	0-20
mm/hr		

\*\*\*\*\* COAGULATION

\*\*\*\*\*

DATE:	02/18/14	
TIME:	0500	NORMALS
UNITS		
PROTIME	11.1	10.0-13.7
SEC		
INR	1.01	0.85-1.15
RATIO		

\*\*\*\*\* GENERAL CHEMISTRY I

\*\*\*\*\*

DATE:	02/21/14	02/20/14	02/18/14	02/17/14		
TIME:	0606	0445	0500	2054	NORMALS	UNITS
SODIUM	136	135L	140	136	136-145	
mmol/L						
POTASSIUM	4.7	5.0	4.7	4.4	3.5-5.1	
mmol/L						
CHLORIDE	103	105	106	104	95-110	
mmol/L						
CO2	23L	20L	27	25	24-32	
mmol/L						
GLUCOSE	248H	204H	159H	150H	70-99	mg/dL
BUN	30H	25H	18	20	7-21	mg/dL
CREATININE	1.17	1.31H	1.26	1.42H	0.64-1.27	mg/dL

ANION GAP	15	15	12	11	8-21	mg/L
PROTEIN, TOTAL				7.1	6.0-8.0	g/dL
ALBUMIN				4.1	3.5-5.0	g/dL
GLOBULIN				3.0	2.3-3.5	g/dL
CALCIUM	9.0	8.3L	9.1	9.1	8.4-10.2	mg/dL
BILIRUBIN, TOTAL				0.5	0.0-1.2	mg/dL
ALKALINE PHOSPHATASE				57	37-126	IU/L
AST (SGOT)				26	10-40	IU/L
ALT (SGPT)				30	0-38	IU/L

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SUMMARY COVERS ADMISSION DATE BEGINNING: 02/17/2014 ENDING: 02/21/2014

MAURICE, EUGENE G

001632858

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339-001

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

Marla J. Franks,  
Laboratory Director

PATIENT NAME	ACCOUNT #	MED REC #	LOCATION
AGE SEX MAURICE, EUGENE G 65Y M PHYS: CHERVU, ARUN	1404801123	001632858	MTC 339-00

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

DATE:	02/21	02/20	02/18	02/17		
TIME:	0606	0445	0500	2054	NORMALS	UNITS
GFR AFRICAN AMER ml/min/1.73 m2	>60	>60	>60	>60	>59	
GFR NON-AFRICAN AMER ml/min/1.73 m2	>60	55L	57L	50L	>59	

\*\*\*\*\* GENERAL CHEMISTRY III \*\*\*\*\*

02/18/14  
0500 CRP, QUANT <0.5 [0.0-0.9] mg/dL

\*\*\*\*\* BLOOD CULTURES \*\*\*\*\*

ACCESSION #: M12770264 CULTURE, BLOOD  
COLLECT: 02/17/2014 2105 PHYSICIAN: CHERVU, ARUN  
RECEIVE: 02/17/2014 2112 STATUS: FINAL 02/22/2014

SPECIMEN: BLOOD

CULTURE  
1. NO GROWTH OF BACTERIA OR YEAST DAY 5

ACCESSION #: M12770263 CULTURE, BLOOD  
COLLECT: 02/17/2014 2054 PHYSICIAN: CHERVU, ARUN  
RECEIVE: 02/17/2014 2112 STATUS: FINAL 02/22/2014

SPECIMEN: BLOOD

CULTURE  
1. NO GROWTH OF BACTERIA OR YEAST DAY 5

\*\*\*\*\* NON-STERILE CULTURE SITES \*\*\*\*\*

ACCESSION #: W12817761 CULTURE, WOUND W/ANAEROBIC  
COLLECT: 02/19/2014 1817 PHYSICIAN: CHERVU, ARUN  
RECEIVE: 02/19/2014 1942 STATUS: FINAL 02/24/2014

SPECIMEN: NECK

<< CONTINUED ON NEXT PAGE >>

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SUMMARY COVERS ADMISSION DATE BEGINNING: 02/17/2014 ENDING: 02/21/2014

MAURICE, EUGENE G

001632858

MTC

339-001



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

Marla J. Franks,  
Laboratory Director

PATIENT NAME	ACCOUNT #	MED REC #	LOCATION
AGE SEX MAURICE, EUGENE G 65Y M PHYS: CHERVU, ARUN	1404801123	001632858	MTC 339-00

\*\*\*\*\* NON-STERILE CULTURE SITES (CONTINUED)  
\*\*\*\*\*

<< ACC. NO: W12817761 - CONTINUED FROM PREVIOUS PAGE >>

GRAM STAIN RARE WBC'S SEEN  
NO ORGANISMS SEEN

CULTURE

1. NO AEROBES ISOLATED
2. LIGHT GROWTH OF MIXED ANAEROBIC ORGANISMS ISOLATED

ACCESSION #: M12769140 CULTURE, WOUND W/ANAEROBIC  
COLLECT: 02/17/2014 1634 PHYSICIAN: CHERVU, ARUN  
RECEIVE: 02/17/2014 1713 STATUS: FINAL 02/22/2014

SPECIMEN: NECK

GRAM STAIN FEW WBC'S SEEN  
NO ORGANISMS SEEN

CULTURE

1. LIGHT GROWTH OF STAPHYLOCOCCUS AUREUS
2. NO ANAEROBES ISOLATED

1. LIGHT GROWTH OF STAPHYLOCOCCUS AUREUS

ANTIBIOTIC	ug/mL	INTERPRETATION
TRIMETHOPRIM/SULFA	<=0.5/9.5	SENSITIVE
CLINDAMYCIN	RESISTANT	
INDUCIBLE CLINDAMYCIN (D TEST)	>4/0.5	POSITIVE
ERYTHROMYCIN	>4	RESISTANT
TETRACYCLINE	<=4	SENSITIVE
OXACILLIN	0.5	SENSITIVE

<< CONTINUED ON NEXT PAGE >>  
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SUMMARY COVERS ADMISSION DATE BEGINNING: 02/17/2014 ENDING: 02/21/2014

MAURICE, EUGENE G

001632858

MTC

339-001

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

Marla J. Franks,  
Laboratory Director

PATIENT NAME	ACCOUNT #	MED REC #	LOCATION
AGE SEX			
MAURICE, EUGENE G	1404801123	001632858	MTC 339-00
65Y M			
PHYS: CHERVU, ARUN			

\*\*\*\*\* NON-STERILE CULTURE SITES (CONTINUED) \*\*\*\*\*  
\*\*\*\*\*  
<< ACC. NO: M12769140 - CONTINUED FROM PREVIOUS PAGE >>

1. LIGHT GROWTH OF STAPHYLOCOCCUS AUREUS

ANTIBIOTIC	ug/mL	INTERPRETATION
CEFTRIAXONE	<=8	SENSITIVE
GENTAMICIN	<=4	SENSITIVE
VANCOMYCIN	1	SENSITIVE

\*\*\*\*\* ACID FAST BACILLUS (AFB) CULTURES \*\*\*\*\*  
\*\*\*\*\*

ACCESSION #: W12817763 CULTURE, AFB NON STERILE SOURCE  
COLLECT: 02/19/2014 1818 PHYSICIAN: CHERVU, ARUN  
RECEIVE: 02/19/2014 1943 STATUS: FINAL 04/07/2014

SPECIMEN: NECK

AFB STAIN NO ACID FAST BACILLI SEEN SPECIMEN  
RECEIVED ON SWAB. NOT OPTIMAL

CULTURE

1. NO ACID FAST BACILLI ISOLATED IN 6 WEEKS

\*\*\*\*\* FUNGUS CULTURES \*\*\*\*\*  
\*\*\*\*\*

ACCESSION #: W12817762 CULTURE, FUNGUS  
COLLECT: 02/19/2014 1818 PHYSICIAN: CHERVU, ARUN  
RECEIVE: 02/19/2014 1942 STATUS: FINAL 03/25/2014

SPECIMEN: NECK

FUNGUS STAIN NO FUNGAL ELEMENTS SEEN

CULTURE

1. NO FUNGUS ISOLATED IN 4 WEEKS

PRINT DATE/TIME: 04/08/2014 02:20

PAGE: 6

SUMMARY COVERS ADMISSION DATE BEGINNING: 02/17/2014 ENDING: 02/21/2014

MAURICE, EUGENE G

001632858

MTC

339-001

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

Marla J. Franks,  
Laboratory Director

PATIENT NAME	ACCOUNT #	MED REC #	LOCATION
AGE SEX			
MAURICE, EUGENE G	1404801123	001632858	MTC 339-00
65Y M			
PHYS: CHERVU, ARUN			

\*\*\*\*\* CANCELLED TESTS \*\*\*\*\*

\*\*\*\*\* CANCELLED TESTS \*\*\*\*\*

02/18/14	0500	CANCELLED: CRP, QUANT
		REASON: DUPLICATE REQUEST
02/17/14	1638	CANCELLED: GRAM STAIN
		REASON: DUPLICATE REQUEST

PAGE: 7

SUMMARY COVERS ADMISSION DATE BEGINNING: 02/17/2014 ENDING: 02/21/2014

MAURICE, EUGENE G

001632858

MTC

339-001



**Vascular Surgical Associates**

**Austell Office**

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

**Patient: Eugene G Maurice**  
**(418960)**

**Date of Birth: 01/02/1949**

**Phone: (678) 398-9479**

**Encounter Date: 02/17/2014**

**History of Present Illness**

The patient is a 65 year old male presenting for a post-operative visit. The patient is here today to follow up from a carotid endarterectomy. Patient is 6 weeks postop procedure. Patient has been compliant with post operative instructions. Patient has returned to full activity. He reports that his wound is improving. He denies fever. he states that it has stopped draining.

**History**

**Allergy**

No Known Drug Allergies (01/22/2014)

**Past Medical**

CAROTID ARTERY STEN, NO INFARCT  
CAROTID ARTERY STEN, NO INFARCT  
Heart Attack  
Hypertension

**Other Medical History**

Unspecified Diagnosis

**Social**

Tobacco use: Never smoker  
Alcohol use: Moderate alcohol use

**Medications**

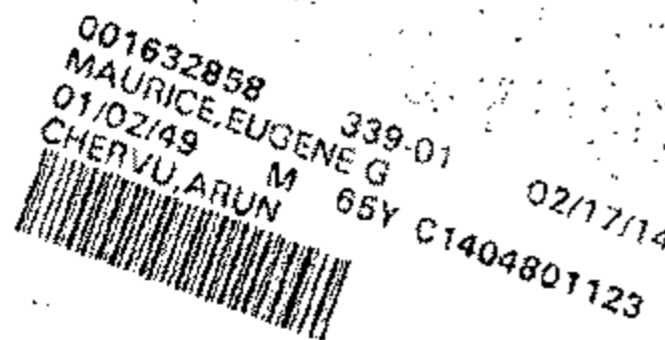
Bactroban (2% Ointment, 1 (one) Ointment External apply to affected area daily, Taken starting 02/07/2014) Active.  
Bactrim DS (800-160MG Tablet, 1 (one) Tablet Oral 1 PO BID X 10 DAYS, Taken starting 02/11/2014) Active.  
Diuretic ( Oral daily) Active.  
Ramipril (10MG Capsule, 1 Oral two times daily) Active.  
Carvedilol (12.5MG Tablet, 1 Oral two times daily) Active.  
Vytorin (10-80MG Tablet, 1 Oral every other day) Active.  
Aspirin (81MG Tablet, Oral daily) Active.  
Medications Reconciled.

**Family**

Heart Disease: Mother, Brother  
Cancer: Sister  
Hypertension: Father, Mother, Brother, Sister

**Past Surgical**

Coronary Artery Bypass Graft (1992) 5  
CAROTID ENDARTERECTOMY WITH MANDIBULAR SUBLUXATION (35301) (01/07/2014) CHERVU, RIVERS



## Review of Systems

**Respiratory:** Not Present- Shortness of breath.

**Cardiovascular:** Not Present- Chest Pain.

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

## Physical Exam

Left neck mainly healed except 2 punctate areas of drainage; ? serosanguinous;

Speech- intact, tongue in midline.

Neuro - alert, oriented, moving all extremities well;

### General

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

### Integumentary

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

### Chest and Lung Exam

Chest and lung exam reveals - quiet, even and easy respiratory effort with no use of accessory muscles and clear to A&P.

### Cardiovascular

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

**Palpation/Percussion:**

**Point of Maximal Impulse:** - Normal.

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

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

### Abdomen

**Palpation/Percussion:** Palpation and Percussion of the abdomen reveal - No Palpable abdominal masses.

### Neurologic

Neurologic evaluation reveals - Neurologically grossly intact and nonfocal.

### Musculoskeletal

**Impression - General** - no gross deformity.

001632858  
MAURICE, EUGENE G  
01/02/49 M 339-01 02/17/14  
CHERVU, ARUN 65Y C1404801123



**Vital Signs**

**Date:** 02/17/2014 01:46 PM  
**Temperature:**  
**Pulse:** 63 (Regular)  
**Respirations:**  
**Peak Flow:**  
**Blood Pressure:** 152/ 71  
**Reading Type:** Electronic  
**Cuff Location:** Left Arm  
**Position:** Sitting

**Height:**  
**Weight:**  
**Neck:**  
**Waist:**  
**BMI:** -  
**BSA:** -

**Pulse Ox:**  
**Pain Level:** /10  
**LMP Date:**  
**Note:**

**Date:** 02/17/2014 01:45 PM  
**Temperature:**  
**Pulse:** 62 (Regular)  
**Respirations:**  
**Peak Flow:**  
**Blood Pressure:** 140/ 70  
**Reading Type:** Electronic  
**Cuff Location:** Right Arm  
**Position:** Sitting

**Height:** 66 in  
**Weight:** 235 lb  
**Neck:**  
**Waist:**  
**BMI:** 37.93 kg/m<sup>2</sup>  
**BSA:** 2.23 m<sup>2</sup>

**Pulse Ox:** -  
**Pain Level:** /10  
**LMP Date:** -  
**Note:**

**Assessment & Plan**

**CAROTID ARTERY STEN, NO INFARCT**

**Today's Impression:** Patient is 6 weeks postop left carotid endarterectomy. The incision site is still not completely healed and there was some purulent drainage last week. I am concerned about possible infection of the graft. I will admit the patient to the hospital and start antibiotics. I will have infectious disease see the patient. I will plan Operative Exploration of left neck incision with possible excision of Bovine pericardial patch, and vein patch repair. Discussed in detail with the patient and his wife. I have reviewed his CTA which does show some fluid around the carotid patch, but given the early timing, I am not sure this is an abscess.

Current Plans:

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

Future Procedures:

- 03/07/2014: CAROTID DUPLEX SCAN (93880); Routine every 3 months ending after 4 times

cc: Dr. Abdul Sheikh

001632858 339-01 02/17/14  
MAURICE,EUGENE G  
01/02/49 M 65Y C1404801123  
CHERVU,ARUN

*Arjun Chervu*

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



WS Cobb Hospital  
3950 Austell Road SW  
Austell GA 30106  
Inpatient Record

Maurice, Eugene George  
MRN: 561253820, DOB: 1/2/1949, Sex: M  
Adm: 5/29/2014, D/C: 5/30/2014

### ENCOUNTER

Patient Class:	OBV	Unit:	CH 2N TELE
Hospital Service:	Cardiac Cath	Bed:	213/213-01
Admitting Provider:	Abdul M Sheikh, Md	Referring Physician:	Sheikh, Abdul M
Attending Provider:	Abdul m sheikh	AD: N	Adm Diagnosis: CAD (coronary artery dis*)
Admission Date:	5/29/2014	Admission Time:	0659

### PATIENT

Name	Eugene George Maurice	Sex:	Male	DOB:	1/2/1949 (65 yrs)
Address:	61 SHOCKLEY WAY	Religion:	Catholic	Race:	White or caucasian
City:	DALLAS GA 30157-8973				
County:	PAULDING				
Email Address:	Gene.maurice@sgmservice.*				
Primary Care Provider:	Jeffrey L Tharp, MD	Primary Phone:	678-910-2298		
<b>EMERGENCY CONTACT</b>					
<u>Contact Name</u>	<u>Legal Guardian?</u>	<u>Relationship to Patient</u>	<u>Home Phone</u>	<u>Work Phone</u>	<u>Mobile Phone</u>
1. Maurice, Shirley		Spouse	(678)398-9479		678-910-2476
2. *No Contact Specified*					678-910-2476

### GUARANTOR

Guarantor:	MAURICE,EUGENE GEORGE	DOB:	1/2/1949
Address:	61 SHOCKLEY WAY	Sex:	Male
	DALLAS, GA 30157-8973	Home Phone:	678-398-9479
Relation to Patient:	Self	Work Phone:	
Guarantor ID:	123805	Mobile Phone:	678-910-2298
<b>GUARANTOR EMPLOYER</b>			
Employer:	Phone:	Status:	RETIRED

### COVERAGE

<b>PRIMARY INSURANCE</b>					
Payor:	AETNA MEDICARE	Plan:	AETNA /MDCR ADV PPO H5521		
Group Number:	AE44245101400012	Insurance Type:	INDEMNITY		
Subscriber Name:	MAURICE,EUGENE G	Subscriber DOB:	01/02/1949		
Coverage	P O BOX 981106	Subscriber ID:	MEBH34SM		
	EL PASO, TX 79998-1106	Pat. Rel. to Subscriber:	Self		
Phone:	(800)624-0756	Co-In:	Deductible:	Out of Pocket Max:	
<b>SECONDARY INSURANCE</b>					
Payor:		Plan:	N/A		
Group Number:		Insurance Type:			
Subscriber Name:		Subscriber DOB:			
Coverage		Subscriber ID:			
Phone:		Pat. Rel. to Subscriber:			

Contact Serial#



April 7, 2020

Chart ID





WS Cobb Hospital  
3950 Austell Road SW  
Austell GA 30106  
Inpatient Record

Maurice, Eugene George  
MRN: 561253820, DOB: 1/2/1949, Sex: M  
Adm: 5/29/2014, D/C: 5/30/2014

**Admission Information**

Arrival Date/Time:		Admit Date/Time:	05/29/2014 0659	IP Adm. Date/Time:	
Admission Type:	Elective	Point of Origin:	Physician Or Clinic Referral	Admit Category:	
Means of Arrival:	Car	Primary Service:	Cardiac Cath	Secondary Service:	N/A
Transfer Source:		Service Area:	WS SERVICE AREA	Unit:	WellStar Cobb Hospital (CH 2N TELE (CARD))
Admit Provider:	Abdul M Sheikh, MD	Attending Provider:	Abdul M Sheikh, MD	Referring Provider:	Abdul M Sheikh, MD

**Discharge Information**

Discharge Date/Time	Discharge Disposition	Discharge Destination	Discharge Provider	Unit
05/30/2014 1252	Home Or Self Care	None	None	WellStar Cobb Hospital (CH 2N TELE (CARD))

**Final Diagnoses (ICD-9-CM)**

Code	Description	POA	CC	HAC	Affects DRG
414.02 [Principal]	Coronary atherosclerosis of autologous vein bypass graft				
411.1	Intermediate coronary syndrome (HCC)				
414.01	Coronary atherosclerosis of native coronary artery				
272.4	Other and unspecified hyperlipidemia				
401.1	Essential hypertension, benign				
443.9	Peripheral vascular disease, unspecified (HCC)				
278.00	Obesity, unspecified				
V58.66	Encounter for long-term (current) use of aspirin				
V58.69	Encounter for long-term (current) use of other medications				
V45.89	Other postprocedural status(V45.89)				
V15.82	Personal history of tobacco use, presenting hazards to health				
V17.3	Family history of ischemic heart disease				

**Events**

**Admission at 5/29/2014 0659**

Unit: WellStar Cobb Hospital (CH CARDIAC ARU) Room: CH Cardiac ARU Pool Bed: CH Cardiac ARU Pool  
Patient class: Hospital Outpatient Surgery Service: General Surgery

**Transfer Out at 5/29/2014 0815**

Unit: WellStar Cobb Hospital (CH CARDIAC ARU) Room: CH Cardiac ARU Pool Bed: CH Cardiac ARU Pool  
Patient class: Hospital Outpatient Surgery Service: General Surgery

**Transfer In at 5/29/2014 0815**

Unit: WellStar Cobb Hospital (CH CATH/EP LAB) Room: CH CATH Pool Bed: CH Cath/EP Lab Pool  
Patient class: Hospital Outpatient Surgery Service: General Surgery

**Surgery at 5/29/2014 0815**

Unit: CH CARDIAC CATH LAB Room: CH CATH/EP LAB 2  
Patient class: Hospital Outpatient Surgery Service: Cardiovascular

**Transfer Out at 5/29/2014 1013**

Unit: WellStar Cobb Hospital (CH CATH/EP LAB) Room: CH CATH Pool Bed: CH Cath/EP Lab Pool  
Patient class: Hospital Outpatient Surgery Service: General Surgery

**Transfer In at 5/29/2014 1013**

Unit: WellStar Cobb Hospital (CH CARDIAC ARU) Room: CH Cardiac ARU Pool Bed: CH Cardiac ARU Pool  
Patient class: Hospital Outpatient Surgery Service: General Surgery

**Patient Update at 5/29/2014 1014**

Unit: WellStar Cobb Hospital (CH CARDIAC ARU) Room: CH Cardiac ARU Pool Bed: CH Cardiac ARU Pool  
Patient class: Observation Service: General Surgery

**Transfer Out at 5/29/2014 1404**

Unit: WellStar Cobb Hospital (CH CARDIAC ARU) Room: CH Cardiac ARU Pool Bed: CH Cardiac ARU Pool  
Patient class: Observation Service: General Surgery

**Transfer In at 5/29/2014 1404**

Unit: WellStar Cobb Hospital (CH 2N TELE (CARD)) Room: 213 Bed: 213-01



WS Cobb Hospital  
3950 Austell Road SW  
Austell GA 30106  
Inpatient Record

Maurice, Eugene George  
MRN: 561253820, DOB: 1/2/1949, Sex: M  
Adm: 5/29/2014, D/C: 5/30/2014

**Events (continued)**

Patient class: Observation      Service: Cardiac Cath

**Discharge at 5/30/2014 1252**

Unit: WellStar Cobb Hospital (CH 2N TELE (CARD))      Room: 213      Bed: 213-01  
Patient class: Observation      Service: Cardiac Cath

**Allergies as of 5/30/2014**

Reviewed on 5/29/2014

No Known Allergies

**Medical as of 5/30/2014**

**Past Medical History**

Diagnosis	Date	Comments	Source
CAD (coronary artery disease) [414.00 (ICD-9-CM)]	---	---	Provider
Coronary atherosclerosis of native coronary artery [414.01 (ICD-9-CM)]	---	---	Provider
Diabetes mellitus (HCC) [250.00 (ICD-9-CM)]	---	---	Provider
Essential hypertension, benign [401.1 (ICD-9-CM)]	---	---	Provider
Family history of ischemic heart disease [V17.3 (ICD-9-CM)]	---	---	Provider
Hyperlipidemia [272.4 (ICD-9-CM)]	---	---	Provider
Hypertension [401.9 (ICD-9-CM)]	---	---	Provider
Infectious viral hepatitis [070.1 (ICD-9-CM)]	---	as teen/cannont recall what type	Provider
Obesity [278.00 (ICD-9-CM)]	---	---	Provider
Other and unspecified hyperlipidemia [272.4 (ICD-9-CM)]	---	---	Provider
Other symptoms involving cardiovascular system [785.9 (ICD-9-CM)]	---	---	Provider
PVD (peripheral vascular disease) (HCC) [443.9 (ICD-9-CM)]	---	---	Provider

**Pertinent Negatives**

Diagnosis	Date Noted	Comments	Source
Abnormal ECG [794.31 (ICD-9-CM)]	04/07/2014	---	Provider
Aneurysm (HCC) [442.9 (ICD-9-CM)]	04/07/2014	---	Provider
Arrhythmia [427.9 (ICD-9-CM)]	04/07/2014	---	Provider
Asthma [493.90 (ICD-9-CM)]	04/07/2014	---	Provider
Cancer (HCC) [199.1 (ICD-9-CM)]	04/07/2014	---	Provider
Chronic kidney disease [585.9 (ICD-9-CM)]	04/07/2014	---	Provider
Clotting disorder (HCC) [286.9 (ICD-9-CM)]	04/07/2014	---	Provider
Congenital heart disease [746.9 (ICD-9-CM)]	04/07/2014	---	Provider
Deep vein thrombosis (HCC) [453.40 (ICD-9-CM)]	04/07/2014	---	Provider
Heart failure (HCC) [428.9 (ICD-9-CM)]	04/07/2014	---	Provider
Heart murmur [785.2 (ICD-9-CM)]	04/07/2014	---	Provider
Mitral valve prolapse [424.0 (ICD-9-CM)]	04/07/2014	---	Provider
Myocardial infarction [410.90 (ICD-9-CM)]	04/07/2014	---	Provider
Pulmonary embolism (HCC) [415.19 (ICD-9-CM)]	04/07/2014	---	Provider
Sleep apnea [780.57 (ICD-9-CM)]	04/07/2014	---	Provider
Stroke (HCC) [434.91 (ICD-9-CM)]	04/07/2014	---	Provider
Valvular disease [424.90 (ICD-9-CM)]	04/07/2014	---	Provider

**ED Records**

**ED Arrival Information**

Patient not seen in ED

**ED Disposition**

None

**Discharge Summary - Encounter Notes**



WS Cobb Hospital  
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 Adm: 5/29/2014, D/C: 5/30/2014

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

**Discharge Summary by Joshua D Thornsberry, NP at 5/30/2014 10:53 AM**

Author: Joshua D Thornsberry, NP  
 Filed: 5/30/2014 2:30 PM  
 Editor: Joshua D Thornsberry, NP (Nurse Practitioner)

Service: Cardiology  
 Date of Service: 5/30/2014 10:53 AM

Author Type: Nurse Practitioner  
 Status: Signed  
 Cosigner: Michael S Hardee, MD at 6/17/2014 1:05 PM



**CARDIOLOGY DISCHARGE SUMMARY**

Patient Name: Eugene G Maurice  
 Date of Birth: 1/2/1949  
 Account Number: 2036749246



Length of Stay: LOS: 1 day  
 Date of Admission: 5/29/2014  
 Date of Discharge: 5/30/2014

Admitting Cardiologist: Dr. Abdul Sheikh MD  
 Discharging Cardiologist: Dr. Michael Hardee MD  
 Primary Cardiologist: Dr. Abdul Sheikh MD

Reason for Admission: CAD | LHC

Consultants:  
 IP CONSULT TO CARE COORDINATOR

**Discharge Diagnoses:  
 Patient Active Problem List**

- Diagnosis**
- 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)
  - Obesity
  - Hypertension
  - Hyperlipidemia
  - CAD (coronary artery disease)

**Hospital Course:**  
 Mr. Eugene G Maurice is a 65 y.o. male who was admitted to WS Cobb Hospital on



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 3950 Austell Road SW  
 Austell GA 30106  
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Maurice, Eugene George  
 MRN: 561253820, DOB: 1/2/1949, Sex: M  
 Adm: 5/29/2014, D/C: 5/30/2014

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

Discharge Summary by Joshua D Thornsberry, NP at 5/30/2014 10:53 AM (continued)

5/29/2014 for a scheduled LHC for his CAD and complaints of exertional dyspnea. He presented to the cath lab and underwent LHC with PCI/DES x 1 to OM and PCI/DES x 1 to PDA on 05/29/2014. He was started on Plavix therapy in addition to his current medical therapy. He did not have any complications post-procedure. He was kept overnight for observation, remained in stable condition and was discharged on 05/30/2014 with a scheduled hospital follow-up with Dr. Abdul Sheikh in 1-2 weeks.

**Disposition:**  
 Home

**Discharge Condition:**  
 Stable

**Discharge Diet:**  
 cardiac diet

**Discharge Activity:**  
 activity as tolerated

**Discharge Follow-up:**  
 Follow up with primary Cardiologist in 1-2 weeks.

**Discharge Medications:**

**Home Medication Instructions**

Maurice, Eugene G  
 HAR:10000110759  
 Printed on:05/30/14 1425

Medication Information								
aspirin, buffered 81 mg Tab Take 81 mg by mouth daily.								
carvedilol (COREG) 12.5 MG tablet Take 1 tablet (12.5 mg total) by mouth 2 (two) times a day with meals.								
chlorthalidone (HYGROTEN) 50 MG tablet Take 1 tablet (50 mg total) by mouth daily.								
clopidogrel (PLAVIX) 75 mg tablet Take 1 tablet (75 mg total) by mouth daily.								
diclofenac (VOLTAREN) 1 % Gel Apply 2 g topically 4 (four) times a day.								



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

Discharge Summary by Joshua D Thornsberry, NP at 5/30/2014 10:53 AM (continued)

ezetimibe-simvastatin (VYTORIN 10-80) 10-80 mg per tablet Take 1 tablet by mouth 3 (three) times a week.								
isosorbide mononitrate (IMDUR) 30 MG 24 hr tablet Take 1 tablet (30 mg total) by mouth daily.								
metFORMIN (GLUCOPHAGE) 500 MG tablet Start 1 tablet bid then after 1 week increase to 2 tablets in am and 1 in pm then after 1 week increase to 2 tablets bid (Start 48hrs after Cardiac Cath, ie 6/1/14).								
ramipril (ALTACE) 10 MG capsule Take 1 capsule (10 mg total) by mouth 2 (two) times a day.								

Time Spent with Discharge:  
30 minutes

Joshua D Thornsberry, NP  
5/30/2014, 2:25 PM

WellStar Cardiovascular Medicine  
55 Whitcher Street, Suite #350  
Marietta, GA 30060

Electronically Signed by Michael S Hardee, MD on 6/17/2014 1:05 PM

**H&P - Encounter Notes**

H&P by Abdul M Sheikh, MD at 5/29/2014 7:49 AM

Author: Abdul M Sheikh, MD  
 Filed: 5/29/2014 7:49 AM  
 Editor: Abdul M Sheikh, MD (Physician)

Service: Cardiology  
 Date of Service: 5/29/2014 7:49 AM

Author Type: Physician  
 Status: Signed

**EUGENE G MAURICE**  
 1/2/1949  
 561253820

**HPI**

Eugene G Maurice is a 65 y.o. male seen in the office today for follow up of CAD. At the time of his last office



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Austell GA 30106  
Inpatient Record

Maurice, Eugene George  
MRN: 561253820, DOB: 1/2/1949, Sex: M  
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**H&P - Encounter Notes (continued)**

H&P by Abdul M Sheikh, MD at 5/29/2014 7:49 AM (continued)

visit he did note some symptoms of exertional dyspnea. As it had been some time since an ischemic evaluation he did have a stress test done. This did show a mild ischemic territory. Findings were discussed with him. He wishes to travel on his cruise him come back for an office visit to discuss.

He states that he has been doing okay. Still has occasional exertional dyspnea symptoms but also states that he has cut back on some of his activity. Denies any anginal symptoms. In light of his stress test and previous bypass surgery he states that he would like to proceed to cardiac catheterization. He has been taking his medications as instructed, with the exception of this morning for lab work that was drawn. His blood pressure is elevated today but he states that it has otherwise been doing well. Review of systems is otherwise negative.

**ROS**

General	denies c/o	Abdominal	denies c/o
Skin	denies c/o	Musculoskel etal	denies c/o
Eyes	denies c/o	Neuro	denies c/o
Ears/nose/throat	denies c/o	Psych	denies c/o
Resp	denies c/o	Endocrine	denies c/o
CV	see HPI	Heme	denies c/o

**DATA REVIEW**

Data Review

5/15/14  
EKG 4/7/14: SR, anterior Q  
1/3/14: LVSF WNL, EF 55-60%, mild LVH, mod diastolic dysfunction, mildly calcified mitral annulus, mild RAE, mod LAE, no evidence of pulm HTN  
Echocardiogram  
LVEF 47% by Nuclear medicine stress test (exercise) 04/22/14  
Carotid Duplex 9/17/13: R-ICA 50-69% stenosis, L-ICA 70-79% stenosis, bilat vertebral arteries patent w/normal antegrade flow  
Myocardial Perfusion Imaging, Exercise 04/22/14 Positive: Risk/extent of ischemia is low. LVEF 47%  
Myocardial Perfusion Imaging, Lexiscan 1/08: negative for ischemia  
Cardiac Surgery 1992: 6v CABG (in Nashville, TN)

**PAST MEDICAL HX**

he has a past medical history of 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); Obesity; Hypertension; Hyperlipidemia; and CAD (coronary artery disease).

**SOCIAL HX**

History	History	History	No
Smoking status	Alcohol Use	Drug Use	
• Former Smoker -- 1.00 packs/day for 25 years	• Yes		
• Types: Cigarettes			
• Quit date: 04/07/1992			





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

H&P by Abdul M Sheikh, MD at 5/29/2014 7:49 AM (continued)

Smokeless tobacco

- Never Used

**FAMILY HX**

family history includes Coronary artery disease in his mother and Other in his brother and mother. There is no history of Anemia, and Arrhythmia, and Asthma, and Clotting disorder, and Fainting, and Heart attack, and Heart disease, and Heart failure, and Hyperlipidemia, and Hypertension, and Stroke, .

**ALLERGIES**

Allergies as of 04/07/2014

- (No Known Allergies)

**MEDICATIONS**

**Current Outpatient Prescriptions**

Medication	Sig	Dispense	Refill
• aspirin, buffered 81 mg Tab	Take 81 mg by mouth daily.		
• carvedilol (COREG) 12.5 MG tablet	Take 12.5 mg by mouth 2 (two) times a day with meals.		
• chlorthalidone (HYGROTEN) 50 MG tablet	Take 1 tablet (50 mg total) by mouth daily.	30 tablet	11
• ezetimibe-simvastatin (VYTORIN 10-80) 10-80 mg per tablet	Take 1 tablet by mouth 3 (three) times a week.		
• ramipril (ALTACE) 10 MG capsule	Take 10 mg by mouth 2 (two) times a day.		
• isosorbide mononitrate (IMDUR) 30 MG 24 hr tablet	Take 1 tablet (30 mg total) by mouth daily.	30 tablet	4

No current facility-administered medications for this visit.

**EXAM**

**Filed Vitals:**

05/15/14 0825  
BP: 174/76  
Pulse: 60  
Height: 67" (1.702 m)  
Weight: 108.41 kg (239 lb)

General	Alert, oriented, NAD	Extremities	No edema, normal pulses
Skin	Warm, no rashes	Abdomen	Soft, nt/nd, normal bowel sound
Neck	JVP normal, no bruit	Neuro	Grossly normal
Chest	clear bilaterally, normal effort	Psych	Grossly normal
Cardiac	Regular, 1/6 SEM, no r/g, PMI nl		

**LABS**



WS Cobb Hospital  
3950 Austell Road SW  
Austell GA 30106  
Inpatient Record

Maurice, Eugene George  
MRN: 561253820, DOB: 1/2/1949, Sex: M  
Adm: 5/29/2014, D/C: 5/30/2014

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

H&P by Abdul M Sheikh, MD at 5/29/2014 7:49 AM (continued)

**Lab Results**

Component	Value	Date
POTASSIUM	4.7	2/21/2014
BUN	30*	2/21/2014
CREATININE	1.17	2/21/2014
GFRNONAA	>60	2/21/2014
ALT	30	2/17/2014
AST	26	2/17/2014

No results found for this basename: CHOL, TRIG, HDL, LDLCHOL

**Lab Results**

Component	Value	Date
HGB	11.1*	2/21/2014
HCT	34*	2/21/2014
PLT	146*	2/21/2014

No results found for this basename: BNP, TSH

**ASSESSMENT/PLAN**

1. CAD (coronary artery disease)
2. Essential hypertension, benign
3. PVD (peripheral vascular disease)
4. Hyperlipidemia

Mr. Maurice is a pleasant 65-year-old male with history of CAD, status post recent left carotid endarterectomy. He still has some symptoms of exertional dyspnea, enough that he has curtailed some of his activities. Recent stress test was abnormal.

1. I will Schedule him for cardiac catheterization. He wishes this to be done the week after next. He has been counseled on not to strenuous exert himself until the procedure is completed.
2. I will continue him on all his current medications.
3. Will see him back after his procedure.

Thank you for allowing us to participate in the care of your patients.

Abdul M Sheikh, MD

Electronically Signed by Abdul M Sheikh, MD on 5/29/2014 7:49 AM

**Progress Notes - Encounter Notes**

Progress Notes by Donna McKittrick, RN at 5/29/2014 1:51 PM

Author: Donna McKittrick, RN	Service: —	Author Type: Registered Nurse
Filed: 5/29/2014 1:52 PM	Date of Service: 5/29/2014 1:51 PM	Status: Signed
Editor: Donna McKittrick, RN (Registered Nurse)		

Report to Antonita, RN.

Electronically Signed by Donna McKittrick, RN on 5/29/2014 1:52 PM

Progress Notes by Antonita L Hall, RN at 5/29/2014 2:30 PM



WS Cobb Hospital  
 3950 Austell Road SW  
 Austell GA 30106  
 Inpatient Record

Maurice, Eugene George  
 MRN: 561253820, DOB: 1/2/1949, Sex: M  
 Adm: 5/29/2014, D/C: 5/30/2014

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

**Progress Notes by Antonita L Hall, RN at 5/29/2014 2:30 PM (continued)**

Author: Antonita L Hall, RN	Service: —	Author Type: Registered Nurse
Filed: 5/29/2014 6:24 PM	Date of Service: 5/29/2014 2:30 PM	Status: Signed
Editor: Antonita L Hall, RN (Registered Nurse)		

Received patient lying in bed from ARU, s/p heart cath with PCI. Right wrist dressing in place with arm board. Right groin dressing in place no bleeding or hematoma, site appears puffy but soft. Denies any discomfort at this time.

Electronically Signed by Antonita L Hall, RN on 5/29/2014 6:24 PM

**Progress Notes by Michael S Hardee, MD at 5/30/2014 10:38 AM**

Author: Michael S Hardee, MD	Service: Cardiology	Author Type: Physician
Filed: 5/30/2014 10:43 AM	Date of Service: 5/30/2014 10:38 AM	Status: Signed
Editor: Michael S Hardee, MD (Physician)		

**Date:** 5/15/2014  
**Patient Name:** Eugene G Maurice  
**Date of Birth:** 1/2/1949  
**Age:** 65 y.o.  
**MRN:** 561253820

**Active Problems:**

\* No active hospital problems. \*

No chief complaint on file.

**Subjective:**

No CP/SOB

• aspirin	81 mg	Oral	Daily
• carvedilol	12.5 mg	Oral	BID w/ meals
• chlorthalidone	50 mg	Oral	Daily
• clopidogrel	75 mg	Oral	Daily
• pravastatin	80 mg	Oral	Nightly
And			
• ezetimibe	10 mg	Oral	Nightly
• isosorbide mononitrate	30 mg	Oral	Daily
• nitroglycerin	0.4 mg	Sublingual	Q5 Min PRN
• oxyCODONE-	1 tablet	Oral	Q4H PRN



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

Progress Notes by Michael S Hardee, MD at 5/30/2014 10:38 AM (continued)

- acetaminophen
- ramipril 10 mg Oral BID

**Vital Signs:**

**Filed Vitals:**

	05/29/14 1938	05/29/14 2310	05/30/14 0437	05/30/14 0756
BP:	134/61	120/62	146/68	120/67
Pulse:	58	60	54	61
Temp:	98.1 °F (36.7 °C)	98.1 °F (36.7 °C)	97.7 °F (36.5 °C)	97.4 °F (36.3 °C)
TempSrc:			Oral	Oral
Resp:		16	20	18
Height:				
Weight:			106.187 kg (234 lb 1.6 oz)	
SpO2:	97%	94%	95%	95%

**Physical Exam:**

**Constitutional:** well developed well nourished  
**Eyes:** normal conjunctiva and lids; no discharge, erythema or swelling  
**Neck:** no masses no carotid bruit no JVD  
**Cardiovascular:** RRR, nl S1/S2, no murmur. No evident gallops or rub  
**Respiratory:** chest clear, no wheezing, crepitations, rhonchi, normal symmetric air entry  
**Abdominal:** soft, non-tender; bowel sounds normal; no masses, no organomegaly  
**Musculoskeletal:** spine ROM normal. Muscular strength intact.  
**Neurological:** normal without focal findings mental status, speech normal, alert and oriented x3 PERRL  
**Skin:** no rashes, petechiae or jaundice  
**Extremities:** no edema, clubbing or cyanosis. Pulses 3+ bilaterally

**Past Medical History**

Diagnosis	Date
<ul style="list-style-type: none"> <li>• Other symptoms involving cardiovascular system</li> <li>• Coronary atherosclerosis of native coronary artery</li> <li>• Family history of ischemic heart disease</li> <li>• Other and unspecified hyperlipidemia</li> <li>• Essential hypertension, benign</li> <li>• PVD (peripheral vascular disease)</li> <li>• Obesity</li> <li>• Hypertension</li> <li>• Hyperlipidemia</li> <li>• CAD (coronary artery disease)</li> <li>• Infectious viral hepatitis as teen/cannont recall what type</li> <li>• Diabetes mellitus</li> </ul>	

**History**



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

Progress Notes by Michael S Hardee, MD at 5/30/2014 10:38 AM (continued)

**Substance Use Topics**

- Smoking status: Former Smoker -- 1.00 packs/day for 25 years
  - Types: Cigarettes
  - Quit date: 04/07/1992
- Smokeless tobacco: Never Used
- Alcohol Use: Yes

**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	

**Lab Results**

Component	Value	Date
WBC	8.9	5/30/2014
HGB	13.0*	5/30/2014
HCT	39	5/30/2014
PLT	126*	5/30/2014

**Lab Results**

Component	Value	Date
SOD	137	5/30/2014
CL	102	5/30/2014
CO2	29	5/30/2014
BUN	16	5/30/2014
CREATININE	1.04	5/30/2014
CALCIUM	9.2	5/30/2014
GFRNONAA	>60	5/30/2014

No results found for this basename: BNP, POCBNP

**Lab Results**

Component	Value	Date
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**Progress Notes - Encounter Notes (continued)**

Progress Notes by Michael S Hardee, MD at 5/30/2014 10:38 AM (continued)

CHOL	116	5/29/2014
TRIG	66	5/29/2014
HDL	33*	5/29/2014
LDLCHOL	70	5/29/2014
CHOLHDLRATIO	3.5	5/29/2014
NONHDLCHOL	83	5/29/2014

**Lab Results**

Component	Value	Date
INR	1.06	5/27/2014

**Assessment/Plan:**

1. CAD/CABG - s/p 5/29 PCI to SVG to OM (DES) and SVG to PDA (DES)
2. Essential hypertension, benign
3. PVD (peripheral vascular disease)
4. Hyperlipidemia

**PLAN**

Ok for D/C home with addition of Plavix. Follow up with Dr. Sheikh in 2 weeks.

**Michael S Hardee, MD**  
55 Witcher Street Ste 350  
Marietta, Ga 30060  
770-424-6893

Electronically Signed by Michael S Hardee, MD on 5/30/2014 10:43 AM



WS Cobb Hospital  
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 Inpatient Record

Maurice, Eugene George  
 MRN: 561253820, DOB: 1/2/1949, Sex: M  
 Adm: 5/29/2014, D/C: 5/30/2014

**Surgery Report**

**General Information**

Date: 5/29/2014	Time: 0800	Status: Posted
Location: CH CARDIAC CATH LAB	Room: Cath Lab 2	Service: Cardiovascular
Patient class: Hospital Outpatient Surgery	Case classification:	

**Diagnosis Information**

<b>Diagnosis</b>
CAD (coronary artery disease)

**Case Tracking Events**

Event	Time In
In Facility	0650
In Pre-Procedure	0655
Pre-Procedure Complete	0753
Out of ARU Prep	
Ready for Procedure	0753
In Room	0815
Procedure Start	
Procedure End	
Out of Room	1013
In Phase II	1013
Phase II Care Complete	1400
Remove from Status Board	1400
Anesthesia Ready	
Anesthesia Start	
In Phase I	
Anesthesia Stop	
Phase I Criteria Met	
Out of Phase II	1400
Anesthesia Follow-up Complete	
Anesthesia Follow-up Needed	

**Panel Information**

**Panel 1**

Provider	Role	Service
Abdul M Sheikh, MD	Primary	Cardiovascular

Procedure: Left heart cath - bypass graft					
Laterality	Wound Class	Incision Closure	Anesthesia	Op Region	
Bilateral			Local		

Left heart cath - bypass graft (Bilateral) - Position 1					
Body:	Head:	Left Arm:	Left Leg:	Right Arm:	Right Leg:

Procedure: Left ventriculography					
Laterality	Wound Class	Incision Closure	Anesthesia	Op Region	
N/A					

Left ventriculography (N/A) - Position 1					
Body:	Head:	Left Arm:	Left Leg:	Right Arm:	Right Leg:

Procedure: Coronary angiography					
Laterality	Wound Class	Incision Closure	Anesthesia	Op Region	
N/A					

Coronary angiography (N/A) - Position 1					
Body:	Head:	Left Arm:	Left Leg:	Right Arm:	Right Leg:

Procedure: Percutaneous coronary intervention					
Laterality	Wound Class	Incision Closure	Anesthesia	Op Region	
N/A					



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**Surgery Report (continued)**

**Panel Information (continued)**

**Percutaneous coronary intervention (N/A) - Position 1**

Body: Left Arm: Right Arm:  
Head: Left Leg: Right Leg:

**Staff Info**

Staff Type	Staff Member	Start	End	OT
CV Monitor	Juliene C Brandt, RN	0813	1013	
CV Circulator	Timothy R Jackson, RN	0813	1013	
CV Scrub Person	Cathy L Lane, RRT	0813	1013	
CV Circulator	Allison M Wootton, RN	0922	1013	

**Questionnaire Data**

None

**Patient Preparation**

Area	Laterality	Scrub	Paint	Hair Removal
Arm Lower Bilateral groin prepped also.	Right			Clipped

**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	Risk for infection (X28)
Yes	Risk for injury (X29)
Yes	Deficient knowledge (X30)
Yes	Acute pain (X38)
Yes	Anxiety (X4)
Yes	Risk for impaired skin integrity (X51)
Yes	Risk for imbalanced body temperature (X57)
Yes	Ineffective breathing pattern (X7)

**Log Completed By**

Julie Kraftzenk, RN	5/30/2014	0628
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**Log Verified By**

Juliene C Brandt, RN	5/29/2014	0846
Juliene C Brandt, RN	5/29/2014	1014
Timothy R Jackson, RN	5/29/2014	1014
Abdul M Sheikh, MD	5/29/2014	1022





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Maurice, Eugene George  
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**Surgery Report (continued)**

**Log Verified By (continued)**

**Implants**

**Implants**

**RESOLUTE (DES) 4.0 X 15 - S100006740085**

Inventory Item: STENT DES RESOLUTE INTEGRITY RX 4.0 X 15	Serial no.: 100006740085	Model/Cat no.: RSINT40015UX
Implant name: RESOLUTE (DES) 4.0 X 15 - S100006740085	Laterality: Left	Area: Coronary
Manufacturer: MEDTRONIC INC	Date of Manufacture:	
Action: Implanted	Number Used: 1	
Device Identifier: 00643169037328	Device Identifier Type: GS1	

**RESOLUTE (DES) 4.0 X 18 - S240RSINT40018UX**

Inventory Item: STENT DES RESOLUTE INTEGRITY RX 4.0 X 18	Serial no.: 240RSINT40018UX	Model/Cat no.: RSINT40018UX
Implant name: RESOLUTE (DES) 4.0 X 18 - S240RSINT40018UX	Laterality: Right	Area: Coronary
Manufacturer: MEDTRONIC INC	Date of Manufacture:	
Action: Implanted	Number Used: 1	
Device Identifier: 00643169037212	Device Identifier Type: GS1	

**STARCLOSE SE 6F CLOSURE - LOG34363**

Inventory Item: STARCLOSE SE 6F CLOSURE	Serial no.:	Model/Cat no.: 14679-05
Implant name: STARCLOSE SE 6F CLOSURE - LOG34363	Laterality: Right	Area: Arterial
Manufacturer: ABBOTT VASCULAR	Date of Manufacture:	
Action: Implanted	Number Used: 1	
Device Identifier:	Device Identifier Type:	

**Timeouts**

**Pre-Procedure Timeout**

Right Patient, Right Site, Right Procedure	Pre-Procedure Verification
Correct patient?: Yes	H&P note verified?: Yes
Correct site?: Yes	Consents verified?: Yes
Correct procedure?: Yes	Site marked?: N/A
Correct laterality?: N/A	Allergies reviewed?: Yes

Surgeons Present: Abdul M Sheikh, MD  
Staff Present: Juliene C Brandt, RN, Timothy R Jackson, RN, Cathy L Lane, RRT

Verification Date and Time: 5/29/2014 8:45 AM

**Nursing - Orders and Results**

**NURSING COMMUNICATION [529515730]**

Electronically signed by: Abdul M Sheikh, MD on 05/15/14 0857	Status: <b>Discontinued</b>
Ordering user: Abdul M Sheikh, MD 05/15/14 0857	Ordering provider: Abdul M Sheikh, MD
Authorized by: Abdul M Sheikh, MD	Ordering mode: Standard
Quantity: 1	Instance released by: Donna McKittrick, RN (auto-released) 5/29/2014 7:02 AM
Discontinued by: Abdul M Sheikh, MD 05/29/14 1443	

**NURSING COMMUNICATION [529515731]**

Electronically signed by: Abdul M Sheikh, MD on 05/15/14 0857	Status: <b>Discontinued</b>
Ordering user: Abdul M Sheikh, MD 05/15/14 0857	Ordering provider: Abdul M Sheikh, MD
Authorized by: Abdul M Sheikh, MD	Ordering mode: Standard
Quantity: 1	Instance released by: Donna McKittrick, RN (auto-released) 5/29/2014 7:02 AM
Discontinued by: Abdul M Sheikh, MD 05/29/14 1443	



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Maurice, Eugene George  
MRN: 561253820, DOB: 1/2/1949, Sex: M  
Adm: 5/29/2014, D/C: 5/30/2014

**Nursing - Orders and Results (continued)**

**NURSING COMMUNICATION [529515732]**

Electronically signed by: **Abdul M Sheikh, MD on 05/15/14 0857**  
Ordering user: Abdul M Sheikh, MD 05/15/14 0857  
Authorized by: Abdul M Sheikh, MD  
Quantity: 1  
Discontinued by: Abdul M Sheikh, MD 05/29/14 1443

Ordering provider: Abdul M Sheikh, MD  
Ordering mode: Standard  
Instance released by: Donna McKittrick, RN (auto-released) 5/29/2014 7:02 AM

Status: **Discontinued**

**NURSING COMMUNICATION [529515733]**

Electronically signed by: **Abdul M Sheikh, MD on 05/15/14 0857**  
Ordering user: Abdul M Sheikh, MD 05/15/14 0857  
Authorized by: Abdul M Sheikh, MD  
Quantity: 1  
Discontinued by: Abdul M Sheikh, MD 05/29/14 1443

Ordering provider: Abdul M Sheikh, MD  
Ordering mode: Standard  
Instance released by: Donna McKittrick, RN (auto-released) 5/29/2014 7:02 AM

Status: **Discontinued**

**NURSING COMMUNICATION [529515734]**

Electronically signed by: **Abdul M Sheikh, MD on 05/15/14 0857**  
Ordering user: Abdul M Sheikh, MD 05/15/14 0857  
Authorized by: Abdul M Sheikh, MD  
Quantity: 1  
Discontinued by: Abdul M Sheikh, MD 05/29/14 1443

Ordering provider: Abdul M Sheikh, MD  
Ordering mode: Standard  
Instance released by: Donna McKittrick, RN (auto-released) 5/29/2014 7:02 AM

Status: **Discontinued**

**NURSING COMMUNICATION [529515735]**

Electronically signed by: **Abdul M Sheikh, MD on 05/15/14 0857**  
Ordering user: Abdul M Sheikh, MD 05/15/14 0857  
Authorized by: Abdul M Sheikh, MD  
Quantity: 1  
Discontinued by: Abdul M Sheikh, MD 05/29/14 1443

Ordering provider: Abdul M Sheikh, MD  
Ordering mode: Standard  
Instance released by: Donna McKittrick, RN (auto-released) 5/29/2014 7:02 AM

Status: **Discontinued**

**NURSING COMMUNICATION [529515736]**

Electronically signed by: **Abdul M Sheikh, MD on 05/15/14 0857**  
Ordering user: Abdul M Sheikh, MD 05/15/14 0857  
Authorized by: Abdul M Sheikh, MD  
Quantity: 1  
Discontinued by: Abdul M Sheikh, MD 05/29/14 1443

Ordering provider: Abdul M Sheikh, MD  
Ordering mode: Standard  
Instance released by: Donna McKittrick, RN (auto-released) 5/29/2014 7:02 AM

Status: **Discontinued**

**NURSING COMMUNICATION [529515737]**

Electronically signed by: **Abdul M Sheikh, MD on 05/15/14 0857**  
Ordering user: Abdul M Sheikh, MD 05/15/14 0857  
Authorized by: Abdul M Sheikh, MD  
Quantity: 1  
Discontinued by: Abdul M Sheikh, MD 05/29/14 1443  
Order comments: Obtain BBG on call to cath lab and document on pre-procedure checklist.

Ordering provider: Abdul M Sheikh, MD  
Ordering mode: Standard  
Instance released by: Donna McKittrick, RN (auto-released) 5/29/2014 7:02 AM

Status: **Discontinued**

**NURSING COMMUNICATION [529515738]**

Electronically signed by: **Abdul M Sheikh, MD on 05/15/14 0857**  
Ordering user: Abdul M Sheikh, MD 05/15/14 0857  
Authorized by: Abdul M Sheikh, MD  
Quantity: 1  
Discontinued by: Automatic Transfer Provider 05/29/14 1014 [Patient Transfer]  
Order comments: This was discussed with the patient and/or patient representative.

Ordering provider: Abdul M Sheikh, MD  
Ordering mode: Standard  
Instance released by: Donna McKittrick, RN (auto-released) 5/29/2014 7:02 AM

Status: **Discontinued**

**NURSING COMMUNICATION [529515739]**

Electronically signed by: **Abdul M Sheikh, MD on 05/15/14 0857**  
Ordering user: Abdul M Sheikh, MD 05/15/14 0857  
Authorized by: Abdul M Sheikh, MD  
Quantity: 1  
Discontinued by: Abdul M Sheikh, MD 05/29/14 1443  
Order comments: Have patient void before transport, no metal snaps on gown, patient may wear dentures, glasses, hearing aids

Ordering provider: Abdul M Sheikh, MD  
Ordering mode: Standard  
Instance released by: Donna McKittrick, RN (auto-released) 5/29/2014 7:02 AM

Status: **Discontinued**

**NURSING COMMUNICATION [529515740]**



WS Cobb Hospital  
3950 Austell Road SW  
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Inpatient Record

Maurice, Eugene George  
MRN: 561253820, DOB: 1/2/1949, Sex: M  
Adm: 5/29/2014, D/C: 5/30/2014

**Nursing - Orders and Results (continued)**

**NURSING COMMUNICATION [529515740] (continued)**

Electronically signed by: **Abdul M Sheikh, MD on 05/15/14 0857** Status: **Discontinued**  
 Ordering user: Abdul M Sheikh, MD 05/15/14 0857  
 Authorized by: Abdul M Sheikh, MD  
 Quantity: 1  
 Discontinued by: Abdul M Sheikh, MD 05/29/14 1443  
 Order comments: Hold diuretics and oral hypoglycemic medications including metformin and sulfonylureas (e.g. glipizide, glyburide, glimepiride) the morning of the procedure.

Ordering provider: Abdul M Sheikh, MD  
 Ordering mode: Standard  
 Instance released by: Donna McKittrick, RN (auto-released) 5/29/2014 7:02 AM

**NOTIFY PHYSICIAN (SPECIFY) [529515743]**

Electronically signed by: **Abdul M Sheikh, MD on 05/15/14 0857** Status: **Discontinued**  
 Ordering user: Abdul M Sheikh, MD 05/15/14 0857  
 Authorized by: Abdul M Sheikh, MD  
 Quantity: 1  
 Discontinued by: Abdul M Sheikh, MD 05/29/14 1443  
 Order comments: if BUN greater than 30, GFR less than 50, Potassium less than 3.5 or greater than 5.1, Platelet count less than 100,000, INR greater than 1.5

Ordering provider: Abdul M Sheikh, MD  
 Ordering mode: Standard  
 Instance released by: Donna McKittrick, RN (auto-released) 5/29/2014 7:02 AM

**NURSING COMMUNICATION [529515744]**

Electronically signed by: **Abdul M Sheikh, MD on 05/15/14 0857** Status: **Discontinued**  
 Ordering user: Abdul M Sheikh, MD 05/15/14 0857  
 Authorized by: Abdul M Sheikh, MD  
 Quantity: 1  
 Discontinued by: Abdul M Sheikh, MD 05/29/14 1443

Ordering provider: Abdul M Sheikh, MD  
 Ordering mode: Standard  
 Instance released by: Donna McKittrick, RN (auto-released) 5/29/2014 7:02 AM

**HEIGHT AND WEIGHT [529515745]**

Electronically signed by: **Abdul M Sheikh, MD on 05/15/14 0857** Status: **Discontinued**  
 Ordering user: Abdul M Sheikh, MD 05/15/14 0857  
 Authorized by: Abdul M Sheikh, MD  
 Quantity: 1  
 Discontinued by: Automatic Transfer Provider 05/29/14 1014 [Patient Transfer]

Ordering provider: Abdul M Sheikh, MD  
 Ordering mode: Standard  
 Instance released by: Donna McKittrick, RN (auto-released) 5/29/2014 7:02 AM

**VERIFY INFORMED CONSENT [529515746]**

Electronically signed by: **Abdul M Sheikh, MD on 05/15/14 0857** Status: **Discontinued**  
 Ordering user: Abdul M Sheikh, MD 05/15/14 0857  
 Authorized by: Abdul M Sheikh, MD  
 Quantity: 1  
 Discontinued by: Automatic Transfer Provider 05/29/14 1014 [Patient Transfer]  
 Order comments: Verify cardiac catheterization consent form is signed, dated, timed, and witnessed prior to start of procedure

Ordering provider: Abdul M Sheikh, MD  
 Ordering mode: Standard  
 Instance released by: Donna McKittrick, RN (auto-released) 5/29/2014 7:02 AM

**MAINTAIN IV ACCESS [529515748]**

Electronically signed by: **Abdul M Sheikh, MD on 05/15/14 0857** Status: **Discontinued**  
 Ordering user: Abdul M Sheikh, MD 05/15/14 0857  
 Authorized by: Abdul M Sheikh, MD  
 Quantity: 1  
 Discontinued by: Antonita L Hall, RN 05/29/14 1443

Ordering provider: Abdul M Sheikh, MD  
 Ordering mode: Standard  
 Instance released by: Donna McKittrick, RN (auto-released) 5/29/2014 7:02 AM

**VITAL SIGNS [529544599]**

Electronically signed by: **Abdul M Sheikh, MD on 05/29/14 1014** Status: **Discontinued**  
 Ordering user: Abdul M Sheikh, MD 05/29/14 1014  
 Authorized by: Abdul M Sheikh, MD  
 Quantity: 1  
 Discontinued by: Automatic Discharge Provider 05/30/14 1453 [Patient Discharge]

Ordering provider: Abdul M Sheikh, MD  
 Ordering mode: Standard  
 Instance released by: Donna McKittrick, RN (auto-released) 5/29/2014 10:24 AM

**Questionnaire**

Question	Answer
Q15 minutes x	4
Q30 minutes x	4
Then:	Q2h

Order comments: Check while sheath is intact. Repeat immediately after sheath removal. If oozing check every hour.

**PUNCTURE SITE CARE [529544600]**



WS Cobb Hospital  
3950 Austell Road SW  
Austell GA 30106  
Inpatient Record

Maurice, Eugene George  
MRN: 561253820, DOB: 1/2/1949, Sex: M  
Adm: 5/29/2014, D/C: 5/30/2014

**Nursing - Orders and Results (continued)**

**PUNCTURE SITE CARE [529544600] (continued)**

Electronically signed by: **Abdul M Sheikh, MD on 05/29/14 1014** Status: **Discontinued**  
 Ordering user: Abdul M Sheikh, MD 05/29/14 1014  
 Authorized by: Abdul M Sheikh, MD  
 Quantity: 1  
 Discontinued by: Automatic Discharge Provider 05/30/14 1453 [Patient Discharge]

Ordering provider: Abdul M Sheikh, MD  
 Ordering mode: Standard  
 Instance released by: Donna McKittrick, RN (auto-released) 5/29/2014 10:24 AM

**Questionnaire**

Question	Answer
Q15 minutes x	4
Q30 minutes x	4
Then:	Q2h

Order comments: Check while sheath is intact. Repeat immediately after sheath removal. If oozing check every hour.

**POST PROCEDURE SITE ASSESSMENT [529544601]**

Electronically signed by: **Abdul M Sheikh, MD on 05/29/14 1014** Status: **Discontinued**  
 Ordering user: Abdul M Sheikh, MD 05/29/14 1014  
 Authorized by: Abdul M Sheikh, MD  
 Quantity: 1  
 Discontinued by: Automatic Discharge Provider 05/30/14 1453 [Patient Discharge]

Ordering provider: Abdul M Sheikh, MD  
 Ordering mode: Standard  
 Instance released by: Donna McKittrick, RN (auto-released) 5/29/2014 10:24 AM

**Questionnaire**

Question	Answer
Q15 minutes x	4
Q30 minutes x	4
Then:	Q2h

Order comments: Check pulses while sheath is intact. Repeat immediately after sheath removal. If oozing check every hour.

**NEURO/VASCULAR CHECKS [529544602]**

Electronically signed by: **Abdul M Sheikh, MD on 05/29/14 1014** Status: **Discontinued**  
 Ordering user: Abdul M Sheikh, MD 05/29/14 1014  
 Authorized by: Abdul M Sheikh, MD  
 Quantity: 1  
 Discontinued by: Automatic Discharge Provider 05/30/14 1453 [Patient Discharge]

Ordering provider: Abdul M Sheikh, MD  
 Ordering mode: Standard  
 Instance released by: Donna McKittrick, RN (auto-released) 5/29/2014 10:24 AM

**Questionnaire**

Question	Answer
Q15 minutes x	4
Q30 minutes x	4
Then:	Q2h

**ORTHOSTATIC BLOOD PRESSURE [529544603]**

Electronically signed by: **Abdul M Sheikh, MD on 05/29/14 1014** Status: **Completed**  
 Ordering user: Abdul M Sheikh, MD 05/29/14 1014  
 Authorized by: Abdul M Sheikh, MD  
 Quantity: 1  
 Order comments: Check standing blood pressure post sheath removal when first allowed to stand.

Ordering provider: Abdul M Sheikh, MD  
 Ordering mode: Standard  
 Instance released by: Donna McKittrick, RN (auto-released) 5/29/2014 10:24 AM

**AMBULATE PATIENT [529544604]**

Electronically signed by: **Abdul M Sheikh, MD on 05/29/14 1014** Status: **Discontinued**  
 Ordering user: Abdul M Sheikh, MD 05/29/14 1014  
 Authorized by: Abdul M Sheikh, MD  
 Quantity: 1  
 Discontinued by: Automatic Discharge Provider 05/30/14 1453 [Patient Discharge]  
 Order comments: With assistance after bedrest complete. If tolerated, may resume previously ordered activity level

Ordering provider: Abdul M Sheikh, MD  
 Ordering mode: Standard  
 Instance released by: Donna McKittrick, RN (auto-released) 5/29/2014 10:24 AM

**INTAKE AND OUTPUT [529544605]**

Electronically signed by: **Abdul M Sheikh, MD on 05/29/14 1014** Status: **Discontinued**  
 Ordering user: Abdul M Sheikh, MD 05/29/14 1014  
 Authorized by: Abdul M Sheikh, MD  
 Quantity: 1  
 Discontinued by: Automatic Discharge Provider 05/30/14 1453 [Patient Discharge]

Ordering provider: Abdul M Sheikh, MD  
 Ordering mode: Standard  
 Instance released by: Donna McKittrick, RN (auto-released) 5/29/2014 10:24 AM



WS Cobb Hospital  
3950 Austell Road SW  
Austell GA 30106  
Inpatient Record

Maurice, Eugene George  
MRN: 561253820, DOB: 1/2/1949, Sex: M  
Adm: 5/29/2014, D/C: 5/30/2014

**Nursing - Orders and Results (continued)**

**INTAKE AND OUTPUT [529544605] (continued)**

**STRAIGHT CATH [529544606]**

Electronically signed by: **Abdul M Sheikh, MD on 05/29/14 1014**  
Ordering user: Abdul M Sheikh, MD 05/29/14 1014  
Authorized by: Abdul M Sheikh, MD  
Quantity: 1  
Order comments: If unable to void

Status: **Completed**  
Ordering provider: Abdul M Sheikh, MD  
Ordering mode: Standard  
Instance released by: Donna McKittrick, RN (auto-released) 5/29/2014 10:24 AM

**NURSING COMMUNICATION [529544607]**

Electronically signed by: **Abdul M Sheikh, MD on 05/29/14 1014**  
Ordering user: Abdul M Sheikh, MD 05/29/14 1014  
Authorized by: Abdul M Sheikh, MD  
Quantity: 1  
Discontinued by: Automatic Discharge Provider 05/30/14 1453 [Patient Discharge]

Status: **Discontinued**  
Ordering provider: Abdul M Sheikh, MD  
Ordering mode: Standard  
Instance released by: Donna McKittrick, RN (auto-released) 5/29/2014 10:24 AM

**NURSING COMMUNICATION [529544608]**

Electronically signed by: **Abdul M Sheikh, MD on 05/29/14 1014**  
Ordering user: Abdul M Sheikh, MD 05/29/14 1014  
Authorized by: Abdul M Sheikh, MD  
Quantity: 1  
Discontinued by: Automatic Discharge Provider 05/30/14 1453 [Patient Discharge]

Status: **Discontinued**  
Ordering provider: Abdul M Sheikh, MD  
Ordering mode: Standard  
Instance released by: Donna McKittrick, RN (auto-released) 5/29/2014 10:24 AM

**NURSING COMMUNICATION [529544609]**

Electronically signed by: **Abdul M Sheikh, MD on 05/29/14 1014**  
Ordering user: Abdul M Sheikh, MD 05/29/14 1014  
Authorized by: Abdul M Sheikh, MD  
Quantity: 1  
Discontinued by: Automatic Discharge Provider 05/30/14 1453 [Patient Discharge]

Status: **Discontinued**  
Ordering provider: Abdul M Sheikh, MD  
Ordering mode: Standard  
Instance released by: Donna McKittrick, RN (auto-released) 5/29/2014 10:24 AM

**NURSING COMMUNICATION [529544610]**

Electronically signed by: **Abdul M Sheikh, MD on 05/29/14 1014**  
Ordering user: Abdul M Sheikh, MD 05/29/14 1014  
Authorized by: Abdul M Sheikh, MD  
Quantity: 1  
Discontinued by: Automatic Discharge Provider 05/30/14 1453 [Patient Discharge]

Status: **Discontinued**  
Ordering provider: Abdul M Sheikh, MD  
Ordering mode: Standard  
Instance released by: Donna McKittrick, RN (auto-released) 5/29/2014 10:24 AM

**NURSING COMMUNICATION [529544611]**

Electronically signed by: **Abdul M Sheikh, MD on 05/29/14 1014**  
Ordering user: Abdul M Sheikh, MD 05/29/14 1014  
Authorized by: Abdul M Sheikh, MD  
Quantity: 1  
Discontinued by: Automatic Discharge Provider 05/30/14 1453 [Patient Discharge]

Status: **Discontinued**  
Ordering provider: Abdul M Sheikh, MD  
Ordering mode: Standard  
Instance released by: Donna McKittrick, RN (auto-released) 5/29/2014 10:24 AM

**BED REST [529544616]**

Electronically signed by: **Abdul M Sheikh, MD on 05/29/14 1014**  
Ordering user: Abdul M Sheikh, MD 05/29/14 1014  
Authorized by: Abdul M Sheikh, MD  
Quantity: 1  
Discontinued by: Automatic Discharge Provider 05/30/14 1453 [Patient Discharge]  
Order comments: And for 2 hours post sheath removal/closure device placement. May elevate head of bed to 30 degrees, keep punctured leg straight while on bedrest

Status: **Discontinued**  
Ordering provider: Abdul M Sheikh, MD  
Ordering mode: Standard  
Instance released by: Donna McKittrick, RN (auto-released) 5/29/2014 10:24 AM

**BED REST [529544617]**

Electronically signed by: **Abdul M Sheikh, MD on 05/29/14 1014**  
Ordering user: Abdul M Sheikh, MD 05/29/14 1014  
Authorized by: Abdul M Sheikh, MD  
Quantity: 1  
Discontinued by: Automatic Discharge Provider 05/30/14 1453 [Patient Discharge]  
Order comments: Complete bedrest while radial compression device in place

Status: **Discontinued**  
Ordering provider: Abdul M Sheikh, MD  
Ordering mode: Standard  
Instance released by: Donna McKittrick, RN (auto-released) 5/29/2014 10:24 AM



WS Cobb Hospital  
 3950 Austell Road SW  
 Austell GA 30106  
 Inpatient Record

Maurice, Eugene George  
 MRN: 561253820, DOB: 1/2/1949, Sex: M  
 Adm: 5/29/2014, D/C: 5/30/2014

**Nursing - Orders and Results (continued)**

**NURSING COMMUNICATION [529544618]**

Electronically signed by: **Abdul M Sheikh, MD on 05/29/14 1014** Status: **Discontinued**  
 Ordering user: Abdul M Sheikh, MD 05/29/14 1014  
 Authorized by: Abdul M Sheikh, MD  
 Quantity: 1  
 Discontinued by: Automatic Discharge Provider 05/30/14 1453 [Patient Discharge]  
 Order comments: Deployment time: 10:00  
 Ordering provider: Abdul M Sheikh, MD  
 Ordering mode: Standard  
 Instance released by: Donna McKittrick, RN (auto-released) 5/29/2014 10:24 AM

**NURSING COMMUNICATION [529544619]**

Electronically signed by: **Abdul M Sheikh, MD on 05/29/14 1014** Status: **Discontinued**  
 Ordering user: Abdul M Sheikh, MD 05/29/14 1014  
 Authorized by: Abdul M Sheikh, MD  
 Quantity: 1  
 Discontinued by: Automatic Discharge Provider 05/30/14 1453 [Patient Discharge]  
 Order comments: 1) hold manual pressure one inch proximal to the access site until bleeding stops, and notify MD. 2) If patient has an arm board in place, remove arm board 2 hours after radial hemostasis band is removed  
 Ordering provider: Abdul M Sheikh, MD  
 Ordering mode: Standard  
 Instance released by: Donna McKittrick, RN (auto-released) 5/29/2014 10:24 AM

**NURSING COMMUNICATION [529544620]**

Electronically signed by: **Abdul M Sheikh, MD on 05/29/14 1014** Status: **Completed**  
 Ordering user: Abdul M Sheikh, MD 05/29/14 1014  
 Authorized by: Abdul M Sheikh, MD  
 Quantity: 1  
 Order comments: Release band by turning dial 1/4 turn every 15 minutes until band is completely removed, starting at 10:45(time). If bleeding occurs after the radial compression device has been removed, hold manual pressure one inch proximal to the access site until bleeding stops and notify MD. If patient has an arm board in place, remove arm board 2 hours after radial hemostasis band is removed.  
 Ordering provider: Abdul M Sheikh, MD  
 Ordering mode: Standard  
 Instance released by: Donna McKittrick, RN (auto-released) 5/29/2014 10:24 AM

**DAILY WEIGHTS [529646432]**

Electronically signed by: **Abdul M Sheikh, MD on 05/29/14 1014** Status: **Discontinued**  
 Ordering user: Abdul M Sheikh, MD 05/29/14 1014  
 Authorized by: Abdul M Sheikh, MD  
 Quantity: 1  
 Discontinued by: Automatic Discharge Provider 05/30/14 1453 [Patient Discharge]  
 Ordering provider: Abdul M Sheikh, MD  
 Ordering mode: Standard  
 Instance released by: Donna McKittrick, RN (auto-released) 5/30/2014 12:05 AM

**Code Status - Orders and Results**

**FULL CODE [529544615]**

Electronically signed by: **Abdul M Sheikh, MD on 05/29/14 1014** Status: **Discontinued**  
 Ordering user: Abdul M Sheikh, MD 05/29/14 1014  
 Authorized by: Abdul M Sheikh, MD  
 Quantity: 1  
 Instance released by: Donna McKittrick, RN (auto-released) 5/29/2014 10:24 AM  
 Ordering provider: Abdul M Sheikh, MD  
 Ordering mode: Standard  
 Code status: Full Code  
 Discontinued by: Automatic Discharge Provider 05/30/14 1453 [Patient Discharge]

**Consult - Orders and Results**

**IP CONSULT TO CARE COORDINATOR [529544612]**

Electronically signed by: **Abdul M Sheikh, MD on 05/29/14 1014** Status: **Discontinued**  
 Ordering user: Abdul M Sheikh, MD 05/29/14 1014  
 Authorized by: Abdul M Sheikh, MD  
 Quantity: 1  
 Discontinued by: Automatic Discharge Provider 05/30/14 1453 [Patient Discharge]  
 Ordering provider: Abdul M Sheikh, MD  
 Ordering mode: Standard  
 Instance released by: Donna McKittrick, RN (auto-released) 5/29/2014 10:24 AM

**Questionnaire**

Question	Answer
Reason for Consult?	for discharge planning (assess for ability to obtain home meds)

**ECG - Orders and Results**

**EKG, 12-LEAD [529515753]**



WS Cobb Hospital  
3950 Austell Road SW  
Austell GA 30106  
Inpatient Record

Maurice, Eugene George  
MRN: 561253820, DOB: 1/2/1949, Sex: M  
Adm: 5/29/2014, D/C: 5/30/2014

**ECG - Orders and Results (continued)**

**EKG, 12-LEAD [529515753] (continued)**

Electronically signed by: Abdul M Sheikh, MD on 05/15/14 0857

Status: **Completed**

Ordering user: Abdul M Sheikh, MD 05/15/14 0857

Ordering provider: Abdul M Sheikh, MD

Authorized by: Abdul M Sheikh, MD

Ordering mode: Standard

Quantity: 1

Lab status: Final result

Instance released by: Donna McKittrick, RN (auto-released) 5/29/2014 7:02 AM

**Questionnaire**

Question	Answer
Reason for Exam:	Chest pain

Order comments: if not done within the past 48 hours for inpatients or 1 week for outpatients. Have results by 6 am

**Specimen Information**

Type	Source	Collected By
—	—	05/29/14 2304

**EKG, 12-LEAD [529515753]**

Resulted: 05/30/14 2019, Result status: Final result

Ordering provider: Abdul M Sheikh, MD 05/29/14 0702

Order status: Completed

Filed on: 05/30/14 2019

Resulting lab: MUSE

Lab Technician: SARA DEGAGGA

External ID: 509964

**Result details**

**Impression:**

Sinus bradycardia  
Septal infarct , age undetermined  
Cannot rule out inferior infarct , age undetermined  
Abnormal ECG  
No previous ECGs available  
Sinus bradycardia  
Septal infarct , age undetermined  
Cannot rule out inferior infarct , age undetermined  
Abnormal ECG  
No previous ECGs available  
Sinus bradycardia  
Septal infarct , age undetermined  
Cannot rule out inferior infarct , age undetermined  
Abnormal ECG  
No previous ECGs available  
Sinus bradycardia  
Septal infarct , age undetermined  
Cannot rule out inferior infarct , age undetermined  
Abnormal ECG  
Nonspecific T wave abnormality  
Abnormal ECG  
No previous ECGs available  
Confirmed by DERISO,MD, GEORGE (5555) on 5/30/2014 8:19:50 PM

**Specimen Information**

Type	Source	Collected By
—	—	05/29/14 2304

**Components**

Component	Value	Reference Range	Flag	Lab
VENT RATE	56	BPM	—	Muse
Atrial Rate	56	BPM	—	Muse
PR Interval	182	ms	—	Muse
QRS Duration	112	ms	—	Muse
QT Interval	420	ms	—	Muse
QTC Calculation	405	ms	—	Muse
P Axis	56	degrees	—	Muse
R Axis	-23	degrees	—	Muse
T Wave Axis	-4	degrees	—	Muse

View Image (below)

**Reviewed by**

Abdul M Sheikh, MD on 05/31/14 2151



WS Cobb Hospital  
3950 Austell Road SW  
Austell GA 30106  
Inpatient Record

Maurice, Eugene George  
MRN: 561253820, DOB: 1/2/1949, Sex: M  
Adm: 5/29/2014, D/C: 5/30/2014

**ECG - Orders and Results (continued)**

**IV - Orders and Results**

**INSERT PICC LINE [529515741]**

Electronically signed by: **Abdul M Sheikh, MD on 05/15/14 0857** Status: **Completed**  
 Ordering user: Abdul M Sheikh, MD 05/15/14 0857 Ordering provider: Abdul M Sheikh, MD  
 Authorized by: Abdul M Sheikh, MD Ordering mode: Standard  
 Quantity: 1 Instance released by: Donna McKittrick, RN (auto-released) 5/29/2014 7:02 AM  
 Order comments: Start two IVs, 20 gauge or larger (preferably in left arm by 6am day of procedure). Saline flush every 8 hours (Avoid Right arm for radial cath)

**INSERT PERIPHERAL IV [529515747]**

Electronically signed by: **Abdul M Sheikh, MD on 05/15/14 0857** Status: **Completed**  
 Ordering user: Abdul M Sheikh, MD 05/15/14 0857 Ordering provider: Abdul M Sheikh, MD  
 Authorized by: Abdul M Sheikh, MD Ordering mode: Standard  
 Quantity: 1 Instance released by: Donna McKittrick, RN (auto-released) 5/29/2014 7:02 AM

**INT [529515749]**

Electronically signed by: **Abdul M Sheikh, MD on 05/15/14 0857** Status: **Completed**  
 Ordering user: Abdul M Sheikh, MD 05/15/14 0857 Ordering provider: Abdul M Sheikh, MD  
 Authorized by: Abdul M Sheikh, MD Ordering mode: Standard  
 Quantity: 1 Instance released by: Donna McKittrick, RN (auto-released) 5/29/2014 7:02 AM

**Admission - Orders and Results**

**ADMIT AS OUTPATIENT FOR OBSERVATION [529544598]**

Electronically signed by: **Abdul M Sheikh, MD on 05/29/14 1014** Status: **Completed**  
 Ordering user: Abdul M Sheikh, MD 05/29/14 1014 Ordering provider: Abdul M Sheikh, MD  
 Authorized by: Abdul M Sheikh, MD Ordering mode: Standard  
 Quantity: 1 Instance released by: Abdul M Sheikh, MD (auto-released) 5/29/2014 10:14 AM

**Questionnaire**

Question	Answer
Attending Provider	SHEIKH, ABDUL M
Bed Type	Cardiac Telemetry
Hospital Area	WS Cobb Hospital
Diagnosis	CAD (coronary artery disease)

**Discharge - Orders and Results**

**DISCHARGE PATIENT [529646438]**

Electronically signed by: **Michael S Hardee, MD on 05/30/14 1047** Status: **Completed**  
 Ordering user: Michael S Hardee, MD 05/30/14 1047 Ordering provider: Michael S Hardee, MD  
 Authorized by: Michael S Hardee, MD Ordering mode: Standard  
 Quantity: 1 Instance released by: Michael S Hardee, MD (auto-released) 5/30/2014 10:47 AM  
 Order comments: F/u with Dr. Sheikh in 2 weeks.

**Cardiac Cath - Orders and Results**

**CARDIAC PROCEDURE [528194121]**

Electronically signed by: **Donna McKittrick, RN on 05/29/14 0701** Status: **Completed**  
 This order may be acted on in another encounter.  
 Ordering user: Donna McKittrick, RN 05/29/14 0701 Ordering provider: Abdul M Sheikh, MD  
 Authorized by: Abdul M Sheikh, MD Ordering mode: Standard  
 Quantity: 1 Lab status: Final result  
 Instance released by: Donna McKittrick, RN 5/29/2014 7:01 AM  
 Diagnoses  
 CAD (coronary artery disease) [414.00 (ICD-9-CM)]

**CARDIAC PROCEDURE [528194121] (Normal)**

Resulted: 05/30/14 0628, Result status: Final result





WS Cobb Hospital  
3950 Austell Road SW  
Austell GA 30106  
Inpatient Record

Maurice, Eugene George  
MRN: 561253820, DOB: 1/2/1949, Sex: M  
Adm: 5/29/2014, D/C: 5/30/2014

**Cardiac Cath - Orders and Results (continued)**

Ordering provider: Abdul M Sheikh, MD 05/29/14 0701  
Resulted by: Abdul M Sheikh, MD  
Performed: 05/29/14 0815 - 05/29/14 1013  
Resulting lab: CATH/EP  
Narrative:  
· Severe native vessel disease.  
· Patent LIMA to LAD. Severe disease of SVGs to LCx and RCA territories.  
· Successful PCI of SVG to OM1/2 w/ 4.0/15 Resolute DES and of SVG to PDA w/ 4.0/18 Resolute DES.  
· Normal LV function.

1. Will need 1 years duration of dual antiplatelet therapy.  
2. Aggressive risk factor modification.

Order status: Completed  
Filed on: 05/30/14 0628  
Accession number: 25317784  
Result details

Procedures Performed	Chargeables
CORONARY ANGIOGRAPHY [CATH03]	
CORONARY INTERVENTION (PCI) [CATH02]	
LEFT HEART CATHETERIZATION W/GRAFTS [CATH71]	
LEFT VENTRICULOGRAPHY [CATH05]	

**CORE MEASURES - Orders and Results**

**NON-PRIMARY PCI [529515742]**

Electronically signed by: Abdul M Sheikh, MD on 05/15/14 0857  
Ordering user: Abdul M Sheikh, MD 05/15/14 0857  
Authorized by: Abdul M Sheikh, MD  
Quantity: 1

Ordering provider: Abdul M Sheikh, MD  
Ordering mode: Standard  
Instance released by: Donna McKittrick, RN (auto-released) 5/29/2014 7:02 AM

Status: Completed

**COR109 [529544621]**

Electronically signed by: Abdul M Sheikh, MD on 05/29/14 1014  
Ordering user: Abdul M Sheikh, MD 05/29/14 1014  
Authorized by: Abdul M Sheikh, MD  
Quantity: 1

Ordering provider: Abdul M Sheikh, MD  
Ordering mode: Standard  
Instance released by: Donna McKittrick, RN (auto-released) 5/29/2014 10:24 AM

Status: Completed

**Questionnaire**

Question	Answer
Reason for not prescribing either ACEI or ARB?	Other (please provide additional details)

**REASON FOR NOT PRESCRIBING STATIN MEDICATION [529544622]**

Electronically signed by: Abdul M Sheikh, MD on 05/29/14 1014  
Ordering user: Abdul M Sheikh, MD 05/29/14 1014  
Authorized by: Abdul M Sheikh, MD  
Quantity: 1

Ordering provider: Abdul M Sheikh, MD  
Ordering mode: Standard  
Instance released by: Donna McKittrick, RN (auto-released) 5/29/2014 10:24 AM

Status: Completed

**Questionnaire**

Question	Answer
Reason for not prescribing statin medication?	Other (Please provide additional details)

**Point of Care Testing-Docked Device - Orders and Results**

**POC FINGER STICK GLUCOSE [529515756]**

Electronically signed by: Interface, Lab In Sunquest on 05/29/14 0747  
Ordering user: Interface, Lab In Sunquest 05/29/14 0747  
Authorized by: Abdul M Sheikh, MD  
Quantity: 1  
Instance released by: (auto-released) 5/29/2014 7:52 AM

Ordering provider: Abdul M Sheikh, MD  
Ordering mode: Standard  
Lab status: Final result

Status: Completed

**Specimen Information**

Type	Source	Collected By
		05/29/14 0747



WS Cobb Hospital  
3950 Austell Road SW  
Austell GA 30106  
Inpatient Record

Maurice, Eugene George  
MRN: 561253820, DOB: 1/2/1949, Sex: M  
Adm: 5/29/2014, D/C: 5/30/2014

**Point of Care Testing-Docked Device - Orders and Results (continued)**

**POC FINGER STICK GLUCOSE [529515756] (continued)**

**POC FINGER STICK GLUCOSE [529515756] (Abnormal)**

Resulted: 05/29/14 0752, Result status: Final result

Ordering provider: Abdul M Sheikh, MD 05/29/14 0747  
Filed on: 05/29/14 0752  
External ID: H12924750

Order status: Completed  
Resulting lab: WS COBB HOSPITAL LAB  
Result details

**Specimen Information**

Type	Source	Collected By
		05/29/14 0747

**Components**

Component	Value	Reference Range	Flag	Lab
GLUCOSE, BEDSIDE	188	70 - 99 mg/dL	H ^	CHLAB

**POC FINGER STICK GLUCOSE [529544631]**

Electronically signed by: Interface, Lab In Sunquest on 05/29/14 1415  
Ordering user: Interface, Lab In Sunquest 05/29/14 1415  
Authorized by: Abdul M Sheikh, MD  
Quantity: 1  
Instance released by: (auto-released) 5/29/2014 2:26 PM

Status: Completed

Ordering provider: Abdul M Sheikh, MD  
Ordering mode: Standard  
Lab status: Final result

**Specimen Information**

Type	Source	Collected By
		05/29/14 1415

**POC FINGER STICK GLUCOSE [529544631] (Abnormal)**

Resulted: 05/29/14 1426, Result status: Final result

Ordering provider: Abdul M Sheikh, MD 05/29/14 1415  
Filed on: 05/29/14 1426  
External ID: H12928873

Order status: Completed  
Resulting lab: WS COBB HOSPITAL LAB  
Result details

**Specimen Information**

Type	Source	Collected By
		05/29/14 1415

**Components**

Component	Value	Reference Range	Flag	Lab
GLUCOSE, BEDSIDE	168	70 - 99 mg/dL	H ^	CHLAB

**POC FINGER STICK GLUCOSE [529544633]**

Electronically signed by: Interface, Lab In Sunquest on 05/29/14 1634  
Ordering user: Interface, Lab In Sunquest 05/29/14 1634  
Authorized by: Abdul M Sheikh, MD  
Quantity: 1  
Instance released by: (auto-released) 5/29/2014 4:45 PM

Status: Completed

Ordering provider: Abdul M Sheikh, MD  
Ordering mode: Standard  
Lab status: Final result

**Specimen Information**

Type	Source	Collected By
		05/29/14 1634

**POC FINGER STICK GLUCOSE [529544633] (Abnormal)**

Resulted: 05/29/14 1645, Result status: Final result

Ordering provider: Abdul M Sheikh, MD 05/29/14 1634  
Filed on: 05/29/14 1645  
External ID: H12929914

Order status: Completed  
Resulting lab: WS COBB HOSPITAL LAB  
Result details



WS Cobb Hospital  
3950 Austell Road SW  
Austell GA 30106  
Inpatient Record

Maurice, Eugene George  
MRN: 561253820, DOB: 1/2/1949, Sex: M  
Adm: 5/29/2014, D/C: 5/30/2014

**Point of Care Testing-Docked Device - Orders and Results (continued)**

**Specimen Information**

Type	Source	Collected By
—	—	05/29/14 1634

**Components**

Component	Value	Reference Range	Flag	Lab
GLUCOSE, BEDSIDE	144	70 - 99 mg/dL	H ^	CHLAB

**Lab - Orders and Results**

**BASIC METABOLIC PANEL (7) [529515750]**

Electronically signed by: **Abdul M Sheikh, MD on 05/15/14 0857** Status: **Discontinued**  
 Ordering user: Abdul M Sheikh, MD 05/15/14 0857 Ordering provider: Abdul M Sheikh, MD  
 Authorized by: Abdul M Sheikh, MD Ordering mode: Standard  
 Quantity: 1 Instance released by: Donna McKittrick, RN (auto-released) 5/29/2014 7:02 AM  
 Discontinued by: Interface, Lab In Sunquest 05/29/14 1037 [Other (ADDON)]  
 Order comments: Fasting

**Specimen Information**

Type	Source	Collected By
—	Blood	05/29/14 0703

**CBC W/O DIFFERENTIAL [529515751]**

Electronically signed by: **Abdul M Sheikh, MD on 05/15/14 0857** Status: **Discontinued**  
 Ordering user: Abdul M Sheikh, MD 05/15/14 0857 Ordering provider: Abdul M Sheikh, MD  
 Authorized by: Abdul M Sheikh, MD Ordering mode: Standard  
 Quantity: 1 Instance released by: Donna McKittrick, RN (auto-released) 5/29/2014 7:02 AM  
 Discontinued by: Abdul M Sheikh, MD 05/29/14 1443

**Specimen Information**

Type	Source	Collected By
—	Blood	—

**PROTHROMBIN TIME-INR [529515752]**

Electronically signed by: **Abdul M Sheikh, MD on 05/15/14 0857** Status: **Discontinued**  
 Ordering user: Abdul M Sheikh, MD 05/15/14 0857 Ordering provider: Abdul M Sheikh, MD  
 Authorized by: Abdul M Sheikh, MD Ordering mode: Standard  
 Quantity: 1 Instance released by: Donna McKittrick, RN (auto-released) 5/29/2014 7:02 AM  
 Discontinued by: Abdul M Sheikh, MD 05/29/14 1443

**Specimen Information**

Type	Source	Collected By
—	Blood	—

**BASIC METABOLIC PANEL (7) [529544624]**

Order placed as a reflex to CREATINE KINASE (CK), MB [529544613] ordered on 05/29/14 at 1014 Status: **Completed**  
 Ordering user: Interface, Lab In Sunquest 05/29/14 1000 Ordering provider: Abdul M Sheikh, MD  
 Authorized by: Abdul M Sheikh, MD Ordering mode: Standard  
 Quantity: 1 Lab status: Final result  
 Instance released by: (auto-released) 5/29/2014 10:37 AM

**Specimen Information**

Type	Source	Collected By
—	—	39599 05/29/14 1000

**BASIC METABOLIC PANEL (7) [529544624] (Abnormal)**

Resulted: 05/29/14 1111, Result status: Final result

Ordering provider: Abdul M Sheikh, MD 05/29/14 1000 Order status: Completed



WS Cobb Hospital  
3950 Austell Road SW  
Austell GA 30106  
Inpatient Record

Maurice, Eugene George  
MRN: 561253820, DOB: 1/2/1949, Sex: M  
Adm: 5/29/2014, D/C: 5/30/2014

**Lab - Orders and Results (continued)**

Filed on: 05/29/14 1111  
Reflex ID: 529544613  
Result details

Resulting lab: WS COBB HOSPITAL LAB  
External ID: H12926343

**Specimen Information**

Type	Source	Collected By
---	---	39599 05/29/14 1000

**Components**

Component	Value	Reference Range	Flag	Lab
Sodium,S	133	136 - 145 mmol/L	L v	CHLAB
Potassium	4.7	3.5 - 5.1 mmol/L	---	CHLAB
Chloride	102	95 - 110 mmol/L	---	CHLAB
Co2	24	24 - 32 mmol/L	---	CHLAB
Glucose	142	70 - 99 mg/dL	H ^	CHLAB
BUN	17	7 - 21 mg/dL	---	CHLAB
CREATININE,S	0.95	0.64 - 1.27 mg/dL	---	CHLAB
ANION GAP	12	8 - 21	---	CHLAB
CALCIUM,TOTAL	8.5	8.4 - 10.2 mg/dL	---	CHLAB
GFR Non-Afric Amer	>60	>59 ml/min/1.73 m2	---	CHLAB
GFR AFRICAN AMER	>60	>59 ml/min/1.73 m2	---	CHLAB

**CREATINE KINASE (CK), MB [529544613]**

Electronically signed by: Abdul M Sheikh, MD on 05/29/14 1014  
Ordering user: Abdul M Sheikh, MD 05/29/14 1014  
Authorized by: Abdul M Sheikh, MD  
Quantity: 1  
Instance released by: Donna McKittrick, RN (auto-released) 5/29/2014 10:24 AM  
Order comments: Immediate post-procedure

Ordering provider: Abdul M Sheikh, MD  
Ordering mode: Standard  
Lab status: Final result

Status: Completed

**Specimen Information**

Type	Source	Collected By
---	Blood	05/29/14 1000

**CREATINE KINASE (CK), MB [529544613]**

Resulted: 05/29/14 1107, Result status: Final result

Ordering provider: Abdul M Sheikh, MD 05/29/14 1024  
Filed on: 05/29/14 1107  
External ID: H12926343

Order status: Completed  
Resulting lab: SUNQUEST  
Result details

**Specimen Information**

Type	Source	Collected By
---	Blood	05/29/14 1000

**Components**

Component	Value	Reference Range	Flag	Lab
CK-MB (QUANT)	1.5	0.6 - 6.3 ng/mL	---	CHLAB

**LIPID PANEL [529544614]**

Electronically signed by: Abdul M Sheikh, MD on 05/29/14 1014  
Ordering user: Abdul M Sheikh, MD 05/29/14 1014  
Authorized by: Abdul M Sheikh, MD  
Quantity: 1  
Instance released by: Donna McKittrick, RN (auto-released) 5/29/2014 10:24 AM

Ordering provider: Abdul M Sheikh, MD  
Ordering mode: Standard  
Lab status: Final result

Status: Completed

**Specimen Information**

Type	Source	Collected By
---	Blood	05/29/14 1000



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3950 Austell Road SW  
Austell GA 30106  
Inpatient Record

Maurice, Eugene George  
MRN: 561253820, DOB: 1/2/1949, Sex: M  
Adm: 5/29/2014, D/C: 5/30/2014

**Lab - Orders and Results (continued)**

**LIPID PANEL [529544614] (Abnormal)**

Resulted: 05/29/14 1111, Result status: Final result

Ordering provider: Abdul M Sheikh, MD 05/29/14 1024  
Filed on: 05/29/14 1111  
External ID: H12926343

Order status: Completed  
Resulting lab: SUNQUEST  
Result details

**Specimen Information**

Type	Source	Collected By
—	Blood	05/29/14 1000

**Components**

Component	Value	Reference Range	Flag	Lab
CHOLESTEROL, TOTAL	116	<200 mg/dl	—	CHLAB
Triglycerides	66	<150 mg/dl	—	CHLAB
Comment:	Interpretive Values: <150 Normal 150-199 Borderline High 200-499 High >or=500 Very High			
HDL CHOLESTEROL	33	40 - 59 mg/dl	L	CHLAB
Comment:	Interpretive Values: <40 Low >or=60 High			
LDL	70	<100 mg/dl	—	CHLAB
Comment:	Interpretive Values: <100 Optimal 100-129 Near or Above Optimal 130-159 Borderline High 160-189 High >or=190 Very High			
CHOLEST/HDL RATIO	3.5	0.0 - 5.5 Ratio	—	CHLAB
NON-HDL CHOLESTEROL	83	mg/dl	—	CHLAB
Comment:	Interpretive Values: <130 Desirable 130-159 Borderline High 160-189 High >or=190 Very High			

**CREATINE KINASE (CK), MB [529544625]**

Electronically signed by: Abdul M Sheikh, MD on 05/29/14 1014  
Ordering user: Abdul M Sheikh, MD 05/29/14 1014  
Authorized by: Abdul M Sheikh, MD  
Quantity: 1  
Instance released by: Donna McKittrick, RN (auto-released) 5/29/2014 12:01 PM  
Order comments: After initial set

Ordering provider: Abdul M Sheikh, MD  
Ordering mode: Standard  
Lab status: Final result

Status: Completed

**Specimen Information**

Type	Source	Collected By
—	Blood	49683 05/29/14 2012

**CREATINE KINASE (CK), MB [529544625]**

Resulted: 05/29/14 2148, Result status: Final result

Ordering provider: Abdul M Sheikh, MD 05/29/14 1201  
Filed on: 05/29/14 2148  
External ID: H12927560

Order status: Completed  
Resulting lab: WS COBB HOSPITAL LAB  
Result details

**Specimen Information**

Type	Source	Collected By
—	Blood	49683 05/29/14 2012

**Components**

Component	Value	Reference Range	Flag	Lab
CK-MB (QUANT)	1.5	0.6 - 6.3 ng/mL	—	CHLAB

**CBC W/O DIFFERENTIAL [529544636]**

Electronically signed by: Abdul M Sheikh, MD on 05/29/14 1014  
Ordering user: Abdul M Sheikh, MD 05/29/14 1014  
Authorized by: Abdul M Sheikh, MD  
Quantity: 1  
Instance released by: Donna McKittrick, RN (auto-released) 5/29/2014 8:00 PM  
Order comments: Notify MD if Hgb decreased by 2 gm/dL from pre-procedure value or Platelet count less than 100,000

Ordering provider: Abdul M Sheikh, MD  
Ordering mode: Standard  
Lab status: Final result

Status: Completed

**Specimen Information**



WS Cobb Hospital  
3950 Austell Road SW  
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Inpatient Record

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**Lab - Orders and Results (continued)**

**CBC W/O DIFFERENTIAL [529544636] (continued)**

Type	Source	Collected By
—	Blood	50859 05/30/14 0745

**CBC W/O DIFFERENTIAL [529544636] (Abnormal)**

Resulted: 05/30/14 0804, Result status: Final result

Ordering provider: Abdul M Sheikh, MD 05/29/14 2000  
Filed on: 05/30/14 0804  
External ID: F12862879

Order status: Completed  
Resulting lab: WS COBB HOSPITAL LAB  
Result details

**Specimen Information**

Type	Source	Collected By
—	Blood	50859 05/30/14 0745

**Components**

Component	Value	Reference Range	Flag	Lab
WBC COUNT	8.9	3.5 - 10.5 10E9/L	—	CHLAB
RBC Count	4.47	4.32 - 5.72 10E12/L	—	CHLAB
HGB	13.0	13.5 - 17.5 g/dL	L v	CHLAB
Hematocrit	39	39 - 50 %	—	CHLAB
MCV	87	81 - 95 fl	—	CHLAB
MCH	29	26 - 34 pg	—	CHLAB
MCHC	33	32 - 36 g/dL	—	CHLAB
RDW	14.3	11.8 - 15.6 %	—	CHLAB
PLATELET	126	150 - 450 10E9/L	L v	CHLAB
MPV	10.2	9.4 - 12.4 fl	—	CHLAB

**BASIC METABOLIC PANEL (7) [529544637]**

Electronically signed by: Abdul M Sheikh, MD on 05/29/14 1014  
Ordering user: Abdul M Sheikh, MD 05/29/14 1014  
Authorized by: Abdul M Sheikh, MD  
Quantity: 1  
Instance released by: Donna McKittrick, RN (auto-released) 5/29/2014 8:00 PM

Status: Completed

Ordering provider: Abdul M Sheikh, MD  
Ordering mode: Standard  
Lab status: Final result

**Specimen Information**

Type	Source	Collected By
—	Blood	50859 05/30/14 0745

**BASIC METABOLIC PANEL (7) [529544637] (Abnormal)**

Resulted: 05/30/14 0845, Result status: Final result

Ordering provider: Abdul M Sheikh, MD 05/29/14 2000  
Filed on: 05/30/14 0845  
External ID: F12862879

Order status: Completed  
Resulting lab: WS COBB HOSPITAL LAB  
Result details

**Specimen Information**

Type	Source	Collected By
—	Blood	50859 05/30/14 0745

**Components**

Component	Value	Reference Range	Flag	Lab
Sodium, S	137	136 - 145 mmol/L	—	CHLAB
Potassium	5.0	3.5 - 5.1 mmol/L	—	CHLAB
Chloride	102	95 - 110 mmol/L	—	CHLAB
Co2	29	24 - 32 mmol/L	—	CHLAB
Glucose	135	70 - 99 mg/dL	H ^	CHLAB
BUN	16	7 - 21 mg/dL	—	CHLAB
CREATININE, S	1.04	0.84 - 1.27 mg/dL	—	CHLAB
ANION GAP	11	8 - 21	—	CHLAB
CALCIUM, TOTAL	9.2	8.4 - 10.2 mg/dL	—	CHLAB
GFR Non-Afric Amer	>60	>59 ml/min/1.73 m2	—	CHLAB
GFR AFRICAN AMER	>60	>59 ml/min/1.73 m2	—	CHLAB



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Inpatient Record

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**Lab - Orders and Results (continued)**

**CREATINE KINASE (CK), MB [529646431]**

Electronically signed by: **Abdul M Sheikh, MD on 05/29/14 1014**  
Ordering user: Abdul M Sheikh, MD 05/29/14 1014  
Authorized by: Abdul M Sheikh, MD  
Quantity: 1  
Discontinued by: Interface, Lab In Sunquest 05/30/14 0759 [Other (ADDON)]  
Order comments: After initial set

Status: **Discontinued**

Ordering provider: Abdul M Sheikh, MD  
Ordering mode: Standard  
Instance released by: Donna McKittrick, RN (auto-released) 5/30/2014 12:00 AM

**Specimen Information**

Type	Source	Collected By
—	Blood	05/30/14 0800

**CREATINE KINASE (CK), MB [529646434]**

Electronically signed by: **Interface, Lab In Sunquest on 05/30/14 0745**  
Ordering user: Interface, Lab In Sunquest 05/30/14 0745  
Authorized by: Abdul M Sheikh, MD  
Quantity: 1  
Instance released by: (auto-released) 5/30/2014 7:59 AM

Status: **Completed**

Ordering provider: Abdul M Sheikh, MD  
Ordering mode: Standard  
Lab status: Final result

**Specimen Information**

Type	Source	Collected By
—	—	50859 05/30/14 0745

**CREATINE KINASE (CK), MB [529646434]**

Resulted: 05/30/14 0834, Result status: Final result

Ordering provider: Abdul M Sheikh, MD 05/30/14 0745  
Filed on: 05/30/14 0834  
External ID: F12862879

Order status: Completed  
Resulting lab: WS COBB HOSPITAL LAB  
Result details

**Specimen Information**

Type	Source	Collected By
—	—	50859 05/30/14 0745

**Components**

Component	Value	Reference Range	Flag	Lab
CK-MB (QUANT)	1.5	0.6 - 6.3 ng/mL	—	CHLAB

**CREATINE KINASE (CK), MB [529646439]**

Electronically signed by: **Abdul M Sheikh, MD on 05/29/14 1014**  
Ordering user: Abdul M Sheikh, MD 05/29/14 1014  
Authorized by: Abdul M Sheikh, MD  
Quantity: 1  
Discontinued by: Automatic Discharge Provider 05/30/14 1453 [Patient Discharge]  
Order comments: After initial set

Status: **Discontinued**

Ordering provider: Abdul M Sheikh, MD  
Ordering mode: Standard  
Instance released by: Donna McKittrick, RN (auto-released) 5/30/2014 12:00 PM

**Specimen Information**

Type	Source	Collected By
—	Blood	—

**Outpatient Referral - Orders and Results**

**AMB REFERRAL TO CARDIAC REHAB, CONTINUOUS ECG MONITOR [529521371]**

Electronically signed by: **Abdul M Sheikh, MD on 05/29/14 1014**  
Ordering user: Abdul M Sheikh, MD 05/29/14 1014  
Authorized by: Abdul M Sheikh, MD  
Frequency: Routine 05/29/14 -

Status: **Active**

Ordering provider: Abdul M Sheikh, MD  
Ordering mode: Standard  
Quantity: 1



WS Cobb Hospital  
3950 Austell Road SW  
Austell GA 30106  
Inpatient Record

Maurice, Eugene George  
MRN: 561253820, DOB: 1/2/1949, Sex: M  
Adm: 5/29/2014, D/C: 5/30/2014

**Outpatient Referral - Orders and Results (continued)**

**AMB REFERRAL TO CARDIAC REHAB, CONTINUOUS ECG MONITOR [529521371] (continued)**

Released by: Antonita L Hall, RN 05/29/14 1500  
Acknowledged: Antonita L Hall, RN 05/29/14 1504 for Placing Order  
Diagnoses  
CAD (coronary artery disease) [414.00 (ICD-9-CM)]

**Diet - Orders and Results**

**DIET, CARDIAC [529544635]**

Electronically signed by: **Antonita L Hall, RN on 05/29/14 1651** Status: **Discontinued**  
Ordering user: Antonita L Hall, RN 05/29/14 1651  
Authorized by: Abdul M Sheikh, MD  
Quantity: 1  
Instance released by: Antonita L Hall, RN (auto-released) 5/29/2014 4:51 PM  
Ordering provider: Abdul M Sheikh, MD  
Ordering mode: Per Written Order  
Diet: Cardiac  
Discontinued by: Automatic Discharge Provider 05/30/14 1453 [Patient Discharge]

**Medications - Orders and Results**

**sodium chloride (NS) 0.9 % flush [529515724]**

Electronically signed by: **Abdul M Sheikh, MD on 05/15/14 0857** Status: **Discontinued**  
Ordering user: Abdul M Sheikh, MD 05/15/14 0857  
Authorized by: Abdul M Sheikh, MD  
PRN reasons: line care  
Frequency: Routine PRN 05/29/14 0702 - 05/29/14 1443  
Discontinued by: Abdul M Sheikh, MD 05/29/14 1443  
Acknowledged: Donna McKittrick, RN 05/29/14 1024 for Placing Order Antonita L Hall, RN 05/29/14 1444 for D/C Order  
Admin instructions: INT Flush  
Package: 8881-571121  
Ordering provider: Abdul M Sheikh, MD  
Ordering mode: Standard  
Released by: Donna McKittrick, RN 05/29/14 0702

**sodium chloride 0.9% (NS) infusion [529515725]**

Electronically signed by: **Abdul M Sheikh, MD on 05/15/14 0857** Status: **Discontinued**  
Ordering user: Abdul M Sheikh, MD 05/15/14 0857  
Authorized by: Abdul M Sheikh, MD  
Frequency: Routine Continuous 05/29/14 0800 - 05/29/14 1443  
Discontinued by: Abdul M Sheikh, MD 05/29/14 1443  
Acknowledged: Donna McKittrick, RN 05/29/14 1024 for Placing Order Antonita L Hall, RN 05/29/14 1444 for D/C Order  
Package: 0409-7983-09  
Ordering provider: Abdul M Sheikh, MD  
Ordering mode: Standard  
Released by: Donna McKittrick, RN 05/29/14 0702

**heparin (PORCINE) (PF) in 0.9 % sodium chloride 2,000 units/1,000 mL [529521332]**

Electronically signed by: **Abdul M Sheikh, MD on 05/29/14 1143** Status: **Discontinued**  
Mode: Ordering in Verbal mode  
Ordering user: Timothy R Jackson, RN 05/29/14 0827  
Authorized by: Abdul M Sheikh, MD  
Frequency: Routine PRN 05/29/14 0826 - 05/29/14 1012  
Acknowledged: Timothy R Jackson, RN 05/29/14 0827 for Placing Order  
Package: 0409-7620-59  
Communicated by: Timothy R Jackson, RN  
Ordering provider: Abdul M Sheikh, MD  
Ordering mode: Verbal  
Discontinued by: Juliene C Brandt, RN 05/29/14 1012 [(Patient Discharge - Internal Use Only)]

**midazolam (VERSED) injection 1 mg/mL [529521333]**

Electronically signed by: **Abdul M Sheikh, MD on 05/29/14 1143** Status: **Discontinued**  
Mode: Ordering in Verbal mode  
Ordering user: Timothy R Jackson, RN 05/29/14 0827  
Authorized by: Abdul M Sheikh, MD  
PRN reasons: anxiety  
Frequency: Routine PRN 05/29/14 0827 - 05/29/14 1012  
Acknowledged: Timothy R Jackson, RN 05/29/14 0827 for Placing Order  
Package: 0409-2305-17  
Communicated by: Timothy R Jackson, RN  
Ordering provider: Abdul M Sheikh, MD  
Ordering mode: Verbal  
Discontinued by: Juliene C Brandt, RN 05/29/14 1012 [(Patient Discharge - Internal Use Only)]

**fentaNYL (PF) (SUBLIMAZE) injection 50 mcg/mL [529521334]**

Electronically signed by: **Abdul M Sheikh, MD on 05/29/14 1143** Status: **Discontinued**  
Mode: Ordering in Verbal mode  
Ordering user: Timothy R Jackson, RN 05/29/14 0827  
Communicated by: Timothy R Jackson, RN  
Ordering provider: Abdul M Sheikh, MD





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Inpatient Record

Maurice, Eugene George  
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**Medications - Orders and Results (continued)**

**fentaNYL (PF) (SUBLIMAZE) injection 50 mcg/mL [529521334] (continued)**

Authorized by: Abdul M Sheikh, MD  
PRN reasons: severe pain (8-10)  
Frequency: Routine PRN 05/29/14 0827 - 05/29/14 1012  
Ordering mode: Verbal  
Discontinued by: Juliene C Brandt, RN 05/29/14 1012 [(Patient Discharge - Internal Use Only)]  
Acknowledged: Timothy R Jackson, RN 05/29/14 0827 for Placing Order  
Package: 0409-9093-32

**lidocaine (XYLOCAINE) local injection 2 % [529521338]**

Electronically signed by: Abdul M Sheikh, MD on 05/29/14 1143  
Mode: Ordering in Verbal mode  
Ordering user: Timothy R Jackson, RN 05/29/14 0903  
Authorized by: Abdul M Sheikh, MD  
Frequency: Routine PRN 05/29/14 0846 - 05/29/14 1012  
Status: Discontinued  
Communicated by: Timothy R Jackson, RN  
Ordering provider: Abdul M Sheikh, MD  
Ordering mode: Verbal  
Discontinued by: Juliene C Brandt, RN 05/29/14 1012 [(Patient Discharge - Internal Use Only)]  
Acknowledged: Timothy R Jackson, RN 05/29/14 0903 for Placing Order  
Package: 63323-486-27

**bivalirudin (ANGIOMAX) bolus 5 mg/mL [529521343]**

Electronically signed by: Abdul M Sheikh, MD on 05/29/14 1143  
Mode: Ordering in Verbal mode  
Ordering user: Timothy R Jackson, RN 05/29/14 0923  
Authorized by: Abdul M Sheikh, MD  
Frequency: Routine PRN 05/29/14 0923 - 05/29/14 1012  
Status: Discontinued  
Communicated by: Timothy R Jackson, RN  
Ordering provider: Abdul M Sheikh, MD  
Ordering mode: Verbal  
Discontinued by: Juliene C Brandt, RN 05/29/14 1012 [(Patient Discharge - Internal Use Only)]  
Acknowledged: Timothy R Jackson, RN 05/29/14 0923 for Placing Order

**bivalirudin (ANGIOMAX) 5 mg/mL in sodium chloride 0.9% 50 mL infusion [529521345]**

Electronically signed by: Abdul M Sheikh, MD on 05/29/14 1143  
Mode: Ordering in Verbal mode  
Ordering user: Timothy R Jackson, RN 05/29/14 0923  
Authorized by: Abdul M Sheikh, MD  
Frequency: Routine Continuous PRN 05/29/14 0923 - 05/29/14 1012  
Status: Discontinued  
Communicated by: Timothy R Jackson, RN  
Ordering provider: Abdul M Sheikh, MD  
Ordering mode: Verbal  
Discontinued by: Juliene C Brandt, RN 05/29/14 1012 [(Patient Discharge - Internal Use Only)]  
Acknowledged: Timothy R Jackson, RN 05/29/14 0923 for Placing Order

**Mixture Ingredients**

Medication	Ordered Dose	Calculated Dose
bivalirudin (ANGIOMAX)	5 mg/mL	250 mg
sodium chloride (NS) 0.9 %	50 mL	50 mL

Package: 65293-001-01, 0409-7984-36

**clopidogrel (PLAVIX) tablet [529521347]**

Electronically signed by: Abdul M Sheikh, MD on 05/29/14 1143  
Mode: Ordering in Verbal mode  
Ordering user: Timothy R Jackson, RN 05/29/14 1010  
Authorized by: Abdul M Sheikh, MD  
Frequency: Routine PRN 05/29/14 1010 - 05/29/14 1012  
Status: Discontinued  
Communicated by: Timothy R Jackson, RN  
Ordering provider: Abdul M Sheikh, MD  
Ordering mode: Verbal  
Discontinued by: Juliene C Brandt, RN 05/29/14 1012 [(Patient Discharge - Internal Use Only)]  
Acknowledged: Timothy R Jackson, RN 05/29/14 1010 for Placing Order  
Package: 68084-537-25

**aluminum-magnesium hydroxide & simethicone (MAALOX PLUS EXTRA STRENGTH) suspension [529521348]**

Electronically signed by: Abdul M Sheikh, MD on 05/29/14 1143  
Mode: Ordering in Verbal mode  
Ordering user: Timothy R Jackson, RN 05/29/14 1010  
Authorized by: Abdul M Sheikh, MD  
PRN reasons: heartburn  
Frequency: Routine PRN 05/29/14 1010 - 05/29/14 1012  
Status: Discontinued  
Communicated by: Timothy R Jackson, RN  
Ordering provider: Abdul M Sheikh, MD  
Ordering mode: Verbal  
Discontinued by: Juliene C Brandt, RN 05/29/14 1012 [(Patient Discharge - Internal Use Only)]  
Acknowledged: Timothy R Jackson, RN 05/29/14 1010 for Placing Order  
Package: 0121-1762-30



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Maurice, Eugene George  
MRN: 561253820, DOB: 1/2/1949, Sex: M  
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**Medications - Orders and Results (continued)**

**iohexol (OMNIPAQUE) injection 350 mg/mL [529521349]**

Electronically signed by: **Abdul M Sheikh, MD on 05/29/14 1143** Status: **Discontinued**  
Mode: Ordering in Verbal mode  
Ordering user: Timothy R Jackson, RN 05/29/14 1012  
Authorized by: Abdul M Sheikh, MD  
PRN reasons: contrast  
Frequency: Routine PRN 05/29/14 1011 - 05/29/14 1012  
Discontinued by: Juliene C Brandt, RN 05/29/14 1012 [(Patient Discharge - Internal Use Only)]  
Communicated by: Timothy R Jackson, RN  
Ordering provider: Abdul M Sheikh, MD  
Ordering mode: Verbal  
Acknowledged: Timothy R Jackson, RN 05/29/14 1012 for Placing Order  
Package: 0407-1414-89

**aspirin tablet [529544592]**

Electronically signed by: **Abdul M Sheikh, MD on 05/29/14 1014** Status: **Discontinued**  
Ordering user: Abdul M Sheikh, MD 05/29/14 1014  
Authorized by: Abdul M Sheikh, MD  
Frequency: Routine Daily 05/29/14 1100 - 05/29/14 1555  
Discontinued by: Tram Hoang Tran V, RPH 05/29/14 1555 [Duplicate order - will NOT appear as Stop Taking on the Office Visit AVS ]  
Acknowledged: Donna McKittrick, RN 05/29/14 1024 for Placing Order Antonita L Hall, RN 05/29/14 1651 for D/C Order  
Package: 0904-2009-60  
Ordering provider: Abdul M Sheikh, MD  
Ordering mode: Standard  
Released by: Donna McKittrick, RN 05/29/14 1024

**clopidogrel (PLAVIX) tablet [529544593]**

Electronically signed by: **Abdul M Sheikh, MD on 05/29/14 1014** Status: **Discontinued**  
Ordering user: Abdul M Sheikh, MD 05/29/14 1014  
Authorized by: Abdul M Sheikh, MD  
Frequency: Routine Daily 05/29/14 1100 - 05/30/14 1453  
Discontinued by: Automatic Discharge Provider 05/30/14 1453 [(Patient Discharge - Internal Use Only)]  
Acknowledged: Donna McKittrick, RN 05/29/14 1024 for Placing Order  
Package: 51079-557-01  
Ordering provider: Abdul M Sheikh, MD  
Ordering mode: Standard  
Released by: Donna McKittrick, RN 05/29/14 1024

**nitroglycerin (NITROSTAT) SL tablet [529544596]**

Electronically signed by: **Abdul M Sheikh, MD on 05/29/14 1014** Status: **Discontinued**  
Ordering user: Abdul M Sheikh, MD 05/29/14 1014  
Authorized by: Abdul M Sheikh, MD  
PRN reasons: chest pain  
Frequency: Routine Q5 Min PRN 05/29/14 1024 - 05/30/14 1453  
Discontinued by: Automatic Discharge Provider 05/30/14 1453 [(Patient Discharge - Internal Use Only)]  
Acknowledged: Donna McKittrick, RN 05/29/14 1024 for Placing Order  
Admin instructions: After ECG, notify MD or mid-level  
Package: 0071-0418-13  
Ordering provider: Abdul M Sheikh, MD  
Ordering mode: Standard  
Released by: Donna McKittrick, RN 05/29/14 1024

**oxyCODONE-acetaminophen (PERCOCET) 10-325 mg [529544597]**

Electronically signed by: **Abdul M Sheikh, MD on 05/29/14 1014** Status: **Discontinued**  
Ordering user: Abdul M Sheikh, MD 05/29/14 1014  
Authorized by: Abdul M Sheikh, MD  
PRN reasons: moderate pain (4-7)  
Frequency: Routine Q4H PRN 05/29/14 1024 - 05/30/14 1453  
Discontinued by: Automatic Discharge Provider 05/30/14 1453 [(Patient Discharge - Internal Use Only)]  
Acknowledged: Donna McKittrick, RN 05/29/14 1024 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: 68084-378-01  
Ordering provider: Abdul M Sheikh, MD  
Ordering mode: Standard  
Released by: Donna McKittrick, RN 05/29/14 1024

**aspirin, buffered 81 mg Tab [529521350]**

Electronically signed by: **Abdul M Sheikh, MD on 05/29/14 1014** Status: **Discontinued**  
Ordering user: Abdul M Sheikh, MD 05/29/14 1014  
Authorized by: Abdul M Sheikh, MD  
Frequency: Routine Daily 05/29/14 1100 - 05/29/14 1407  
Discontinued by: Tram Hoang Tran V, RPH 05/29/14 1407 [Formulary change]  
Acknowledged: Donna McKittrick, RN 05/29/14 1024 for Placing Order Antonita L Hall, RN 05/29/14 1444 for D/C Order  
Reordered from: aspirin, buffered 81 mg Tab [503017311]  
Ordering provider: Abdul M Sheikh, MD  
Ordering mode: Standard  
Released by: Donna McKittrick, RN 05/29/14 1024

**carvedilol (COREG) tablet [529521351]**

Electronically signed by: **Abdul M Sheikh, MD on 05/29/14 1014** Status: **Discontinued**  
Ordering user: Abdul M Sheikh, MD 05/29/14 1014  
Ordering provider: Abdul M Sheikh, MD



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**Medications - Orders and Results (continued)**

**carvedilol (COREG) tablet [529521351] (continued)**

Authorized by: Abdul M Sheikh, MD  
Frequency: Routine BID w/ meals 05/29/14 1100 - 05/30/14 1453  
Discontinued by: Automatic Discharge Provider 05/30/14 1453 [(Patient Discharge - Internal Use Only)]  
Acknowledged: Donna McKittrick, RN 05/29/14 1024 for Placing Order  
Package: 68084-262-01  
Reordered from: carvedilol (COREG) 12.5 MG tablet [518116922]

Ordering mode: Standard  
Released by: Donna McKittrick, RN 05/29/14 1024

**isosorbide mononitrate (IMDUR) 24 hr tablet [529521352]**

Electronically signed by: Abdul M Sheikh, MD on 05/29/14 1014  
Ordering user: Abdul M Sheikh, MD 05/29/14 1014  
Authorized by: Abdul M Sheikh, MD  
Frequency: Routine Daily 05/29/14 1100 - 05/30/14 1453  
Discontinued by: Automatic Discharge Provider 05/30/14 1453 [(Patient Discharge - Internal Use Only)]  
Acknowledged: Donna McKittrick, RN 05/29/14 1024 for Placing Order  
Package: 0143-2230-01  
Reordered from: isosorbide mononitrate (IMDUR) 30 MG 24 hr tablet [518116923]

Ordering provider: Abdul M Sheikh, MD  
Ordering mode: Standard  
Released by: Donna McKittrick, RN 05/29/14 1024

Status: Discontinued

**ramipril (ALTACE) capsule [529521353]**

Electronically signed by: Abdul M Sheikh, MD on 05/29/14 1014  
Ordering user: Abdul M Sheikh, MD 05/29/14 1014  
Authorized by: Abdul M Sheikh, MD  
Frequency: Routine BID 05/29/14 1100 - 05/30/14 1453  
Discontinued by: Automatic Discharge Provider 05/30/14 1453 [(Patient Discharge - Internal Use Only)]  
Acknowledged: Donna McKittrick, RN 05/29/14 1024 for Placing Order  
Package: 68084-268-11  
Reordered from: ramipril (ALTACE) 10 MG capsule [518116924]

Ordering provider: Abdul M Sheikh, MD  
Ordering mode: Standard  
Released by: Donna McKittrick, RN 05/29/14 1024

Status: Discontinued

**chlorthalidone (HYGROTON) tablet [529521354]**

Electronically signed by: Abdul M Sheikh, MD on 05/29/14 1014  
Ordering user: Abdul M Sheikh, MD 05/29/14 1014  
Authorized by: Abdul M Sheikh, MD  
Frequency: Routine Daily 05/29/14 1100 - 05/30/14 1453  
Discontinued by: Automatic Discharge Provider 05/30/14 1453 [(Patient Discharge - Internal Use Only)]  
Acknowledged: Donna McKittrick, RN 05/29/14 1024 for Placing Order  
Package: 51079-058-20  
Reordered from: chlorthalidone (HYGROTON) 50 MG tablet [518116925]

Ordering provider: Abdul M Sheikh, MD  
Ordering mode: Standard  
Released by: Donna McKittrick, RN 05/29/14 1024

Status: Discontinued

**ezetimibe-pravastatin 10-80 combo dose [529521355]**

Electronically signed by: Abdul M Sheikh, MD on 05/29/14 1014  
Ordering user: Abdul M Sheikh, MD 05/29/14 1014  
Authorized by: Abdul M Sheikh, MD  
Frequency: Routine Daily 05/29/14 1100 - 05/29/14 1416  
Discontinued by: Tram Hoang Tran V, RPH 05/29/14 1416 [Formulary change]  
Acknowledged: Donna McKittrick, RN 05/29/14 1024 for Placing Order Antonita L Hall, RN 05/29/14 1444 for D/C Order

Ordering provider: Abdul M Sheikh, MD  
Ordering mode: Standard  
Released by: Donna McKittrick, RN 05/29/14 1024

Status: Discontinued

**Mixture Ingredients**

Medication	Ordered Dose	Calculated Dose
ezetimibe (ZETIA)	10 mg	10 mg
pravastatin (PRAVACHOL)	80 mg	80 mg

Admin instructions: VYTORIN = ezetimibe+simvastatin. Substituting pravastatin for simvastatin.  
Reordered from: ezetimibe-simvastatin (VYTORIN 10-80) 10-80 mg per tablet [518116930]

**sodium chloride 0.9% (NS) infusion [529544591]**

Electronically signed by: Abdul M Sheikh, MD on 05/29/14 1014  
Ordering user: Abdul M Sheikh, MD 05/29/14 1014  
Authorized by: Abdul M Sheikh, MD  
Frequency: Routine Continuous 05/29/14 1100 - 4 hours  
Acknowledged: Donna McKittrick, RN 05/29/14 1024 for Placing Order  
Package: 0409-7983-09

Ordering provider: Abdul M Sheikh, MD  
Ordering mode: Standard  
Released by: Donna McKittrick, RN 05/29/14 1024

Status: Expired

**aspirin, buffered 81 mg Tab [529544626]**

Electronically signed by: Tram Hoang Tran V, RPH on 05/29/14 1409  
Status: Discontinued



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**Medications - Orders and Results (continued)**

**aspirin, buffered 81 mg Tab [529544626] (continued)**

Ordering user: Tram Hoang Tran V, RPH 05/29/14 1409  
Authorized by: Abdul M Sheikh, MD  
Frequency: Routine Daily 05/29/14 1500 - 05/29/14 1409  
Acknowledged: Antonita L Hall, RN 05/29/14 1444 for Placing Order Antonita L Hall, RN 05/29/14 1444 for D/C Order  
Reordered from: aspirin, buffered 81 mg Tab [529521350]

Ordering provider: Abdul M Sheikh, MD  
Ordering mode: Per protocol: no cosign required  
Discontinued by: Tram Hoang Tran V, RPH 05/29/14 1409 [Formulary change]

**aspirin chewable tablet [529544627]**

Electronically signed by: Tram Hoang Tran V, RPH on 05/29/14 1409  
Ordering user: Tram Hoang Tran V, RPH 05/29/14 1409  
Authorized by: Abdul M Sheikh, MD  
Frequency: Routine Daily 05/29/14 1500 - 05/30/14 1453  
Acknowledged: Antonita L Hall, RN 05/29/14 1444 for Placing Order  
Package: 63739-434-01

Ordering provider: Abdul M Sheikh, MD  
Ordering mode: Per protocol: no cosign required  
Discontinued by: Automatic Discharge Provider 05/30/14 1453 [(Patient Discharge - Internal Use Only)]

Status: **Discontinued**

**pravastatin (PRAVACHOL) tablet [529544628]**

Electronically signed by: Tram Hoang Tran V, RPH on 05/29/14 1418  
Ordering user: Tram Hoang Tran V, RPH 05/29/14 1418  
Authorized by: Abdul M Sheikh, MD  
Frequency: Routine Nightly 05/29/14 2100 - 05/30/14 1453  
Acknowledged: Antonita L Hall, RN 05/29/14 1444 for Placing Order  
Package: 68180-488-09

Ordering provider: Abdul M Sheikh, MD  
Ordering mode: Per protocol: no cosign required  
Discontinued by: Automatic Discharge Provider 05/30/14 1453 [(Patient Discharge - Internal Use Only)]

Status: **Discontinued**

**ezetimibe (ZETIA) tablet [529544629]**

Electronically signed by: Tram Hoang Tran V, RPH on 05/29/14 1418  
Ordering user: Tram Hoang Tran V, RPH 05/29/14 1418  
Authorized by: Abdul M Sheikh, MD  
Frequency: Routine Nightly 05/29/14 2100 - 05/30/14 1453  
Acknowledged: Antonita L Hall, RN 05/29/14 1444 for Placing Order  
Package: 66582-414-29

Ordering provider: Abdul M Sheikh, MD  
Ordering mode: Per protocol: no cosign required  
Discontinued by: Automatic Discharge Provider 05/30/14 1453 [(Patient Discharge - Internal Use Only)]

Status: **Discontinued**

**metFORMIN (GLUCOPHAGE) 500 MG tablet [529646435]**

Electronically signed by: Michael S Hardee, MD on 05/30/14 1047  
Ordering user: Michael S Hardee, MD 05/30/14 1047  
Authorized by: Michael S Hardee, MD  
Frequency: Routine 05/30/14 - 09/08/14  
Acknowledged: Shawn J Shy, RN 05/30/14 1131 for Placing Order  
Admin instructions: Start 1 tablet bid then after 1 week increase to 2 tablets in am and 1 in pm then after 1 week increase to 2 tablets bid (Start 48hrs after Cardiac Cath, ie 6/1/14)  
Modified from: metFORMIN (GLUCOPHAGE) 500 MG tablet [528194115]

Ordering provider: Michael S Hardee, MD  
Ordering mode: Standard  
Discontinued by: Susan E Ashworth, NP 09/08/14 1430

Status: **Discontinued**

**clopidogrel (PLAVIX) 75 mg tablet [529646436]**

Electronically signed by: Michael S Hardee, MD on 05/30/14 1047  
Ordering user: Michael S Hardee, MD 05/30/14 1047  
Authorized by: Michael S Hardee, MD  
Frequency: Routine Daily 05/30/14 - 05/30/14  
Acknowledged: Shawn J Shy, RN 05/30/14 1131 for Placing Order  
Reordered from: clopidogrel (PLAVIX) tablet [529544593]

Ordering provider: Michael S Hardee, MD  
Ordering mode: Standard  
Discontinued by: Utopia T Simpson, NP 05/30/14 1209

Status: **Discontinued**

**clopidogrel (PLAVIX) 75 mg tablet [529646440]**

Electronically signed by: Utopia T Simpson, NP on 05/30/14 1209  
Ordering user: Utopia T Simpson, NP 05/30/14 1209  
Authorized by: Utopia T Simpson, NP  
Cosigning events  
Electronically cosigned by Michael S Hardee, MD 06/17/14 1305 for Ordering  
Frequency: Routine Daily 05/30/14 - 11/04/14  
Modified from: clopidogrel (PLAVIX) 75 mg tablet [529646436]

Ordering provider: Utopia T Simpson, NP  
Ordering mode: Standard  
Discontinued by: Mirna C Jacob-Pintro, PA 11/04/14 1455 [(Reorder - Internal Use Only)]

Status: **Discontinued**



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**Medications - Orders and Results (continued)**

**Testing Performed By**

Lab - Abbreviation	Name	Director	Address	Valid Date Range
12 - Wellstar	SUNQUEST	Unknown	Unknown	05/11/11 2117 - 09/11/15 1000
13 - Muse	MUSE	Unknown	Unknown	12/12/12 2214 - Present
20 - CHLAB	WS COBB HOSPITAL LAB	Dr. Marla Franks	3950 AUSTELL RD AUSTELL GA 30106	11/04/13 1208 - 08/28/18 1252
118001 - Cath/EP	CATH/EP	Unknown	Unknown	01/02/13 1112 - Present



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**Medications**

**All Meds and Administrations**

**sodium chloride (NS) 0.9 % flush [529515724]**

Ordering Provider: Abdul M Sheikh, MD  
Ordered On: 05/29/14 0702  
Dose (Remaining/Total): 10 mL (—/—)  
Frequency: As needed  
Admin Instructions: INT Flush

Status: Discontinued (Past End Date/Time)  
Starts/Ends: 05/29/14 0702 - 05/29/14 1443  
Route: Intravenous  
Rate/Duration: — / —

(No admins scheduled or recorded for this medication)

**sodium chloride 0.9% (NS) infusion [529515725]**

Ordering Provider: Abdul M Sheikh, MD  
Ordered On: 05/29/14 0702  
Dose (Remaining/Total): 75 mL/hr (—/—)  
Frequency: Continuous

Status: Discontinued (Past End Date/Time)  
Starts/Ends: 05/29/14 0800 - 05/29/14 1443  
Route: Intravenous  
Rate/Duration: 75 mL/hr / —

Line	Med Link Info	Comment
Peripheral IV 05/29/14 Left Hand	05/29/14 0738 by Donna McKittrick, RN	—

Timestamps	Action	Dose / Rate	Route	Other Information
Performed 05/29/14 0738	New Bag	75 mL/hr	Intravenous	Performed by: Donna McKittrick, RN
Documented: 05/29/14 0738		75 mL/hr		Scanned Package: 0409-7983-09

**heparin (PORCINE) (PF) in 0.9 % sodium chloride 2,000 units/1,000 mL [529521332]**

Ordering Provider: Abdul M Sheikh, MD  
Ordered On: 05/29/14 0827

Status: Discontinued (Past End Date/Time), Reason: (Patient Discharge - Internal Use Only)  
Frequency: As needed

Timestamps	Action	Dose	Route / Site	Other Information
Performed 05/29/14 0826	Given	2 Bag	Intra-arterial	Performed by: Abdul M Sheikh, MD
Documented: 05/29/14 0827			Other	Documented by: Timothy R Jackson, RN

**midazolam (VERSED) injection 1 mg/mL [529521333]**

Ordering Provider: Abdul M Sheikh, MD  
Ordered On: 05/29/14 0827

Status: Discontinued (Past End Date/Time), Reason: (Patient Discharge - Internal Use Only)  
Frequency: As needed

Timestamps	Action	Dose	Route / Site	Other Information
Performed 05/29/14 0943	Given	1 mg	Intravenous Right Arm	Performed by: Timothy R Jackson, RN
Documented: 05/29/14 0943				
Performed 05/29/14 0926	Given	0.5 mg	Intravenous Right Arm	Performed by: Timothy R Jackson, RN
Documented: 05/29/14 0926				
Performed 05/29/14 0911	Given	0.5 mg	Intravenous Right Arm	Performed by: Timothy R Jackson, RN
Documented: 05/29/14 0911				
Performed 05/29/14 0854	Given	1 mg	Intravenous Right Arm	Performed by: Timothy R Jackson, RN
Documented: 05/29/14 0854				
Performed 05/29/14 0838	Given	1 mg	Intravenous Right Arm	Performed by: Timothy R Jackson, RN
Documented: 05/29/14 0854				
Performed 05/29/14 0827	Given	1 mg	Intravenous Right Arm	Performed by: Timothy R Jackson, RN
Documented: 05/29/14 0827				



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**Medications (continued)**

**All Meds and Administrations (continued)**

**fentaNYL (PF) (SUBLIMAZE) injection 50 mcg/mL [529521334]**

Ordering Provider: Abdul M Sheikh, MD

Status: Discontinued (Past End Date/Time), Reason: (Patient Discharge - Internal Use Only)

Ordered On: 05/29/14 0827

Frequency: As needed

Timestamps	Action	Dose	Route / Site	Other Information
Performed 05/29/14 0926 Documented: 05/29/14 0926	Given	25 mcg	Intravenous Right Arm	Performed by: Timothy R Jackson, RN
Performed 05/29/14 0911 Documented: 05/29/14 0911	Given	25 mcg	Intravenous Right Arm	Performed by: Timothy R Jackson, RN
Performed 05/29/14 0827 Documented: 05/29/14 0827	Given	50 mcg	Intravenous Right Arm	Performed by: Timothy R Jackson, RN

**lidocaine (XYLOCAINE) local injection 2 % [529521338]**

Ordering Provider: Abdul M Sheikh, MD

Status: Discontinued (Past End Date/Time), Reason: (Patient Discharge - Internal Use Only)

Ordered On: 05/29/14 0903

Frequency: As needed

Timestamps	Action	Dose	Route / Site	Other Information
Performed 05/29/14 0900 Documented: 05/29/14 0904	Given	10 mL	Infiltration Right Lower Abdomen	Performed by: Timothy R Jackson, RN
Performed 05/29/14 0846 Documented: 05/29/14 0903	Given	5 mL	Infiltration Right Hand	Performed by: Timothy R Jackson, RN

**bivalirudin (ANGIOMAX) bolus 5 mg/mL [529521343]**

Ordering Provider: Abdul M Sheikh, MD

Status: Discontinued (Past End Date/Time), Reason: (Patient Discharge - Internal Use Only)

Ordered On: 05/29/14 0923

Frequency: As needed

Timestamps	Action	Dose	Route / Site	Other Information
Performed 05/29/14 0923 Documented: 05/29/14 0923	Given	80 mg	Intravenous Right Arm	Performed by: Allison M Wootton, RN Documented by: Timothy R Jackson, RN

**bivalirudin (ANGIOMAX) 5 mg/mL in sodium chloride 0.9% 50 mL infusion [529521345]**

Ordering Provider: Abdul M Sheikh, MD

Status: Discontinued (Past End Date/Time), Reason: (Patient Discharge - Internal Use Only)

Ordered On: 05/29/14 0923

Starts/Ends: 05/29/14 0923 - 05/29/14 1012

Dose (Remaining/Total): 250 mg (—/—)

Rate/Duration: — / —

Frequency: Continuous PRN

Timestamps	Action	Dose / Rate	Route / Site	Other Information
Performed 05/29/14 1000 Documented: 05/29/14 1001	Stopped	— 0 mL/hr	Intravenous Right Arm	Performed by: Timothy R Jackson, RN
Performed 05/29/14 0923 Documented: 05/29/14 0923	New Bag	1.75 mg/kg/hr 36.2 mL/hr	Intravenous Right Arm	Performed by: Allison M Wootton, RN Documented by: Timothy R Jackson, RN



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**Medications (continued)**

**All Meds and Administrations (continued)**

**clopidogrel (PLAVIX) tablet [529521347]**

Ordering Provider: Abdul M Sheikh, MD

Status: Discontinued (Past End Date/Time), Reason: (Patient Discharge - Internal Use Only)

Ordered On: 05/29/14 1010

Frequency: As needed

Timestamps	Action	Dose	Route	Other Information
Performed 05/29/14 1010 Documented: 05/29/14 1010	Given	600 mg	Oral	Performed by: Allison M Wootton, RN Documented by: Timothy R Jackson, RN

**aluminum-magnesium hydroxide & simethicone (MAALOX PLUS EXTRA STRENGTH) suspension [529521348]**

Ordering Provider: Abdul M Sheikh, MD

Status: Discontinued (Past End Date/Time), Reason: (Patient Discharge - Internal Use Only)

Ordered On: 05/29/14 1010

Frequency: As needed

Timestamps	Action	Dose	Route	Other Information
Performed 05/29/14 1010 Documented: 05/29/14 1010	Given	30 mL	Oral	Performed by: Allison M Wootton, RN Documented by: Timothy R Jackson, RN

**iohexol (OMNIPAQUE) injection 350 mg/mL [529521349]**

Ordering Provider: Abdul M Sheikh, MD

Status: Discontinued (Past End Date/Time), Reason: (Patient Discharge - Internal Use Only)

Ordered On: 05/29/14 1012

Frequency: As needed

Timestamps	Action	Dose	Route	Other Information
Performed 05/29/14 1011 Documented: 05/29/14 1012	Given	225 mL	Intra-arterial	Performed by: Abdul M Sheikh, MD Documented by: Timothy R Jackson, RN Comments: Waste = 125 ml

**aspirin, buffered 81 mg Tab [529521350]**

Ordering Provider: Abdul M Sheikh, MD

Status: Discontinued (Past End Date/Time), Reason: Formulary change

Ordered On: 05/29/14 1024

Starts/Ends: 05/29/14 1100 - 05/29/14 1407

Dose (Remaining/Total): 81 mg (—/—)

Route: Oral

Frequency: Daily

Rate/Duration: — / —

Timestamps	Action	Dose / Rate / Duration	Route / Site / Linked Line	Other Information
Due 05/29/14 1100 Scheduled: 05/29/14 1024	Due	—	—	—

**carvedilol (COREG) tablet [529521351]**

Ordering Provider: Abdul M Sheikh, MD

Status: Discontinued (Past End Date/Time), Reason: (Patient Discharge - Internal Use Only)

Ordered On: 05/29/14 1024

Starts/Ends: 05/29/14 1100 - 05/30/14 1453

Dose (Remaining/Total): 12.5 mg (—/—)

Route: Oral

Frequency: 2 Times daily with meals

Rate/Duration: — / —

Timestamps	Action / Reason	Dose	Route	Other Information
Performed 05/30/14 0944 Documented: 05/30/14 0945	Not Given Other	12.5 mg	Oral	Performed by: Shawn J Shy, RN Comments: pt took own med
Performed 05/29/14 1855 Documented: 05/29/14 1857	Not Given Other	12.5 mg	Oral	Performed by: Antonita L Hall, RN Comments: patient took own med





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**Medications (continued)**

**All Meds and Administrations (continued)**

Performed 05/29/14 1549 Not Given 12.5 mg Oral Performed by: Antonita L Hall, RN  
Documented: 05/29/14 Other 1549 Comments: Patient took med at home

**isosorbide mononitrate (IMDUR) 24 hr tablet [529521352]**

Ordering Provider: Abdul M Sheikh, MD Status: Discontinued (Past End Date/Time), Reason: (Patient Discharge - Internal Use Only)  
Ordered On: 05/29/14 1024 Starts/Ends: 05/29/14 1100 - 05/30/14 1453  
Dose (Remaining/Total): 30 mg (—/—) Route: Oral  
Frequency: Daily Rate/Duration: — / —

Timestamps	Action / Reason	Dose	Route	Other Information
Performed 05/30/14 0945 Not Given Documented: 05/30/14 Other 0945		30 mg	Oral	Performed by: Shawn J Shy, RN Comments: pt took own med
Performed 05/29/14 1550 Not Given Documented: 05/29/14 Other 1550		30 mg	Oral	Performed by: Antonita L Hall, RN Comments: Patient took med at home

**ramipril (ALTACE) capsule [529521353]**

Ordering Provider: Abdul M Sheikh, MD Status: Discontinued (Past End Date/Time), Reason: (Patient Discharge - Internal Use Only)  
Ordered On: 05/29/14 1024 Starts/Ends: 05/29/14 1100 - 05/30/14 1453  
Dose (Remaining/Total): 10 mg (—/—) Route: Oral  
Frequency: 2 Times daily Rate/Duration: — / —

Timestamps	Action / Reason	Dose	Route	Other Information
Performed 05/30/14 0946 Not Given Documented: 05/30/14 Other 0946		10 mg	Oral	Performed by: Shawn J Shy, RN Comments: pt took own med
Performed 05/29/14 2138 Not Given Documented: 05/29/14 Recently Given 2139		10 mg	Oral	Performed by: Aisha Fulton-Jones, RN Comments: patient took home med
Performed 05/29/14 1550 Not Given Documented: 05/29/14 Other 1551		10 mg	Oral	Performed by: Antonita L Hall, RN Comments: Patient took med at home

**chlorthalidone (HYGROTON) tablet [529521354]**

Ordering Provider: Abdul M Sheikh, MD Status: Discontinued (Past End Date/Time), Reason: (Patient Discharge - Internal Use Only)  
Ordered On: 05/29/14 1024 Starts/Ends: 05/29/14 1100 - 05/30/14 1453  
Dose (Remaining/Total): 50 mg (—/—) Route: Oral  
Frequency: Daily Rate/Duration: — / —

Timestamps	Action / Reason	Dose	Route	Other Information
Performed 05/30/14 0945 Not Given Documented: 05/30/14 Other 0945		50 mg	Oral	Performed by: Shawn J Shy, RN Comments: pt took own med
Performed 05/29/14 1549 Not Given Documented: 05/29/14 Other 1549		50 mg	Oral	Performed by: Antonita L Hall, RN Comments: Pt took own med

**ezetimibe-pravastatin 10-80 combo dose [529521355]**

Ordering Provider: Abdul M Sheikh, MD Status: Discontinued (Past End Date/Time), Reason: Formulary change



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**Medications (continued)**

**All Meds and Administrations (continued)**

Ordered On: 05/29/14 1024 Starts/Ends: 05/29/14 1100 - 05/29/14 1416  
Dose (Remaining/Total): --(---) Route: Oral  
Frequency: Daily Rate/Duration: -- / ---  
Admin Instructions: VYTORIN = ezetimibe+simvastatin. Substituting pravastatin for simvastatin.

Timestamps	Action	Dose / Rate / Duration	Route / Site / Linked Line	Other Information
Due 05/29/14 1100	Due	---	---	---
Scheduled: 05/29/14 1024				

**sodium chloride 0.9% (NS) infusion [529544591]**

Ordering Provider: Abdul M Sheikh, MD Status: Verified (Past End Date/Time)  
Ordered On: 05/29/14 1024 Starts/Ends: 05/29/14 1100 - 05/29/14 1459  
Dose (Remaining/Total): 100 mL/hr (---) Route: Intravenous  
Frequency: Continuous Rate/Duration: 100 mL/hr / ---

Timestamps	Action	Dose / Rate / Duration	Route / Site / Linked Line	Other Information
Due 05/29/14 1100	Due	---	---	---
Scheduled: 05/29/14 1024				

**aspirin tablet [529544592]**

Ordering Provider: Abdul M Sheikh, MD Status: Discontinued (Past End Date/Time), Reason: Duplicate order - will NOT appear as Stop Taking on the Office Visit AVS  
Ordered On: 05/29/14 1024 Starts/Ends: 05/29/14 1100 - 05/29/14 1555  
Dose (Remaining/Total): 325 mg (---) Route: Oral  
Frequency: Daily Rate/Duration: -- / ---

Timestamps	Action / Reason	Dose	Route	Other Information
Performed 05/29/14 1548	Not Given	325 mg	Oral	Performed by: Antonita L Hall, RN
Documented: 05/29/14 1549	Other			Comments: Patient took med at home

**clopidogrel (PLAVIX) tablet [529544593]**

Ordering Provider: Abdul M Sheikh, MD Status: Discontinued (Past End Date/Time), Reason: (Patient Discharge - Internal Use Only)  
Ordered On: 05/29/14 1024 Starts/Ends: 05/29/14 1100 - 05/30/14 1453  
Dose (Remaining/Total): 75 mg (---) Route: Oral  
Frequency: Daily Rate/Duration: -- / ---

Timestamps	Action / Reason	Dose	Route	Other Information
Performed 05/30/14 0945	Given	75 mg	Oral	Performed by: Shawn J Shy, RN Scanned Package: 51079-557-01
Documented: 05/30/14 1148				
Performed 05/29/14 1549	Not Given	75 mg	Oral	Performed by: Antonita L Hall, RN
Documented: 05/29/14 1550	Other			Comments: Recieved 600 mg po in cath lab

**nitroglycerin (NITROSTAT) SL tablet [529544596]**

Ordering Provider: Abdul M Sheikh, MD Status: Discontinued (Past End Date/Time), Reason: (Patient Discharge - Internal Use Only)  
Ordered On: 05/29/14 1024 Starts/Ends: 05/29/14 1024 - 05/30/14 1453  
Dose (Remaining/Total): 0.4 mg (---) Route: Sublingual  
Frequency: Every 5 min PRN Rate/Duration: -- / ---  
Admin Instructions: After ECG, notify MD or mid-level

(No admins scheduled or recorded for this medication)



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**Medications (continued)**

**All Meds and Administrations (continued)**

**oxyCODONE-acetaminophen (PERCOCET) 10-325 mg [529544597]**

Ordering Provider: Abdul M Sheikh, MD	Status: Discontinued (Past End Date/Time), Reason: (Patient Discharge - Internal Use Only)
Ordered On: 05/29/14 1024	Starts/Ends: 05/29/14 1024 - 05/30/14 1453
Dose (Remaining/Total): 1 tablet (—/—)	Route: Oral
Frequency: Every 4 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.

(No admins scheduled or recorded for this medication)

**aspirin, buffered 81 mg Tab [529544626]**

Ordering Provider: Abdul M Sheikh, MD	Status: Discontinued (Past End Date/Time), Reason: Formulary change
Ordered On: 05/29/14 1409	Starts/Ends: 05/29/14 1500 - 05/29/14 1409
Dose (Remaining/Total): 81 mg (—/—)	Route: Oral
Frequency: Daily	Rate/Duration: — / —

(No admins scheduled or recorded for this medication)

**aspirin chewable tablet [529544627]**

Ordering Provider: Abdul M Sheikh, MD	Status: Discontinued (Past End Date/Time), Reason: (Patient Discharge - Internal Use Only)
Ordered On: 05/29/14 1409	Starts/Ends: 05/29/14 1500 - 05/30/14 1453
Dose (Remaining/Total): 81 mg (—/—)	Route: Oral
Frequency: Daily	Rate/Duration: — / —

Timestamps	Action / Reason	Dose	Route	Other Information
Performed 05/30/14 0943 Documented: 05/30/14 0944	Not Given Other	81 mg	Oral	Performed by: Shawn J Shy, RN Comments: pt took own med
Performed 05/29/14 1551 Documented: 05/29/14 1551	Not Given Other	81 mg	Oral	Performed by: Antonita L Hall, RN Comments: Patient took med at home

**pravastatin (PRAVACHOL) tablet [529544628]**

Ordering Provider: Abdul M Sheikh, MD	Status: Discontinued (Past End Date/Time), Reason: (Patient Discharge - Internal Use Only)
Ordered On: 05/29/14 1418	Starts/Ends: 05/29/14 2100 - 05/30/14 1453
Dose (Remaining/Total): 80 mg (—/—)	Route: Oral
Frequency: Nightly	Rate/Duration: — / —

Timestamps	Action	Dose	Route	Other Information
Performed 05/29/14 2137 Documented: 05/29/14 2137	Refused	80 mg	Oral	Performed by: Aisha Fulton-Jones, RN

**ezetimibe (ZETIA) tablet [529544629]**

Ordering Provider: Abdul M Sheikh, MD	Status: Discontinued (Past End Date/Time), Reason: (Patient Discharge - Internal Use Only)
Ordered On: 05/29/14 1418	Starts/Ends: 05/29/14 2100 - 05/30/14 1453
Dose (Remaining/Total): 10 mg (—/—)	Route: Oral
Frequency: Nightly	Rate/Duration: — / —

Timestamps	Action / Reason	Dose	Route	Other Information
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**Medications (continued)**

**All Meds and Administrations (continued)**

Performed 05/29/14 2138	Not Given	10 mg	Oral	Performed by: Aisha Fulton-Jones, RN
Documented: 05/29/14	Recently Given			Comments: Patient took home med
2138				

**Historical Medications Entered This Encounter**

This print group is not available in inpatient encounters. Please contact a system administrator.

**Care Plan**

**Multidisciplinary Problems (Active)**

There are no active problems.

**Patient Education**

**Education**

**Title: Acute MI (MCB) (Done)**

**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.

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:



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**Patient Education (continued)**

**Education (continued)**

**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:

**Topic: Pain Management (Done)**

**Point: Pain Medication Actions & Side Effects (Done)**

Description:

Provide medication specific handouts when available.

**Learning Progress Summary**

Patient Eager, Explanation, Verbalized Understanding by AH at 5/29/2014 1538

**Point: Discuss Significance of VAS Scores (Done)**



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**Patient Education (continued)**

**Education (continued)**

Description:  
Refer to rating score of 0-10.

**Learning Progress Summary**

Patient Eager, Explanation, Verbalized Understanding by AH at 5/29/2014 1538

**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.

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 Eager, Explanation, Verbalized Understanding by AH at 5/29/2014 1538

**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**

Patient Eager, Explanation, Verbalized Understanding by AH at 5/29/2014 1538

**Point: Patient Controlled Analgesia (Done)**

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.

**Learning Progress Summary**

Patient Eager, Explanation, Verbalized Understanding by AH at 5/29/2014 1538

**Point: Epidural Information (Done)**

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.

**Learning Progress Summary**

Patient Eager, Explanation, Verbalized Understanding by AH at 5/29/2014 1538

**Topic: Signs and Symptoms - Acute MI (Done)**

**Point: Recognizing a Heart Attack (MCB) (Done)**

Description:  
Be sure patient reviews video on Coronary Artery Disease

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.



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**Patient Education (continued)**

**Education (continued)**

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.

**Learning Progress Summary**

**Patient** Eager, Explanation, Verbalized Understanding by AH at 5/29/2014 1537

**Point: Risk Factors (Done)**

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).

**Learning Progress Summary**

**Patient** Eager, Explanation, Verbalized Understanding by AH at 5/29/2014 1537

**Topic: Acute MI (MCB) (Done)**

**Point: Emergency Plan for Heart Attack Symptoms (Done)**

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.

**Learning Progress Summary**

**Patient** Eager, Explanation, Verbalized Understanding by AH at 5/29/2014 1537

**Point: Home Activity (Done)**

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.

**Learning Progress Summary**

**Patient** Eager, Explanation, Verbalized Understanding by AH at 5/29/2014 1537

**Point: Limitations to Activity (Done)**

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.

**Learning Progress Summary**

**Patient** Eager, Explanation, Verbalized Understanding by AH at 5/29/2014 1537

**Point: Sexual Activity (Done)**

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.

**Learning Progress Summary**

**Patient** Eager, Explanation, Verbalized Understanding by AH at 5/29/2014 1537



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**Patient Education (continued)**

**Education (continued)**

**Point: Influenza Vaccine (Done)**

Description:  
 Educate the patient/family/caregiver on obtaining a yearly influenza vaccine.

**Learning Progress Summary**

Patient Eager, Explanation, Verbalized Understanding by AH at 5/29/2014 1537

**Point: Smoking Cessation (Done)**

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.

**Learning Progress Summary**

Patient Eager, Explanation, Verbalized Understanding by AH at 5/29/2014 1537

**Title: Cardiac Surgery (Resolved)**

**Topic: PCI (Resolved)**

**Additional Points For This Title**

**Point: ACTIVITY (Resolved)**

**Learning Progress Summary**

Patient Acceptance, Explanation, Handout, Verbalized Understanding by MT at 5/30/2014 1057  
 Comment: Brief PCI review since hx CABG. No exercise so encouraged Cardiac Rehab. On cardiac diet.

**Point: SIGNS AND SYMPTOMS/ACTIVATE EMS (Resolved)**

**Learning Progress Summary**

Patient Acceptance, Explanation, Handout, Verbalized Understanding by MT at 5/30/2014 1057  
 Comment: Brief PCI review since hx CABG. No exercise so encouraged Cardiac Rehab. On cardiac diet.

**Point: BOOKS/EDUCATION MATERIAL (Resolved)**

**Learning Progress Summary**

Patient Acceptance, Explanation, Handout, Verbalized Understanding by MT at 5/30/2014 1057  
 Comment: Brief PCI review since hx CABG. No exercise so encouraged Cardiac Rehab. On cardiac diet.

**Point: CARDIAC REHAB (Resolved)**

**Learning Progress Summary**

Patient Acceptance, Explanation, Handout, Verbalized Understanding by MT at 5/30/2014 1057  
 Comment: Brief PCI review since hx CABG. No exercise so encouraged Cardiac Rehab. On cardiac diet.

**Point: DIET (Resolved)**

**Learning Progress Summary**

Patient Acceptance, Explanation, Handout, Verbalized Understanding by MT at 5/30/2014 1057  
 Comment: Brief PCI review since hx CABG. No exercise so encouraged Cardiac Rehab. On cardiac diet.





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**Patient Education (continued)**

**Education (continued)**

**Point: EXERCISE (Resolved)**

**Learning Progress Summary**

**Patient** Acceptance, Explanation, Handout, Verbalized Understanding by MT at 5/30/2014 1057  
 Comment: Brief PCI review since hx CABG. No exercise so encouraged Cardiac Rehab. On cardiac diet.

**Point: Medications (Resolved)**

**Learning Progress Summary**

**Patient** Acceptance, Explanation, Handout, Verbalized Understanding by MT at 5/30/2014 1057  
 Comment: Brief PCI review since hx CABG. No exercise so encouraged Cardiac Rehab. On cardiac diet.

**Point: POST OP CARE (Resolved)**

**Learning Progress Summary**

**Patient** Acceptance, Explanation, Handout, Verbalized Understanding by MT at 5/30/2014 1057  
 Comment: Brief PCI review since hx CABG. No exercise so encouraged Cardiac Rehab. On cardiac diet.

**Point: RISK FACTORS (Resolved)**

**Learning Progress Summary**

**Patient** Acceptance, Explanation, Handout, Verbalized Understanding by MT at 5/30/2014 1057  
 Comment: Brief PCI review since hx CABG. No exercise so encouraged Cardiac Rehab. On cardiac diet.

**User Key**

Initials	Effective Dates	Name	Provider Type	Discipline
AH	04/02/14 - 09/08/16	Antonita L Hall, RN	Registered Nurse	Nurse
MT	04/02/14 - 02/02/17	Marie Thomas-Stanley, RN	Registered Nurse	Nurse

**All Flowsheets**



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Flowsheets (all recorded)

Custom Formula Data

Row Name	05/30/14 07:56:30	05/30/14 04:37:11	05/29/14 15:46:20	05/29/14 1500	05/29/14 1035
OTHER					
Weight Change (kg)	---	0 kg -DI (r) SD (t)	---	---	---
Visit Weight	---	234 lb -DI (r) SD (t)	---	---	---
% Weight Change Since Birth	---	0 -DI (r) SD (t)	---	---	---
Relevant Labs and Vitals					
Temp (in Celsius)	36.3 -MG	36.5 -SD	36.6 -MD	---	---
Aldrete					
Aldrete Score	---	---	---	---	10 -DM
(RETIRED) Score 5 for each factor					
VTE Total Risk Factor Score	---	---	---	2 -AH	---
Row Name	05/29/14 1020	05/29/14 10:07:38	05/29/14 08:22:47	05/29/14 0713	05/29/14 0704
Aldrete Phase 1					
Aldrete Score	---	---	---	---	10 -DM
OTHER					
Weight Change (kg)	---	---	---	0 kg -DM	---
Ideal Body Weight	---	---	---	160 lb -DM	---
Visit Weight	---	---	---	228 lb -DM	---
IBW/kg (Calculated) Male	---	---	---	66.1 kg -DM	---
IBW/kg (Calculated) FEMALE	---	---	---	61.6 kg -DM	---
Weight in (lb) to have BMI = 25	---	---	---	159.3 -DM	---
% Weight Change Since Birth	---	---	---	0 -DM	---
Relevant Labs and Vitals					
Temp (in Celsius)	---	---	---	36.6 -DM	---
Adult IBW/VT Calculations					
IBW/kg (Calculated)	---	---	---	66.1 -DM	---
Low Range Vt 6mL/kg	---	---	---	396.6 mL/kg -DM	---
Adult Moderate Range Vt 8mL/kg	---	---	---	528.8 mL/kg -DM	---
Adult High Range Vt 10mL/kg	---	---	---	661 mL/kg -DM	---
Case Log					
BSA x (CI @3.0)= CO	---	---	---	6.63 CO -DM	---
Aldrete					
Aldrete Score	10 -DM	10 -JB	10 -JB	---	---



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**Flowsheets (all recorded)**

**Care Handoff**

Row Name	05/29/14 1859				
----------	---------------	--	--	--	--

Care Handoff

Report Given to      Given to next shift RN  
 -AH

Name of person  
 receiving report      Sunday -AH

Name of person giving  
 report      Antonita -AH



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**Flowsheets (all recorded)**

**Aldrete Score**

Row Name	05/29/14 1035	05/29/14 1020	05/29/14 10:07:38	05/29/14 08:22:47	05/29/14 0704
<b>Aldrete</b>					
Activity	---	---	---	---	2 -DM
Respiration	---	---	---	---	2 -DM
Circulation	---	---	---	---	2 -DM
Consciousness	---	---	---	---	2 -DM
O2 Saturation	---	---	---	---	2 -DM
Aldrete Score (PAR)	---	---	---	---	10 -DM
<b>Aldrete</b>					
Activity	2 -DM	2 -DM	2 -JB	2 -JB	---
Respiration	2 -DM	2 -DM	2 -JB	2 -JB	---
Circulation	2 -DM	2 -DM	2 -JB	2 -JB	---
Consciousness	2 -DM	2 -DM	2 -JB	2 -JB	---
Color	2 -DM	2 -DM	2 -JB	2 -JB	---



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Flowsheets (all recorded)

Vital Signs

Row Name	05/30/14 0845	05/30/14 07:56:30	05/30/14 04:37:11	05/29/14 23:10:37	05/29/14 1952
<b>Vital Signs</b>					
Temp	---	97.4 °F (36.3 °C) -DI (r) MG (t)	97.7 °F (36.5 °C) -DI (r) SD (t)	98.1 °F (36.7 °C) -DI (r) SD (t)	---
Temp src	---	Oral -MG	Oral -SD	---	---
Pulse	---	61 -DI (r) MG (t)	54 -DI (r) SD (t)	60 -DI (r) SD (t)	---
Heart Rate Source	---	Monitor -MG	Monitor -SD	---	---
Resp	---	18 -DI (r) MG (t)	20 -DI (r) SD (t)	16 -DI (r) SD (t)	---
Respiration Source	---	visual -MG	visual -SD	---	---
BP	---	120/67 -DI (r) MG (t)	146/68 -DI (r) SD (t)	120/62 -DI (r) SD (t)	---
BP Location	---	Left arm -MG	Left arm -SD	---	---
BP Method	---	Portable -MG	Portable -SD	---	---
Patient Position	---	Lying -MG	Lying -SD	---	---
<b>Oxygen Therapy</b>					
SpO2	---	95 % -DI (r) MG (t)	95 % -DI (r) SD (t)	94 % -DI (r) SD (t)	---
O2 Device	---	None (Room air) -MG	---	---	---
<b>Height and Weight</b>					
Weight	---	---	(t) 106.2 kg (234 lb 1.6 oz) -DI (r) SD (t)	---	---

[REMOVED] Peripheral IV 05/29/14 Left Hand

IV Properties	Placement Date: 05/29/14 -DM Placement Time: 0717 -DM Present on arrival to hospital?: No -DM Type of Catheter: Straight -DM Size (Gauge): 20 G -DM Orientation: Left -DM Location: Hand -DM Site Prep: Alcohol -DM Insertion attempts: 1 -DM Patient Tolerance: Tolerated well -DM IV Access Problem: No -DM Removal Date: 05/30/14 -SS Removal Time: 1137 -SS (Retired) Inserted by: Donna McKittrick -DM				
Site Assessment	Asymptomatic -SS	---	---	---	---
Line Assessment	Patent -SS	---	---	---	---
Dressing Assessment	Clean;Dry;intact -SS	---	---	---	---

[REMOVED] Peripheral IV 05/29/14 Right Antecubital

IV Properties	Placement Date: 05/29/14 -DM Placement Time: 0734 -DM Present on arrival to hospital?: No -DM Type of Catheter: Straight -DM Size (Gauge): 22 G -DM Orientation: Right -DM Location: Antecubital -DM Site Prep: Alcohol -DM Insertion attempts: 1 -DM Patient Tolerance: Tolerated well -DM IV Access Problem: No -DM Removal Date: 05/30/14 -SS Removal Time: 1137 -SS (Retired) Inserted by: Faith, RN -DM				
Site Assessment	Asymptomatic -SS	---	---	---	---
Phlebitis Scale	0 -SS	---	---	---	---
Line Assessment	Patent -SS	---	---	---	---
Dressing Assessment	Clean;Dry;intact -SS	---	---	---	---

[REMOVED] Surgical 05/29/14 Wrist Anterior

Incision Properties	Date Documented: 05/29/14 -HJ Time Documented: 1405 -HJ Location: Wrist -HJ Wound Location Orientation: Anterior -HJ Final Assessment Date: 05/30/14 -SS Final Assessment Time: 1137 -SS				
Site Assessment	---	---	---	---	Clean;Dry -SO
Dressing Assessment	---	---	---	---	Clean;Dry -SO

Row Name	05/29/14 19:38:36	05/29/14 15:46:20	05/29/14 1500	05/29/14 14:21:35	05/29/14 1347
<b>Vital Signs</b>					
Temp	98.1 °F (36.7 °C) -DI (r) SD (t)	97.9 °F (36.6 °C) -DI (r) MD (t)	---	98.1 °F (36.7 °C) -DI (r) MD (t)	---
Temp src	---	Oral -MD	---	---	---
Pulse	58 -DI (r) SD (t)	53 -DI (r) MD (t)	---	57 -DI (r) MD (t)	55 -DM
Heart Rate Source	---	Monitor -MD	---	---	Monitor -DM
Resp	---	18 -DI (r) MD (t)	---	18 -DI (r) MD (t)	17 -DM
Respiration Source	---	visual -MD	---	---	---
BP	134/61 -DI (r) SD (t)	112/61 -DI (r) MD (t)	---	136/68 -DI (r) MD (t)	141/65 -DM
BP Location	---	Left arm -MD	---	---	---
BP Method	---	Portable -MD	---	---	---
Patient Position	---	Lying -MD	---	---	---
<b>Oxygen Therapy</b>					
SpO2	97 % -DI (r) SD (t)	95 % -DI (r) MD (t)	---	97 % -DI (r) MD (t)	92 % -DM
<b>Pain Assessment</b>					
Currently in Pain	---	---	No -AH	---	---
Which Pain Assessment Tool ?	---	---	Numeric (0-10) -AH	---	---
<b>Pain Assessment History</b>					
History of Chronic Pain?	---	---	No -AH	---	---



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Flowsheets (all recorded) (continued)

Vital Signs (continued)

Row Name	05/29/14 19:38:36	05/29/14 15:46:20	05/29/14 1500	05/29/14 14:21:35	05/29/14 1347
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Numeric Pain Intensity Scale

Numeric Pain Intensity Score 1	---	---	---	---	0 -DM
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[REMOVED] Peripheral IV 05/29/14 Left Hand

IV Properties Placement Date: 05/29/14 -DM Placement Time: 0717 -DM Present on arrival to hospital?: No -DM Type of Catheter: Straight -DM Size (Gauge): 20 G -DM Orientation: Left -DM Location: Hand -DM Site Prep: Alcohol -DM Insertion attempts: 1 -DM Patient Tolerance: Tolerated well -DM IV Access Problem: No -DM Removal Date: 05/30/14 -SS Removal Time: 1137 -SS (Retired) Inserted by: Donna McKittrick -DM

[REMOVED] Peripheral IV 05/29/14 Right Antecubital

IV Properties Placement Date: 05/29/14 -DM Placement Time: 0734 -DM Present on arrival to hospital?: No -DM Type of Catheter: Straight -DM Size (Gauge): 22 G -DM Orientation: Right -DM Location: Antecubital -DM Site Prep: Alcohol -DM Insertion attempts: 1 -DM Patient Tolerance: Tolerated well -DM IV Access Problem: No -DM Removal Date: 05/30/14 -SS Removal Time: 1137 -SS (Retired) Inserted by: Faith, RN -DM

[REMOVED] Surgical 05/29/14 Wrist Anterior

Incision Properties Date Documented: 05/29/14 -HJ Time Documented: 1405 -HJ Location: Wrist -HJ Wound Location Orientation: Anterior -HJ Final Assessment Date: 05/30/14 -SS Final Assessment Time: 1137 -SS

Site Assessment --- Clean; Dry; Intact -AH ---

Row Name	05/29/14 1313	05/29/14 1300	05/29/14 1240	05/29/14 1208	05/29/14 1145
----------	---------------	---------------	---------------	---------------	---------------

Vital Signs

Pulse	56 -DM	---	68 -DM	65 -DM	63 -DM
Resp	18 -DM	---	18 -DM	18 -DM	18 -DM
BP	116/54 -DM	---	133/56 -DM	138/53 -DM	130/68 -DM

Oxygen Therapy

SpO2	92 % -DM	---	94 % -DM	95 % -DM	97 % -DM
O2 Device	None (Room air) -DM	---	---	---	---

Pain Assessment

Currently in Pain	No -DM	---	No -DM	No -DM	No -DM
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[REMOVED] Peripheral IV 05/29/14 Left Hand

IV Properties Placement Date: 05/29/14 -DM Placement Time: 0717 -DM Present on arrival to hospital?: No -DM Type of Catheter: Straight -DM Size (Gauge): 20 G -DM Orientation: Left -DM Location: Hand -DM Site Prep: Alcohol -DM Insertion attempts: 1 -DM Patient Tolerance: Tolerated well -DM IV Access Problem: No -DM Removal Date: 05/30/14 -SS Removal Time: 1137 -SS (Retired) Inserted by: Donna McKittrick -DM

[REMOVED] Peripheral IV 05/29/14 Right Antecubital

IV Properties Placement Date: 05/29/14 -DM Placement Time: 0734 -DM Present on arrival to hospital?: No -DM Type of Catheter: Straight -DM Size (Gauge): 22 G -DM Orientation: Right -DM Location: Antecubital -DM Site Prep: Alcohol -DM Insertion attempts: 1 -DM Patient Tolerance: Tolerated well -DM IV Access Problem: No -DM Removal Date: 05/30/14 -SS Removal Time: 1137 -SS (Retired) Inserted by: Faith, RN -DM

[REMOVED] Surgical 05/29/14 Wrist Anterior

Incision Properties Date Documented: 05/29/14 -HJ Time Documented: 1405 -HJ Location: Wrist -HJ Wound Location Orientation: Anterior -HJ Final Assessment Date: 05/30/14 -SS Final Assessment Time: 1137 -SS

Dressing Assessment --- Clean; Dry; Intact -HJ ---

Row Name	05/29/14 1123	05/29/14 1100	05/29/14 1057	05/29/14 1048	05/29/14 1035
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Vital Signs

Pulse	(!) 49 -DM	---	55 -DM	(!) 49 -DM	51 -DM
Resp	16 -DM	---	20 -DM	15 -DM	16 -DM
BP	126/56 -DM	---	128/58 -DM	123/56 -DM	128/57 -DM

Oxygen Therapy

SpO2	97 % -DM	---	96 % -DM	95 % -DM	95 % -DM
O2 Flow Rate (L/min)	---	---	---	---	2 L/min -DM

Pain Assessment

Currently in Pain	No -DM	No -DM	---	---	---
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[REMOVED] Peripheral IV 05/29/14 Left Hand

IV Properties Placement Date: 05/29/14 -DM Placement Time: 0717 -DM Present on arrival to hospital?: No -DM Type of Catheter: Straight -DM Size (Gauge): 20 G -DM Orientation: Left -DM Location: Hand -DM Site Prep: Alcohol -DM Insertion attempts: 1 -DM Patient Tolerance: Tolerated well -DM IV Access Problem: No -DM Removal Date: 05/30/14 -SS Removal Time: 1137 -SS (Retired) Inserted by: Donna McKittrick -DM

[REMOVED] Peripheral IV 05/29/14 Right Antecubital

IV Properties Placement Date: 05/29/14 -DM Placement Time: 0734 -DM Present on arrival to hospital?: No -DM Type of Catheter: Straight -DM Size (Gauge): 22 G -DM Orientation: Right -DM Location: Antecubital -DM Site Prep: Alcohol -DM Insertion attempts: 1 -DM Patient Tolerance: Tolerated well -DM IV Access Problem: No -DM Removal Date: 05/30/14 -SS Removal Time: 1137 -SS (Retired) Inserted by: Faith, RN -DM



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Flowsheets (all recorded) (continued)

Vital Signs (continued)

Row Name	05/29/14 1020	05/29/14 08:19:58	05/29/14 0728	05/29/14 0726	05/29/14 0713
<b>Vital Signs</b>					
Temp	---	---	---	---	97.9 °F (36.6 °C) -DM
Temp src	---	---	---	---	Oral -DM
Pulse	96 -DM	---	---	---	53 -DM
Heart Rate Source	---	---	---	---	Monitor -DM
Resp	23 -DM	---	---	---	18 -DM
BP	140/70 -DM	---	---	---	138/61 -DM
BP Location	---	---	---	---	Left arm -DM
BP Method	---	---	---	---	Portable -DM
Patient Position	---	---	---	---	Sitting -DM
<b>Oxygen Therapy</b>					
SpO2	96 % -DM	---	---	---	92 % -DM
O2 Device	None (Room air) -DM	---	---	---	---
O2 Flow Rate (L/min)	---	2 L/min -JB	---	---	---
<b>Pain Assessment</b>					
Currently in Pain	---	---	---	---	No -DM
<b>Numeric Pain Intensity Scale</b>					
Numeric Pain intensity Score 1	---	---	---	---	0 -DM
<b>Height and Weight</b>					
Height	---	---	---	---	67" (1.702 m) -DM
Weight	---	---	---	---	(!) 103.4 kg (228 lb) -DM
Weight Method	---	---	---	---	Stated -DM
BSA (Calculated - sq m)	---	---	---	---	2.21 sq meters -DM
BMI (Calculated)	---	---	---	---	35.7 -DM
Weight in (lb) to have BMI = 25	---	---	---	---	159.3 -DM
<b>[REMOVED] Peripheral IV 05/29/14 Left Hand</b>					
IV Properties	Placement Date: 05/29/14 -DM Placement Time: 0717 -DM Present on arrival to hospital?: No -DM Type of Catheter: Straight -DM Size (Gauge): 20 G -DM Orientation: Left -DM Location: Hand -DM Site Prep: Alcohol -DM Insertion attempts: 1 -DM Patient Tolerance: Tolerated well -DM IV Access Problem: No -DM Removal Date: 05/30/14 -SS Removal Time: 1137 -SS (Retired) Inserted by: Donna McKittrick -DM				
Site Assessment	---	---	Asymptomatic -DM	---	---
Dressing Assessment	---	---	Clean;Dry;intact -DM	Clean;Dry;intact -DM	---
<b>[REMOVED] Peripheral IV 05/29/14 Right Antecubital</b>					
IV Properties	Placement Date: 05/29/14 -DM Placement Time: 0734 -DM Present on arrival to hospital?: No -DM Type of Catheter: Straight -DM Size (Gauge): 22 G -DM Orientation: Right -DM Location: Antecubital -DM Site Prep: Alcohol -DM Insertion attempts: 1 -DM Patient Tolerance: Tolerated well -DM IV Access Problem: No -DM Removal Date: 05/30/14 -SS Removal Time: 1137 -SS (Retired) Inserted by: Faith, RN -DM				



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Flowsheets (all recorded)

IV Assessment

Row Name	05/30/14 0845	05/29/14 1500	05/29/14 0728	05/29/14 0726
<b>Dominant Hand</b>				
Which is your dominant hand?	---	Right -AH	---	---
[REMOVED] Peripheral IV 05/29/14 Left Hand				
IV Properties	Placement Date: 05/29/14 -DM Placement Time: 0717 -DM Present on arrival to hospital?: No -DM Type of Catheter: Straight -DM Size (Gauge): 20 G -DM Orientation: Left -DM Location: Hand -DM Site Prep: Alcohol -DM Insertion attempts: 1 -DM Patient Tolerance: Tolerated well -DM IV Access Problem: No -DM Removal Date: 05/30/14 -SS Removal Time: 1137 -SS (Retired) Inserted by: Donna McKittrick -DM			
Site Assessment	Asymptomatic -SS	---	Asymptomatic -DM	---
Line Assessment	Patent -SS	---	---	---
Dressing Assessment	Clean;Dry;Intact -SS	---	Clean;Dry;Intact -DM	Clean;Dry;Intact -DM
[REMOVED] Peripheral IV 05/29/14 Right Antecubital				
IV Properties	Placement Date: 05/29/14 -DM Placement Time: 0734 -DM Present on arrival to hospital?: No -DM Type of Catheter: Straight -DM Size (Gauge): 22 G -DM Orientation: Right -DM Location: Antecubital -DM Site Prep: Alcohol -DM Insertion attempts: 1 -DM Patient Tolerance: Tolerated well -DM IV Access Problem: No -DM Removal Date: 05/30/14 -SS Removal Time: 1137 -SS (Retired) Inserted by: Faith, RN -DM			
Site Assessment	Asymptomatic -SS	---	---	---
Phlebitis Scale	0 -SS	---	---	---
Line Assessment	Patent -SS	---	---	---
Dressing Assessment	Clean;Dry;Intact -SS	---	---	---
[REMOVED] Peripheral IV 04/22/14 Right Hand				
IV Properties	Placement Date: 04/22/14 -JS Placement Time: 0840 -JS Present on arrival to hospital?: No -JS Type of Catheter: Straight -JS Size (Gauge): 22 G -JS Orientation: Right -JS Location: Hand -JS Site Prep: Alcohol -JS Local Anesthetic: None -JS Insertion attempts: 1 -JS Patient Tolerance: Tolerated well -JS IV Access Problem: No -JS Removal Date: 05/30/14 -SS Removal Time: 1137 -SS (Retired) Inserted by: js -JS			





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Flowsheets (all recorded)

Assessment

Row Name	05/30/14 0845	05/30/14 07:56:30	05/30/14 0500	05/30/14 04:37:11	05/29/14 23:10:37
<b>Neurological</b>					
Neuro (WDL)	WDL -SS	---	---	---	---
tPA Time out					
Weight	---	---	---	(!) 106.2 kg (234 lb 1.6 oz) -DI (r) SD (t)	---
<b>HEENT</b>					
HEENT (WDL)	WDL -SS	---	---	---	---
<b>Respiratory</b>					
Respiratory (WDL)	WDL -SS	---	---	---	---
<b>Oxygen Therapy</b>					
SpO2	---	95 % -DI (r) MG (t)	---	95 % -DI (r) SD (t)	94 % -DI (r) SD (t)
O2 Device	---	None (Room air) -MG	---	---	---
<b>Cardiac</b>					
Cardiac (WDL)	WDL -SS	---	---	---	---
<b>Cardiac</b>					
Telemetry Monitor On	Yes -SS	---	Yes -SD	---	---
<b>Peripheral Vascular</b>					
Peripheral Vascular (WDL)	WDL -SS	---	---	---	---
RLE Capillary Refill	Less than/equal to 3 seconds -SS	---	---	---	---
Pulses	R radial;L radial;R pedal;L pedal -SS	---	---	---	---
<b>RLE Neurovascular Assessment</b>					
RLE Color	Appropriate for ethnicity -SS	---	---	---	---
RLE Temperature/Moisture	Warm;Dry -SS	---	---	---	---
RLE Sensation	Present -SS	---	---	---	---
R Posterior Tibial Pulse	+2 -SS	---	---	---	---
<b>LLE Neurovascular Assessment</b>					
L Posterior Tibial Pulse	+2 -SS	---	---	---	---
<b>Braden Scale</b>					
Sensory Perceptions	4 -SS	---	---	---	---
Moisture	4 -SS	---	---	---	---
Activity	4 -SS	---	---	---	---
Mobility	4 -SS	---	---	---	---
Nutrition	4 -SS	---	---	---	---
Friction and Shear	3 -SS	---	---	---	---
Braden Scale Score	23 -SS	---	---	---	---
<b>[REMOVED] Surgical 05/29/14 Wrist Anterior</b>					
Incision Properties	Date Documented: 05/29/14 -HJ Time Documented: 1405 -HJ Location: Wrist -HJ Wound Location Orientation: Anterior -HJ Final Assessment Date: 05/30/14 -SS Final Assessment Time: 1137 -SS				
<b>[REMOVED] Surgical 05/29/14 Groin Right</b>					
Incision Properties	Date Documented: 05/29/14 -HJ Time Documented: 1406 -HJ Location: Groin -HJ Wound Location Orientation: Right -HJ Wound Description (Comments): Clean, dry, intact -HJ Final Assessment Date: 10/10/19 -CR (r) EI (t), automated removal, RA 1205 Final Assessment Time: 1608 -CR (r) EI (t), automated removal, RA 1205				
<b>Musculoskeletal</b>					
Musculoskeletal (WDL)	WDL -SS	---	---	---	---
<b>Get-Up-And-Go Test</b>					
Get-Up-And-Go Test: "Rising from Chair"	0 -SS	---	---	---	---
<b>Gastrointestinal</b>					
Gastrointestinal (WDL)	WDL -SS	---	---	---	---
<b>Genitourinary</b>					
Genitourinary (WDL)	WDL -SS	---	---	---	---



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Flowsheets (all recorded) (continued)

Assessment (continued)

Row Name	05/30/14 0845	05/30/14 07:58:30	05/30/14 0500	05/30/14 04:37:11	05/29/14 23:10:37
<b>Psychosocial</b>					
Psychosocial (WDL)	WDL -SS	---	---	---	---
<b>Cardiac</b>					
Cardiac Rhythm	Normal sinus rhythm; Sinus bradycardia -SS	---	---	---	---
<b>Hendrich II Fall Risk Model (View Only)</b>					
Confusion/Disorientation/Impulsivity (View Only)	0 -SS	---	---	---	---
Symptomatic Depression (View Only)	0 -SS	---	---	---	---
Altered Elimination (View Only)	0 -SS	---	---	---	---
Dizziness/Vertigo (View Only)	0 -SS	---	---	---	---
Gender (Male) View Only	1 -SS	---	---	---	---
Any Administered Benzodiazepines (View Only)	0 -SS	---	---	---	---
Hendrich II Total Score (Calculated) View Only	1 -SS	---	---	---	---
<b>OTHER</b>					
Any Administered Antiepileptics (Anticonvulsants) View Only	0 -SS	---	---	---	---

Row Name	05/29/14 1952	05/29/14 19:38:36	05/29/14 15:46:20	05/29/14 1500	05/29/14 14:21:35
<b>Neurological</b>					
Neuro (WDL)	WDL -SO	---	---	WDL -AH	---
<b>HEENT</b>					
HEENT (WDL)	WDL -SO	---	---	WDL -AH	---
<b>Respiratory</b>					
Respiratory (WDL)	WDL -SO	---	---	WDL -AH	---
<b>Oxygen Therapy</b>					
SpO2	---	97 % -DI (r) SD (t)	95 % -DI (r) MD (t)	---	97 % -DI (r) MD (t)
<b>Cardiac</b>					
Cardiac (WDL)	WDL -SO	---	---	WDL -AH	---
<b>Peripheral Vascular</b>					
Peripheral Vascular (WDL)	WDL -SO	---	---	WDL -AH	---
RLE Capillary Refill	Less than/equal to 3 seconds -SO	---	---	Less than/equal to 3 seconds -AH	---
Pulses	R radial -SO	---	---	R radial; L radial; R pedal; L pedal -AH	---
<b>RLE Neurovascular Assessment</b>					
RLE Color	Appropriate for ethnicity -SO	---	---	Appropriate for ethnicity -AH	---
RLE Temperature/Moisture	Warm; Dry -SO	---	---	Warm; Dry -AH	---
RLE Sensation	Present -SO	---	---	Present -AH	---
R Posterior Tibial Pulse	+2 -SO	---	---	---	---
R Pedal Pulse	+2 -SO	---	---	+2 -AH	---
<b>LLE Neurovascular Assessment</b>					
L Posterior Tibial Pulse	+2 -SO	---	---	---	---
L Pedal Pulse	+2 -SO	---	---	+2 -AH	---
<b>Integumentary</b>					



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Flowsheets (all recorded) (continued)

Assessment (continued)

Row Name	05/29/14 1952	05/29/14 19:38:36	05/29/14 15:46:20	05/29/14 1500	05/29/14 14:21:35
Integumentary (WDL)	WDL -SO	---	---	WDL -AH	---
<b>Braden Scale</b>					
Sensory Perceptions	4 -SO	---	---	4 -AH	---
Moisture	4 -SO	---	---	4 -AH	---
Activity	3 -SO	---	---	3 -AH	---
Mobility	4 -SO	---	---	4 -AH	---
Nutrition	3 -SO	---	---	3 -AH	---
Friction and Shear	3 -SO	---	---	3 -AH	---
Braden Scale Score	21 -SO	---	---	21 -AH	---
[REMOVED] Surgical 05/29/14 Wrist Anterior					
Incision Properties	Date Documented: 05/29/14 -HJ Time Documented: 1405 -HJ Location: Wrist -HJ Wound Location Orientation: Anterior -HJ Final Assessment Date: 05/30/14 -SS Final Assessment Time: 1137 -SS				
Site Assessment	Clean;Dry -SO	---	---	Clean;Dry;Intact -AH	---
Dressing Assessment	Clean;Dry -SO	---	---	---	---
[REMOVED] Surgical 05/29/14 Groin Right					
Incision Properties	Date Documented: 05/29/14 -HJ Time Documented: 1406 -HJ Location: Groin -HJ Wound Location Orientation: Right -HJ Wound Description (Comments): Clean, dry, intact -HJ Final Assessment Date: 10/10/19 -CR (r) EI (t), automated removal, RA 1205 Final Assessment Time: 1608 -CR (r) EI (t), automated removal, RA 1205				
Site Assessment	Clean;Dry -SO	---	---	Clean;Dry;Intact -AH	---
Dressing	Dry dressing -SO	---	---	Dry dressing -AH	---
Dressing Assessment	Clean;Dry -SO	---	---	Clean;Dry;Intact -AH	---
<b>Musculoskeletal</b>					
Musculoskeletal (WDL)	WDL -SO	---	---	WDL -AH	---
<b>Get-Up-And-Go Test</b>					
Get-Up-And-Go Test: "Rising from Chair"	0 -SO	---	---	0 -AH	---
<b>Gastrointestinal</b>					
Gastrointestinal (WDL)	WDL -SO	---	---	WDL -AH	---
<b>Genitourinary</b>					
Genitourinary (WDL)	WDL -SO	---	---	WDL -AH	---
<b>Psychosocial</b>					
Psychosocial (WDL)	WDL -SO	---	---	WDL -AH	---
<b>Charting Type</b>					
Charting Type	Shift assessment -SO	---	---	Admission -AH	---
<b>Cardiac</b>					
Cardiac Rhythm	Sinus bradycardia -SO	---	---	Sinus bradycardia -AH	---
<b>Hendrich II Fall Risk Model (View Only)</b>					
Confusion/Disorientation/Impulsivity (View Only)	0 -SO	---	---	0 -AH	---
Symptomatic Depression (View Only)	0 -SO	---	---	0 -AH	---
Altered Elimination (View Only)	0 -SO	---	---	0 -AH	---
Dizziness/Vertigo (View Only)	0 -SO	---	---	0 -AH	---
Gender (Male) View Only	1 -SO	---	---	1 -AH	---
Any Administered Benzodiazepines (View Only)	0 -SO	---	---	0 -AH	---
Hendrich II Total Score (Calculated) View Only	1 -SO	---	---	1 -AH	---
<b>OTHER</b>					
Any Administered Antiepileptics (Anticonvulsants) View Only	0 -SO	---	---	0 -AH	---
Row Name	05/29/14 1347	05/29/14 1313	05/29/14 1300	05/29/14 1240	05/29/14 1209



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Maurice, Eugene George  
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**Flowsheets (all recorded) (continued)**

**Assessment (continued)**

Row Name	05/29/14 1347	05/29/14 1313	05/29/14 1300	05/29/14 1240	05/29/14 1209
<b>Neurological</b>					
Neuro (WDL)	---	---	WDL -HJ	---	---
<b>HEENT</b>					
HEENT (WDL)	---	---	WDL -HJ	---	---
<b>Oxygen Therapy</b>					
SpO2	92 % -DM	92 % -DM	---	94 % -DM	---
O2 Device	---	None (Room air) -DM	---	---	---
<b>Peripheral Vascular</b>					
RLE Capillary Refill	---	---	---	---	Less than/equal to 3 seconds -DM
<b>RLE Neurovascular Assessment</b>					
RLE Color	---	---	---	---	Appropriate for ethnicity -DM
RLE Temperature/Moisture	---	---	---	---	Warm;Dry -DM
RLE Sensation	---	---	---	---	Present -DM
R Posterior Tibial Pulse	---	---	+2 -HJ	---	+2 -DM
R Pedal Pulse	---	---	---	---	+2 -DM
<b>LLE Neurovascular Assessment</b>					
L Posterior Tibial Pulse	---	---	+2 -HJ	---	---
L Pedal Pulse	---	---	---	---	+2 -DM
<b>[REMOVED] Surgical 05/29/14 Wrist Anterior</b>					
Incision Properties	Date Documented: 05/29/14 -HJ Time Documented: 1405 -HJ Location: Wrist -HJ Wound Location Orientation: Anterior -HJ Final Assessment Date: 05/30/14 -SS Final Assessment Time: 1137 -SS				
Dressing Assessment	---	---	Clean;Dry;Intact -HJ	---	---
<b>[REMOVED] Surgical 05/29/14 Groin Right</b>					
Incision Properties	Date Documented: 05/29/14 -HJ Time Documented: 1406 -HJ Location: Groin -HJ Wound Location Orientation: Right -HJ Wound Description (Comments): Clean, dry, intact -HJ Final Assessment Date: 10/10/19 -CR (r) EI (t), automated removal, RA 1205 Final Assessment Time: 1608 -CR (r) EI (t), automated removal, RA 1205				
Dressing Assessment	---	---	Clean;Dry;Intact -HJ	---	---
Row Name	05/29/14 1208	05/29/14 1145	05/29/14 1124	05/29/14 1123	05/29/14 1100
<b>Oxygen Therapy</b>					
SpO2	95 % -DM	97 % -DM	---	97 % -DM	---
<b>Peripheral Vascular</b>					
RLE Capillary Refill	---	Less than/equal to 3 seconds -DM	Less than/equal to 3 seconds -DM	---	---
<b>RLE Neurovascular Assessment</b>					
RLE Color	---	Appropriate for ethnicity -DM	Appropriate for ethnicity -DM	---	---
RLE Temperature/Moisture	---	Dry;Warm -DM	---	---	---
RLE Sensation	---	Present -DM	---	---	---
R Posterior Tibial Pulse	---	+2 -DM	---	---	--- -DM
R Pedal Pulse	---	+2 -DM	---	---	--- -DM
<b>LLE Neurovascular Assessment</b>					
L Pedal Pulse	---	+2 -DM	+2 -DM	---	---
Row Name	05/29/14 1059	05/29/14 1057	05/29/14 1048	05/29/14 1035	05/29/14 1026
<b>Oxygen Therapy</b>					
SpO2	---	96 % -DM	95 % -DM	95 % -DM	---
O2 Flow Rate (L/min)	---	---	---	2 L/min -DM	---
<b>Peripheral Vascular</b>					
RLE Capillary Refill	Less than/equal to 3 seconds -DM	---	Less than/equal to 3 seconds -DM	---	Less than/equal to 3 seconds -DM
<b>RLE Neurovascular Assessment</b>					
RLE Color	Appropriate for ethnicity;Pink -DM	---	Pink;Appropriate for ethnicity -DM	---	Pink -DM
RLE Temperature/Moisture	Warm;Dry -DM	---	Warm;Dry -DM	---	Warm;Dry -DM



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Flowsheets (all recorded) (continued)

Assessment (continued)

Row Name	05/29/14 1059	05/29/14 1057	05/29/14 1048	05/29/14 1035	05/29/14 1026
<b>Temperature/Moisture</b>					
RLE Sensation	Present -DM	---	Present -DM	---	Present -DM
R Popliteal Pulse	---	---	---	---	+2 -DM
R Posterior Tibial Pulse	+2 -DM	---	+2 -DM	---	+2 -DM
R Pedal Pulse	+2 -DM	---	+2 -DM	---	+2 -DM
<b>LLE Neurovascular Assessment</b>					
L Posterior Tibial Pulse	---	---	+2 -DM	---	+2 -DM
L Pedal Pulse	---	---	+2 -DM	---	+2 -DM
Row Name	05/29/14 1020	05/29/14 08:19:58	05/29/14 0714	05/29/14 0713	05/29/14 0704
<b>tPA Time out</b>					
Weight	---	---	---	(!) 103.4 kg (228 lb) -DM	---
<b>Oxygen Therapy</b>					
SpO2	96 % -DM	---	---	92 % -DM	---
O2 Device	None (Room air) -DM	---	---	---	---
O2 Flow Rate (L/min)	---	2 L/min -JB	---	---	---
<b>Peripheral Vascular</b>					
Pulses	---	---	R posterior tibial;L posterior tibial;R pedal;L pedal -DM	---	---
<b>RLE Neurovascular Assessment</b>					
R Posterior Tibial Pulse	---	---	+2 -DM	---	---
R Pedal Pulse	---	---	+2 -DM	---	---
<b>LLE Neurovascular Assessment</b>					
L Posterior Tibial Pulse	---	---	+2 -DM	---	---
L Pedal Pulse	---	---	+2 -DM	---	---
<b>Braden Scale</b>					
Sensory Perceptions	---	---	---	---	4 -DM
Moisture	---	---	---	---	4 -DM
Activity	---	---	---	---	4 -DM
Mobility	---	---	---	---	4 -DM
Nutrition	---	---	---	---	4 -DM
Friction and Shear	---	---	---	---	3 -DM
Braden Scale Score	---	---	---	---	23 -DM
<b>Cardiac</b>					
Cardiac Rhythm	Sinus bradycardia -DM	---	---	---	---



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Flowsheets (all recorded)

CCP Vitals, Intake and Output

Row Name	05/30/14 07:56:30	05/30/14 04:37:11	05/29/14 23:10:37	05/29/14 19:38:36	05/29/14 15:46:20
<b>Vitals</b>					
Temp	97.4 °F (36.3 °C) -DI (r) MG (t)	97.7 °F (36.5 °C) -DI (r) SD (t)	98.1 °F (36.7 °C) -DI (r) SD (t)	98.1 °F (36.7 °C) -DI (r) SD (t)	97.9 °F (36.6 °C) -DI (r) MD (t)
Temp src	Oral -MG	Oral -SD	---	---	Oral -MD
Pulse	61 -DI (r) MG (t)	54 -DI (r) SD (t)	60 -DI (r) SD (t)	58 -DI (r) SD (t)	53 -DI (r) MD (t)
Heart Rate Source	Monitor -MG	Monitor -SD	---	---	Monitor -MD
Resp	18 -DI (r) MG (t)	20 -DI (r) SD (t)	16 -DI (r) SD (t)	---	18 -DI (r) MD (t)
Respiration Source	visual -MG	visual -SD	---	---	visual -MD
BP	120/67 -DI (r) MG (t)	146/68 -DI (r) SD (t)	120/62 -DI (r) SD (t)	134/61 -DI (r) SD (t)	112/61 -DI (r) MD (t)
BP Location	Left arm -MG	Left arm -SD	---	---	Left arm -MD
BP Method	Portable -MG	Portable -SD	---	---	Portable -MD
Patient Position	Lying -MG	Lying -SD	---	---	Lying -MD
SpO2	95 % -DI (r) MG (t)	95 % -DI (r) SD (t)	94 % -DI (r) SD (t)	97 % -DI (r) SD (t)	95 % -DI (r) MD (t)
O2 Device	None (Room air) -MG	---	---	---	---
Weight	---	(t) 106.2 kg (234 lb 1.6 oz) -DI (r) SD (t)	---	---	---
<b>Intake (mL)</b>					
P.O.	240 mL -MG	---	---	60 mL -SD	---
<b>Unmeasured Output</b>					
Urine Occurrence	---	1 -SD	---	---	---
Row Name	05/29/14 14:21:35	05/29/14 1347	05/29/14 1313	05/29/14 1240	05/29/14 1208
<b>Vitals</b>					
Temp	98.1 °F (36.7 °C) -DI (r) MD (t)	---	---	---	---
Pulse	57 -DI (r) MD (t)	55 -DM	56 -DM	68 -DM	65 -DM
Heart Rate Source	---	Monitor -DM	---	---	---
Resp	18 -DI (r) MD (t)	17 -DM	18 -DM	18 -DM	18 -DM
BP	136/68 -DI (r) MD (t)	141/65 -DM	116/54 -DM	133/56 -DM	138/53 -DM
SpO2	97 % -DI (r) MD (t)	92 % -DM	92 % -DM	94 % -DM	95 % -DM
O2 Device	---	---	None (Room air) -DM	---	---
<b>Intake (mL)</b>					
P.O.	500 mL -MD	---	---	---	---
<b>Unmeasured Output</b>					
Urine Occurrence	3 -MD	---	---	---	---
Row Name	05/29/14 1145	05/29/14 1123	05/29/14 1057	05/29/14 1048	05/29/14 1035
<b>Vitals</b>					
Pulse	63 -DM	(t) 49 -DM	55 -DM	(t) 49 -DM	51 -DM
Resp	18 -DM	16 -DM	20 -DM	15 -DM	16 -DM
BP	130/68 -DM	126/56 -DM	128/58 -DM	123/56 -DM	128/57 -DM
SpO2	97 % -DM	97 % -DM	96 % -DM	95 % -DM	95 % -DM
Row Name	05/29/14 1020	05/29/14 0738	05/29/14 0713		
<b>Vitals</b>					
Temp	---	---	97.9 °F (36.6 °C) -DM		
Temp src	---	---	Oral -DM		
Pulse	96 -DM	---	53 -DM		
Heart Rate Source	---	---	Monitor -DM		
Resp	23 -DM	---	18 -DM		
BP	140/70 -DM	---	138/61 -DM		
BP Location	---	---	Left arm -DM		
BP Method	---	---	Portable -DM		
Patient Position	---	---	Sitting -DM		
SpO2	96 % -DM	---	92 % -DM		
O2 Device	None (Room air) -DM	---	---		
Height	---	---	67" (1.702 m) -DM		
Weight	---	---	(t) 103.4 kg (228 lb) -DM		
Weight Method	---	---	Stated -DM		
<b>sodium chloride 0.9% (NS) infusion Start: 05/29/14 0800</b>					
Rate	---	75 mL/hr -DM	---		



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Flowsheets (all recorded)

Screenings

Row Name	05/30/14 0845	05/29/14 1952	05/28/14 1500	05/29/14 0704	05/29/14 0701
<b>Advance Directives (For Healthcare)</b>					
Have you reviewed your Advance Directive and is it valid for this stay?	---	---	No -AH	---	---
Advance Directive	---	---	Patient does not have advance directive -AH	---	---
Healthcare Agent Appointed	---	---	No -AH	---	---
Pre-existing Allow Natural Death Order	---	---	No -AH	---	---
Information Provided on Healthcare Directives	---	---	Yes -AH	---	---
Patient Requests Assistance (Retired)	---	---	No -AH	---	---
<b>Nutrition Screen Scoring</b>					
Weight Loss in the past 3 months	---	---	1 -AH	---	---
BMI (Body Mass Index)	---	---	0 -AH	---	---
Appetite	---	---	2 -AH	---	---
Ability to eat/retain food	---	---	0 -AH	---	---
Stress factors	---	---	0 -AH	---	---
Total Nutrition Screen Score	---	---	3 -AH	---	---
<b>ADL Screening</b>					
Patient's Vision Adequate to Safely Complete Daily Activities	---	---	Yes -AH	---	---
Patient's Judgement Adequate to Safely Complete Daily Activities	---	---	Yes -AH	---	---
Patient's Memory Adequate to Safely Complete Daily Activities	---	---	Yes -AH	---	---
Patient Able to Express Needs/Desires	---	---	Yes -AH	---	---
Which is your dominant hand?	---	---	Right -AH	---	---
Dressing	---	---	Independent -AH	---	---
Grooming	---	---	Independent -AH	---	---
Feeding	---	---	Independent -AH	---	---
Bathing	---	---	Independent -AH	---	---
Toileting	---	---	Independent -AH	---	---
In/Out Bed	---	---	Independent -AH	---	---
Walks in Home	---	---	Independent -AH	---	---
Weakness of Legs	---	---	None -AH	---	---
Weakness of Arms/Hands	---	---	None -AH	---	---
Hearing - Right Ear	---	---	Functional -AH	---	---
Hearing - Left Ear	---	---	Functional -AH	---	---
<b>Assistive Devices</b>					
Assistive Devices	---	---	None -AH	---	---
<b>Therapy Consults (RETIRED)</b>					
PT Evaluation Needed (RETIRED)	---	---	2 -AH	---	---
OT Evaluation Needed (RETIRED)	---	---	2 -AH	---	---
SLP Evaluation Needed (RETIRED)	---	---	2 -AH	---	---
<b>Values/Beliefs</b>					



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Flowsheets (all recorded) (continued)

Screenings (continued)

Row Name	05/30/14 0845	05/29/14 1952	05/29/14 1500	05/29/14 0704	05/29/14 0701
Cultural Preferences Affecting Hospitalization	—	—	No -AH	—	—
Spiritual Preferences Affecting Hospitalization	—	—	No -AH	—	—
Nursing Referrals					
Spiritual Health Consult	—	—	No -AH	—	—
Social Services Consult	—	—	No -AH	—	—
Patient Belongings at Bedside					
Belongings at Bedside	—	—	—	—	Bedside commode -DM
Belongings sent to security (Retired)	—	—	—	—	No -DM
(RETIRED)Belongings Sent Home	—	—	—	—	No -DM
Patient Medications					
Medications brought by patient?	—	—	—	—	No -DM
Suicide/Harm Risk					
Ever harm self (Retired)	—	—	—	No -DM	—
Current thoughts (Retired)	—	—	—	No -DM	—
Self harm plan (Retired)	—	—	—	No -DM	—
Patient information obtained from	—	—	Patient -AH	—	—
Braden Scale					
Sensory Perceptions	4 -SS	4 -SO	4 -AH	4 -DM	—
Moisture	4 -SS	4 -SO	4 -AH	4 -DM	—
Activity	4 -SS	3 -SO	3 -AH	4 -DM	—
Mobility	4 -SS	4 -SO	4 -AH	4 -DM	—
Nutrition	4 -SS	3 -SO	3 -AH	4 -DM	—
Friction and Shear	3 -SS	3 -SO	3 -AH	3 -DM	—
Braden Scale Score	23 -SS	21 -SO	21 -AH	23 -DM	—
Pressure Ulcer Present on Admission (IF YES, DOCUMENT BY GOING TO: 1) NOTES ACTIVITY 2) PROGRESS NOTES 3) TYPE "PRESSURE ULCER ON ADMISSION" IN SMART TEXT BOX 4) CLICK CO-SIGN WITH MD SIGNATURE)					
Pressure ulcer present on admission	—	—	—	No -DM	—
Discharge Planning					
Anticipated assistance needed at discharge	—	—	No -AH	—	—
Discharge plan consult/Discharge referrals needed	—	—	none -AH	—	—
Barriers to discharge needs/social concerns*** Retired Row <sup>1</sup>	—	—	none -AH	—	—
Nurse-Driven Mobility Guidelines					
Get-Up-And-Go Test: "Rising from Chair"	0 -SS	0 -SO	0 -AH	—	—
Abuse Assessment					
Safe in Home	—	—	Yes -AH	—	—
Do you feel threatened or unsafe in a relationship?	—	—	No -AH	—	—
Are you in immediate danger?	—	—	No -AH	—	—
Do you feel neglected?	—	—	No -AH	—	—
Physical harm?	—	—	No -AH	—	—
Verbal harm	—	—	No -AH	—	—





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**Flowsheets (all recorded) (continued)**

**Screenings (continued)**

Row Name	05/29/14 0700				
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**Advance Directives (For Healthcare)**

Advance Directive	Patient would not like information -DM
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Flowsheets (all recorded)

Suicide Risk

Row Name	05/29/14 1500	05/29/14 0704
Suicide/Harm Risk		
Ever harm self (Retired)	---	No -DM
Current thoughts (Retired)	---	No -DM
Self harm plan (Retired)	---	No -DM
Patient information obtained from	Patient -AH	---
Suicide Risk (Retired)		
Is patient at risk for suicide? (Retired)	---	No -DM



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Flowsheets (all recorded)

Fall Risk Assessment

Row Name	05/30/14 0845	05/30/14 0800	05/30/14 0500	05/29/14 1952	05/29/14 1800
<b>Fall Risk Interventions</b>					
Retired Call Light Within Reach	---	Yes -MG	Yes -SD	---	Yes -MD
Side Rails/Bed Safety	---	3/4 -MG	3/4 -SD	---	3/4 -MD
<b>Hendrich II Fall Risk Model (View Only)</b>					
Confusion/Disorientation/Impulsivity (View Only)	0 -SS	---	---	0 -SO	---
Symptomatic Depression (View Only)	0 -SS	---	---	0 -SO	---
Altered Elimination (View Only)	0 -SS	---	---	0 -SO	---
Dizziness/Vertigo (View Only)	0 -SS	---	---	0 -SO	---
Gender (Male) View Only	1 -SS	---	---	1 -SO	---
Any Administered Benzodiazepines (View Only)	0 -SS	---	---	0 -SO	---
Hendrich II Total Score (Calculated) View Only	1 -SS	---	---	1 -SO	---
<b>OTHER</b>					
Any Administered Antiepileptics (Anticonvulsants) View Only	0 -SS	---	---	0 -SO	---
<b>Get-Up-And-Go Test</b>					
Get-Up-And-Go Test: "Rising from Chair"	0 -SS	---	---	0 -SO	---

Row Name	05/29/14 1600	05/29/14 1500			
<b>Fall Risk Interventions</b>					
Side Rails/Bed Safety	3/4 -MD	---			
<b>Hendrich II Fall Risk Model (View Only)</b>					
Confusion/Disorientation/Impulsivity (View Only)	---	0 -AH			
Symptomatic Depression (View Only)	---	0 -AH			
Altered Elimination (View Only)	---	0 -AH			
Dizziness/Vertigo (View Only)	---	0 -AH			
Gender (Male) View Only	---	1 -AH			
Any Administered Benzodiazepines (View Only)	---	0 -AH			
Hendrich II Total Score (Calculated) View Only	---	1 -AH			
<b>OTHER</b>					
Any Administered Antiepileptics (Anticonvulsants) View Only	---	0 -AH			
<b>Get-Up-And-Go Test</b>					
Get-Up-And-Go Test: "Rising from Chair"	---	0 -AH			



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Flowsheets (all recorded)

O2 Therapy

Row Name	05/30/14 07:56:30	05/30/14 04:37:11	05/29/14 23:10:37	05/29/14 19:38:36	05/29/14 15:46:20
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Oxygen Therapy

O2 Device	None (Room air) -MG	—	—	—	—
SpO2	95 % -DI (r) MG (t)	95 % -DI (r) SD (t)	94 % -DI (r) SD (t)	97 % -DI (r) SD (t)	95 % -DI (r) MD (t)

Row Name	05/29/14 14:21:35	05/29/14 1347	05/29/14 1313	05/29/14 1240	05/29/14 1208
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Oxygen Therapy

O2 Device	—	—	None (Room air) -DM	—	—
SpO2	97 % -DI (r) MD (t)	92 % -DM	92 % -DM	94 % -DM	95 % -DM

Row Name	05/29/14 1145	05/29/14 1123	05/29/14 1057	05/29/14 1048	05/29/14 1035
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Oxygen Therapy

O2 Flow Rate (L/min)	—	—	—	—	2 L/min -DM
SpO2	97 % -DM	97 % -DM	96 % -DM	95 % -DM	95 % -DM

Row Name	05/29/14 1020	05/29/14 08:19:58	05/29/14 0713		
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Oxygen Therapy

O2 Device	None (Room air) -DM	—	—		
O2 Flow Rate (L/min)	—	2 L/min -JB	—		
SpO2	96 % -DM	—	92 % -DM		



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Flowsheets (all recorded)

Post-Op Site Assessment

Row Name	05/30/14 07:56:30	05/30/14 04:37:11	05/29/14 23:10:37	05/29/14 1952	05/29/14 19:38:36
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[REMOVED] Surgical 05/29/14 Wrist Anterior

Incision Properties Date Documented: 05/29/14 -HJ Time Documented: 1405 -HJ Location: Wrist -HJ Wound Location Orientation: Anterior -HJ Final Assessment Date: 05/30/14 -SS Final Assessment Time: 1137 -SS

Site Assessment	---	---	---	Clean;Dry -SO	---
Dressing Assessment	---	---	---	Clean;Dry -SO	---

[REMOVED] Surgical 05/29/14 Groin Right

Incision Properties Date Documented: 05/29/14 -HJ Time Documented: 1406 -HJ Location: Groin -HJ Wound Location Orientation: Right -HJ Wound Description (Comments): Clean, dry, intact -HJ Final Assessment Date: 10/10/19 -CR (r) EI (t), automated removal, RA 1205 Final Assessment Time: 1608 -CR (r) EI (t), automated removal, RA 1205

Site Assessment	---	---	---	Clean;Dry -SO	---
Dressing	---	---	---	Dry dressing -SO	---
Dressing Assessment	---	---	---	Clean;Dry -SO	---

Vitals

BP	120/67 -DI (r) MG (t)	146/68 -DI (r) SD (t)	120/62 -DI (r) SD (t)	---	134/61 -DI (r) SD (t)
Pulse	61 -DI (r) MG (t)	54 -DI (r) SD (t)	60 -DI (r) SD (t)	---	58 -DI (r) SD (t)
Resp	18 -DI (r) MG (t)	20 -DI (r) SD (t)	16 -DI (r) SD (t)	---	---
SpO2	95 % -DI (r) MG (t)	95 % -DI (r) SD (t)	94 % -DI (r) SD (t)	---	97 % -DI (r) SD (t)

Row Name	05/29/14 15:46:20	05/29/14 1500	05/29/14 14:21:35	05/29/14 1347	05/29/14 1313
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[REMOVED] Surgical 05/29/14 Wrist Anterior

Incision Properties Date Documented: 05/29/14 -HJ Time Documented: 1405 -HJ Location: Wrist -HJ Wound Location Orientation: Anterior -HJ Final Assessment Date: 05/30/14 -SS Final Assessment Time: 1137 -SS

Site Assessment	---	Clean;Dry;Intact -AH	---	---	---
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[REMOVED] Surgical 05/29/14 Groin Right

Incision Properties Date Documented: 05/29/14 -HJ Time Documented: 1406 -HJ Location: Groin -HJ Wound Location Orientation: Right -HJ Wound Description (Comments): Clean, dry, intact -HJ Final Assessment Date: 10/10/19 -CR (r) EI (t), automated removal, RA 1205 Final Assessment Time: 1608 -CR (r) EI (t), automated removal, RA 1205

Site Assessment	---	Clean;Dry;Intact -AH	---	---	---
Dressing	---	Dry dressing -AH	---	---	---
Dressing Assessment	---	Clean;Dry;Intact -AH	---	---	---

Vitals

BP	112/61 -DI (r) MD (t)	---	136/68 -DI (r) MD (t)	141/65 -DM	116/54 -DM
Pulse	53 -DI (r) MD (t)	---	57 -DI (r) MD (t)	55 -DM	56 -DM
Resp	18 -DI (r) MD (t)	---	18 -DI (r) MD (t)	17 -DM	18 -DM
SpO2	95 % -DI (r) MD (t)	---	97 % -DI (r) MD (t)	92 % -DM	92 % -DM

Access Site Assessment

Numeric Pain Intensity Score 1	---	---	---	0 -DM	---
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Row Name	05/29/14 1300	05/29/14 1240	05/29/14 1208	05/29/14 1145	05/29/14 1123
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Vitals

BP	---	133/56 -DM	138/53 -DM	130/68 -DM	126/56 -DM
Pulse	---	68 -DM	65 -DM	63 -DM	(t) 49 -DM
Resp	---	18 -DM	18 -DM	18 -DM	16 -DM
SpO2	---	94 % -DM	95 % -DM	97 % -DM	97 % -DM

Access Site Assessment

Site	---	---	Right Radial -DM	Right Radial -DM	Right Radial -DM
Limb Temperature	---	---	W -DM	W -DM	W -DM
Sensation	---	---	I -DM	I -DM	I -DM
Comments	---	---	TR band removed, occlusive dressing applied, site clean, dry, intact -DM	TR band dialed down 1/4 turn dressing clean, dry, intact -DM	TR band dialed down 1/4 turn, dressing clean, dry, intact -DM
Pain Level	---	---	0 -DM	---	---

Row Name	05/29/14 1057	05/29/14 1048	05/29/14 1035	05/29/14 1020	05/29/14 0713
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Vitals

BP	128/58 -DM	123/56 -DM	128/57 -DM	140/70 -DM	138/61 -DM
Pulse	55 -DM	(t) 49 -DM	51 -DM	96 -DM	53 -DM
Resp	20 -DM	15 -DM	16 -DM	23 -DM	18 -DM
SpO2	96 % -DM	95 % -DM	95 % -DM	96 % -DM	92 % -DM

Access Site Assessment

Site	Right Radial -DM	Right Radial -DM	---	Right Radial TR Band -DM	---
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Flowsheets (all recorded) (continued)

Post-Op Site Assessment (continued)

Row Name	05/29/14 1057	05/29/14 1048	05/29/14 1035	05/29/14 1020	05/29/14 0713
Limb Temperature	W -DM	W -DM	---	W -DM	---
Sensation	I -DM	I -DM	---	I -DM	---
Numeric Pain Intensity Score 1	---	---	---	---	0 -DM
Comments	TR band dialed down 1/4 turn. dtressing clean, dry, intact -DM	---	---	---	---
Pain Level	---	0 -DM	---	0 -DM	---



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Flowsheets (all recorded)

Post Sedation Assessment

Row Name	05/30/14 0845	05/30/14 07:56:30	05/30/14 04:37:11	05/29/14 23:10:37	05/29/14 1952
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Vitals

BP	---	120/67 -DI (r) MG (t)	146/68 -DI (r) SD (t)	120/62 -DI (r) SD (t)	---
Pulse	---	61 -DI (r) MG (t)	54 -DI (r) SD (t)	60 -DI (r) SD (t)	---
Resp	---	18 -DI (r) MG (t)	20 -DI (r) SD (t)	16 -DI (r) SD (t)	---
SpO2	---	95 % -DI (r) MG (t)	95 % -DI (r) SD (t)	94 % -DI (r) SD (t)	---
Temp	---	97.4 °F (36.3 °C) -DI (r) MG (t)	97.7 °F (36.5 °C) -DI (r) SD (t)	98.1 °F (36.7 °C) -DI (r) SD (t)	---
Cardiac Rhythm	Normal sinus rhythm; Sinus bradycardia -SS	---	---	---	Sinus bradycardia -SO
O2 Device	---	None (Room air) -MG	---	---	---

Row Name	05/29/14 19:38:36	05/29/14 15:46:20	05/29/14 1500	05/29/14 14:21:35	05/29/14 1347
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Vitals

BP	134/61 -DI (r) SD (t)	112/61 -DI (r) MD (t)	---	136/68 -DI (r) MD (t)	141/65 -DM
Pulse	58 -DI (r) SD (t)	53 -DI (r) MD (t)	---	57 -DI (r) MD (t)	55 -DM
Resp	---	18 -DI (r) MD (t)	---	18 -DI (r) MD (t)	17 -DM
SpO2	97 % -DI (r) SD (t)	95 % -DI (r) MD (t)	---	97 % -DI (r) MD (t)	92 % -DM
Temp	98.1 °F (36.7 °C) -DI (r) SD (t)	97.9 °F (36.6 °C) -DI (r) SD (t)	---	98.1 °F (36.7 °C) -DI (r) MD (t)	---
Cardiac Rhythm	---	---	Sinus bradycardia -AH	---	---

Assessment

Numeric Pain Intensity Score 1	---	---	---	---	0 -DM
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Row Name	05/29/14 1313	05/29/14 1240	05/29/14 1208	05/29/14 1145	05/29/14 1123
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Vitals

BP	116/54 -DM	133/56 -DM	138/53 -DM	130/68 -DM	126/56 -DM
Pulse	56 -DM	68 -DM	65 -DM	63 -DM	(t) 49 -DM
Resp	18 -DM	18 -DM	18 -DM	18 -DM	16 -DM
SpO2	92 % -DM	94 % -DM	95 % -DM	97 % -DM	97 % -DM
O2 Device	None (Room air) -DM	---	---	---	---

Row Name	05/29/14 1057	05/29/14 1048	05/29/14 1035	05/29/14 1020	05/29/14 10:07:38
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Vitals

BP	128/58 -DM	123/56 -DM	128/57 -DM	140/70 -DM	---
Pulse	55 -DM	(t) 49 -DM	51 -DM	96 -DM	---
Resp	20 -DM	15 -DM	16 -DM	23 -DM	---
SpO2	96 % -DM	95 % -DM	95 % -DM	96 % -DM	---
Cardiac Rhythm	---	---	---	Sinus bradycardia -DM	---
O2 Device	---	---	---	None (Room air) -DM	---
O2 Flow Rate (L/min)	---	---	2 L/min -DM	---	---

Aldrete

Activity	---	---	2 -DM	2 -DM	2 -JB
Respiration	---	---	2 -DM	2 -DM	2 -JB
Circulation	---	---	2 -DM	2 -DM	2 -JB
Consciousness	---	---	2 -DM	2 -DM	2 -JB
Color	---	---	2 -DM	2 -DM	2 -JB
Aldrete Score	---	---	10 -DM	10 -DM	10 -JB

Row Name	05/29/14 08:22:47	05/29/14 08:19:58	05/29/14 0713
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Vitals

BP	---	---	138/61 -DM
Pulse	---	---	53 -DM
Resp	---	---	18 -DM
SpO2	---	---	92 % -DM
Temp	---	---	97.9 °F (36.6 °C) -DM
O2 Flow Rate (L/min)	---	2 L/min -JB	---

Assessment

Numeric Pain Intensity Score 1	---	---	0 -DM
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Aldrete

Activity	2 -JB	---	---
Respiration	2 -JB	---	---
Circulation	2 -JB	---	---
Consciousness	2 -JB	---	---



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**Flowsheets (all recorded) (continued)**

**Post Sedation Assessment (continued)**

Row Name	05/29/14 08:22:47	05/29/14 08:19:58	05/29/14 07:13
Color	2 -JB	—	—
Aldrete Score	10 -JB	—	—





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Flowsheets (all recorded)

OR Lines/Drains/Airways

Row Name	05/30/14 0845	05/29/14 0728	05/29/14 0726
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[REMOVED] Peripheral IV 05/29/14 Left Hand

IV Properties	Placement Date: 05/29/14 -DM Placement Time: 0717 -DM Present on arrival to hospital?: No -DM Type of Catheter: Straight -DM Size (Gauge): 20 G -DM Orientation: Left -DM Location: Hand -DM Site Prep: Alcohol -DM Insertion attempts: 1 -DM Patient Tolerance: Tolerated well -DM IV Access Problem: No -DM Removal Date: 05/30/14 -SS Removal Time: 1137 -SS (Retired) Inserted by: Donna McKittrick -DM		
Site Assessment	Asymptomatic -SS	Asymptomatic -DM	---
Line Assessment	Patent -SS	---	---
Dressing Assessment	Clean;Dry;Intact -SS	Clean;Dry;Intact -DM	Clean;Dry;Intact -DM

[REMOVED] Peripheral IV 05/29/14 Right Antecubital

IV Properties	Placement Date: 05/29/14 -DM Placement Time: 0734 -DM Present on arrival to hospital?: No -DM Type of Catheter: Straight -DM Size (Gauge): 22 G -DM Orientation: Right -DM Location: Antecubital -DM Site Prep: Alcohol -DM Insertion attempts: 1 -DM Patient Tolerance: Tolerated well -DM IV Access Problem: No -DM Removal Date: 05/30/14 -SS Removal Time: 1137 -SS (Retired) Inserted by: Faith, RN -DM		
Site Assessment	Asymptomatic -SS	---	---
Phlebitis Scale	0 -SS	---	---
Line Assessment	Patent -SS	---	---
Dressing Assessment	Clean;Dry;Intact -SS	---	---

[REMOVED] Peripheral IV 04/22/14 Right Hand

IV Properties	Placement Date: 04/22/14 -JS Placement Time: 0840 -JS Present on arrival to hospital?: No -JS Type of Catheter: Straight -JS Size (Gauge): 22 G -JS Orientation: Right -JS Location: Hand -JS Site Prep: Alcohol -JS Local Anesthetic: None -JS Insertion attempts: 1 -JS Patient Tolerance: Tolerated well -JS IV Access Problem: No -JS Removal Date: 05/30/14 -SS Removal Time: 1137 -SS (Retired) Inserted by: js -JS		
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**Flowsheets (all recorded)**

**VTE Screening**

Row Name	05/29/14 1500				
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(RETIRED) Score 2 for each factor

(RETIRED) Age 60 - 2 -AH  
74 years

(RETIRED) Total 2 -AH  
Score

Total Risk Factor Score

VTE Total Risk Factor 2 -AH  
Score



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**Flowsheets (all recorded)**

**Anthropometrics**

Row Name	05/30/14 04:37:11	05/29/14 07:13
Anthropometrics		
Height	---	67" (1.702 m) -DM
Weight	(l) 106.2 kg (234 lb 1.6 oz) -DI (r) SD (t)	(l) 103.4 kg (228 lb) -DM
Weight Method	---	Stated -DM
Weight Change	2.68 -DI (r) SD (t)	0 -DM
BMI (Calculated)	---	35.7 -DM



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**Flowsheets (all recorded)**

**Interpretation**

Row Name	05/29/14 0701				
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Medical Interpretation Services Documentation (All fields are required)

Is patient using Interpretation Services for this encounter? No -DM



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Flowsheets (all recorded)

Vitals/Pain

Row Name	05/30/14 07:56:30	05/30/14 04:37:11	05/29/14 23:10:37	05/29/14 19:38:36	05/29/14 15:46:20
OTHER					
Patient Position	Lying -MG	Lying -SD	---	---	Lying -MD
Vitals					
BP	120/67 -DI (r) MG (t)	146/68 -DI (r) SD (t)	120/62 -DI (r) SD (t)	134/61 -DI (r) SD (t)	112/61 -DI (r) MD (t)
Temp	97.4 °F (36.3 °C) -DI (r) MG (t)	97.7 °F (36.5 °C) -DI (r) SD (t)	98.1 °F (36.7 °C) -DI (r) SD (t)	98.1 °F (36.7 °C) -DI (r) SD (t)	97.9 °F (36.6 °C) -DI (r) MD (t)
Temp src	Oral -MG	Oral -SD	---	---	Oral -MD
Pulse	61 -DI (r) MG (t)	54 -DI (r) SD (t)	60 -DI (r) SD (t)	58 -DI (r) SD (t)	53 -DI (r) MD (t)
Resp	18 -DI (r) MG (t)	20 -DI (r) SD (t)	16 -DI (r) SD (t)	---	18 -DI (r) MD (t)
SpO2	95 % -DI (r) MG (t)	95 % -DI (r) SD (t)	94 % -DI (r) SD (t)	97 % -DI (r) SD (t)	95 % -DI (r) MD (t)
Weight	---	(!) 106.2 kg (234 lb 1.6 oz) -DI (r) SD (t)	---	---	---

Vital Signs

Heart Rate Source	Monitor -MG	Monitor -SD	---	---	Monitor -MD
Row Name	05/29/14 14:21:35	05/29/14 1347	05/29/14 1313	05/29/14 1240	05/29/14 1208
OTHER					
Pain Assessment	---	0-10 -DM	---	---	---
Vitals					
BP	136/68 -DI (r) MD (t)	141/65 -DM	116/54 -DM	133/56 -DM	138/53 -DM
Temp	98.1 °F (36.7 °C) -DI (r) MD (t)	---	---	---	---
Pulse	57 -DI (r) MD (t)	55 -DM	56 -DM	68 -DM	65 -DM
Resp	18 -DI (r) MD (t)	17 -DM	18 -DM	18 -DM	18 -DM
SpO2	97 % -DI (r) MD (t)	92 % -DM	92 % -DM	94 % -DM	95 % -DM
Vital Signs					
Heart Rate Source	---	Monitor -DM	---	---	---
Numeric Pain Intensity Scale 1					
Numeric Pain Intensity Score 1	---	0 -DM	---	---	---
Blood Pressure					
Patient Position	---	Sitting -DM	---	---	---

Row Name	05/29/14 1145	05/29/14 1123	05/29/14 1057	05/29/14 1048	05/29/14 1035
Vitals					
BP	130/68 -DM	126/56 -DM	128/58 -DM	123/56 -DM	128/57 -DM
Pulse	63 -DM	(!) 49 -DM	55 -DM	(!) 49 -DM	51 -DM
Resp	18 -DM	16 -DM	20 -DM	15 -DM	16 -DM
SpO2	97 % -DM	97 % -DM	96 % -DM	95 % -DM	95 % -DM

Row Name	05/29/14 1020	05/29/14 0713
OTHER		
Patient Position	---	Sitting -DM
Height Method	---	Stated -DM
Weight Method	---	Stated -DM
BMI (Calculated)	---	35.7 -DM
BSA (Calculated - sq m)	---	2.21 sq meters -DM
Pain Assessment	---	0-10 -DM
Vitals		
BP	140/70 -DM	138/61 -DM
Temp	---	97.9 °F (36.6 °C) -DM
Temp src	---	Oral -DM
Pulse	96 -DM	53 -DM
Resp	23 -DM	18 -DM
SpO2	96 % -DM	92 % -DM
Height	---	67" (1.702 m) -DM
Weight	---	(!) 103.4 kg (228 lb) -DM
Vital Signs		
Heart Rate Source	---	Monitor -DM
Numeric Pain Intensity Scale 1		
Numeric Pain Intensity Score 1	---	0 -DM



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**Flowsheets (all recorded) (continued)**

**Vitals/Pain (continued)**

Row Name	05/29/14 1020	05/29/14 0713			
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Blood Pressure

Patient Position      —                      Sitting -DM



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**Flowsheets (all recorded)**

**Fall Risk**

Row Name	05/29/14 0703				
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Fall Assessment

Patient Receiving Sedation	Yes -DM
Fall Risk	Yes -DM
Fall Band Applied	Yes -DM
Yellow socks	Yes -DM



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Flowsheets (all recorded)

Pre-op Checklist

Row Name	05/29/14 1500	05/29/14 0700
<b>Patient Verification</b>		
Advance Directive	Patient does not have advance directive -AH	Patient would not like information -DM
Patient ID and Procedure Verified	---	Yes -DM
Correct Procedure	---	Yes -DM
Documents Match	---	Yes -DM
Pacemaker	---	No -DM
Patient has an ICD?	---	No -DM
Pre-op Lab/Test Results Available	---	In chart -DM
Preg Test	---	n/a -DM
Blood Glucose Meter (mg/dl)	---	188 -DM
<b>Prep Verification</b>		
Allergy Band Applied	---	Yes -DM
Anti-embolism	---	n/a -DM
Pre-op Antibiotic Ordered?	---	n/a -DM
Beta Blocker Therapy	---	05/29/14 -DM
Last Dose Date	---	0530 -DM
Beta Blocker Last Dose Time	---	0530 -DM
Anticoag Not Applicable?	---	n/a -DM
Date of last liquid	---	05/29/14 -DM
Time of last liquid	---	0530 -DM
Date of last solid	---	05/29/14 -DM
Time of last solid	---	1800 -DM
Last PO intake	---	0530 -DM
Void Prior to Procedure Time	---	0630 -DM
Enema Given	---	No -DM
Disposition of belongings:	---	Remain in room -DM
Side/Site Confirmed	---	Location confirmed -DM
Metal Implant Present?	---	No -DM
<b>Pre-op Checklist Completion</b>		
Location completed at:	---	ARU -DM





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Flowsheets (all recorded)

CARDNT HEMODYNAMIC

Row Name	05/30/14 07:56:30	05/30/14 04:37:11	05/29/14 23:10:37	05/29/14 19:38:36	05/29/14 15:46:20
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Vitals

SpO2	95 % -DI (r) MG (t)	95 % -DI (r) SD (t)	94 % -DI (r) SD (t)	97 % -DI (r) SD (t)	95 % -DI (r) MD (t)
Pulse	61 -DI (r) MG (t)	54 -DI (r) SD (t)	60 -DI (r) SD (t)	58 -DI (r) SD (t)	53 -DI (r) MD (t)
Resp	18 -DI (r) MG (t)	20 -DI (r) SD (t)	16 -DI (r) SD (t)	---	18 -DI (r) MD (t)

Row Name	05/29/14 14:21:35	05/29/14 1347	05/29/14 1313	05/29/14 1240	05/29/14 1208
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Vitals

SpO2	97 % -DI (r) MD (t)	92 % -DM	92 % -DM	94 % -DM	95 % -DM
Pulse	57 -DI (r) MD (t)	55 -DM	56 -DM	68 -DM	65 -DM
Resp	18 -DI (r) MD (t)	17 -DM	18 -DM	18 -DM	18 -DM

Row Name	05/29/14 1145	05/29/14 1123	05/29/14 1057	05/29/14 1048	05/29/14 1035
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Vitals

SpO2	97 % -DM	97 % -DM	96 % -DM	95 % -DM	95 % -DM
Pulse	63 -DM	(!) 49 -DM	55 -DM	(!) 49 -DM	51 -DM
Resp	18 -DM	16 -DM	20 -DM	15 -DM	16 -DM

Row Name	05/29/14 1020	05/29/14 10:09:26	05/29/14 10:04:01	05/29/14 09:59:04	05/29/14 09:54:15
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Vitals

SpO2	---	97 % -VI	97 % -VI	96 % -VI	96 % -VI
Heart Rate	---	54 bpm -VI	55 bpm -VI	53 bpm -VI	53 bpm -VI
Systolic Pressure	---	106 mmHg -VI	140 mmHg -VI	132 mmHg -VI	127 mmHg -VI
Diastolic Pressure	---	60 mmHg -VI	64 mmHg -VI	60 mmHg -VI	61 mmHg -VI
Mean Pressure	---	79 mmHg -VI	96 mmHg -VI	82 mmHg -VI	76 mmHg -VI
Respiration Rate	---	17 breaths/min -VI	19 breaths/min -VI	13 breaths/min -VI	16 breaths/min -VI

SpO2	96 % -DM	---	---	---	---
Pulse	96 -DM	---	---	---	---
Resp	23 -DM	---	---	---	---

Row Name	05/29/14 09:49:03	05/29/14 09:44:18	05/29/14 09:39:04	05/29/14 09:34:06	05/29/14 09:29:08
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Vitals

SpO2	96 % -VI	96 % -VI	97 % -VI	96 % -VI	96 % -VI
Heart Rate	53 bpm -VI	54 bpm -VI	56 bpm -VI	51 bpm -VI	51 bpm -VI
Systolic Pressure	131 mmHg -VI	137 mmHg -VI	114 mmHg -VI	113 mmHg -VI	123 mmHg -VI
Diastolic Pressure	58 mmHg -VI	68 mmHg -VI	58 mmHg -VI	55 mmHg -VI	57 mmHg -VI
Mean Pressure	88 mmHg -VI	104 mmHg -VI	74 mmHg -VI	82 mmHg -VI	83 mmHg -VI
Respiration Rate	15 breaths/min -VI	7 breaths/min -VI	12 breaths/min -VI	13 breaths/min -VI	17 breaths/min -VI

Row Name	05/29/14 0924	05/29/14 09:18:58	05/29/14 09:14:03	05/29/14 09:09:04	05/29/14 09:03:56
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Vitals

SpO2	96 % -VI	96 % -VI	95 % -VI	96 % -VI	96 % -VI
Heart Rate	51 bpm -VI	51 bpm -VI	54 bpm -VI	52 bpm -VI	52 bpm -VI
Systolic Pressure	132 mmHg -VI	131 mmHg -VI	113 mmHg -VI	127 mmHg -VI	114 mmHg -VI
Diastolic Pressure	58 mmHg -VI	57 mmHg -VI	54 mmHg -VI	53 mmHg -VI	56 mmHg -VI
Mean Pressure	84 mmHg -VI	84 mmHg -VI	73 mmHg -VI	67 mmHg -VI	80 mmHg -VI
Respiration Rate	19 breaths/min -VI	11 breaths/min -VI	14 breaths/min -VI	17 breaths/min -VI	13 breaths/min -VI

Row Name	05/29/14 09:03:31	05/29/14 09:03:23	05/29/14 09:03:14	05/29/14 09:03:06	05/29/14 08:59:07
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Vitals

SpO2	---	---	---	---	96 % -VI
Heart Rate	---	---	---	---	56 bpm -VI
Systolic Pressure	---	---	---	---	110 mmHg -VI
Diastolic Pressure	---	---	---	---	55 mmHg -VI
Mean Pressure	---	---	---	---	80 mmHg -VI
Respiration Rate	---	---	---	---	12 breaths/min -VI

Pressure Summary

LV Systolic Cath Pressure	---	107 mmHg -VI	105 mmHg -VI	107 mmHg -VI	---
LV Diastolic Cath Pressure	---	3 mmHg -VI	7 mmHg -VI	6 mmHg -VI	---
LV Heart Rate	---	55 bpm -VI	55 bpm -VI	46 bpm -VI	---
AO Systolic Cath Pressure	102 mmHg -VI	---	---	---	---
AO Diastolic Cath Pressure	46 mmHg -VI	---	---	---	---
AO Mean Cath Pressure	69 mmHg -VI	---	---	---	---
AO Heart Rate	55 bpm -VI	---	---	---	---



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Flowsheets (all recorded) (continued)

CARDNT HEMODYNAMIC (continued)

Row Name	05/29/14 09:03:31	05/29/14 09:03:23	05/29/14 09:03:14	05/29/14 09:03:08	05/29/14 08:59:07
LV End Diastolic	---	17 mmHg -VI	21 mmHg -VI	17 mmHg -VI	---
Row Name	05/29/14 08:54:52	05/29/14 08:53:54	05/29/14 08:48:58	05/29/14 08:43:59	05/29/14 08:38:54

Vitals

SpO2	---	95 % -VI	95 % -VI	96 % -VI	96 % -VI
Heart Rate	---	54 bpm -VI	53 bpm -VI	51 bpm -VI	51 bpm -VI
Systolic Pressure	---	117 mmHg -VI	106 mmHg -VI	101 mmHg -VI	112 mmHg -VI
Diastolic Pressure	---	52 mmHg -VI	51 mmHg -VI	54 mmHg -VI	57 mmHg -VI
Mean Pressure	---	77 mmHg -VI	63 mmHg -VI	74 mmHg -VI	72 mmHg -VI
Respiration Rate	---	12 breaths/min -VI	6 breaths/min -VI	8 breaths/min -VI	5 breaths/min -VI

Pressure Summary

AO Systolic Cath Pressure	94 mmHg -VI	---	---	---	---
AO Diastolic Cath Pressure	46 mmHg -VI	---	---	---	---
AO Mean Cath Pressure	65 mmHg -VI	---	---	---	---
AO Heart Rate	55 bpm -VI	---	---	---	---

Row Name	05/29/14 08:33:54	05/29/14 08:29:08	05/29/14 08:24:44	05/29/14 08:20:43	05/29/14 08:05:14
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Vitals

SpO2	96 % -VI	97 % -VI	99 % -VI	98 % -VI	---
Heart Rate	49 bpm -VI	48 bpm -VI	57 bpm -VI	86 bpm -VI	---
Systolic Pressure	110 mmHg -VI	113 mmHg -VI	161 mmHg -VI	---	---
Diastolic Pressure	55 mmHg -VI	63 mmHg -VI	87 mmHg -VI	---	---
Mean Pressure	84 mmHg -VI	82 mmHg -VI	123 mmHg -VI	---	---
Respiration Rate	9 breaths/min -VI	11 breaths/min -VI	89 breaths/min -VI	28 breaths/min -VI	---

AO Pressures

AO Systolic	---	---	---	---	102 mmHg -VI
AO Diastolic	---	---	---	---	46 mmHg -VI
AO Mean	---	---	---	---	69 mmHg -VI
AO Heart Rate	---	---	---	---	55 bpm -VI

LV Pressures

LV Systolic	---	---	---	---	107 mmHg -VI
LV End Diastolic	---	---	---	---	17 mmHg -VI
LV dP/dt	---	---	---	---	816 -VI

Data Collected

Hemodynamic Phase	---	---	---	---	Phase: Baseline -VI
-------------------	-----	-----	-----	-----	---------------------

Row Name	05/29/14 07:13				
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Vitals

SpO2	92 % -DM
Pulse	53 -DM
Resp	18 -DM



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**Flowsheets (all recorded)**

**Cath Lab Pain Assessment**

Row Name	05/29/14 10:10:34	05/29/14 08:19:51			
Pain					
Pain	No -JB	No -JB			



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**Flowsheets (all recorded)**

**Preop Nurse**

Row Name	05/29/14 0701				

Pre-op Nurse

Pre Procedure Nurse Donna McKittrick -DM



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Flowsheets (all recorded)

Daily Cares

Row Name	05/30/14 0845	05/30/14 0800	05/30/14 0500	05/29/14 1800	05/29/14 1600
<b>Safe Environment</b>					
Arm Bands On	---	ID:Allergies -MG	ID:Allergies -SD	ID:Allergies -MD	ID -MD
Bed type	---	Hillrom Clinitron Rite Hite -MG	Hillrom Clinitron Rite Hite -SD	---	Hillrom Clinitron Rite Hite -MD
Side Rails/Bed Safety	---	3/4 -MG	3/4 -SD	3/4 -MD	3/4 -MD
Retired Call Light Within Reach	---	Yes -MG	Yes -SD	Yes -MD	---
Retired Overbed Table Within Reach	---	Yes -MG	Yes -SD	Yes -MD	Yes -MD
Retired Bed In Lowest Position	---	Yes -MG	Yes -SD	Yes -MD	Yes -MD
Retired Bed Wheels Locked	---	Yes -MG	Yes -SD	Yes -MD	Yes -MD
Retired Bed alarm	---	No -MG	No -SD	---	---
Retired NonSkid Footwear	---	On -MG	On -SD	On -MD	On -MD
<b>Mobility</b>					
Mobility Intervention	---	Resting in bed -MG	Resting in bed -SD	Resting in bed -MD	---
Assistive Device	---	None -MG	None -SD	None -MD	---
Level of Assistance	---	Independent -MG	Independent -SD	Independent -MD	---
<b>Patient Position</b>					
Repositioned	---	Turns self -MG	Turns self -SD	Turns self -MD	---
<b>Telemetry Details</b>					
Telemetry Monitor On	Yes -SS	---	Yes -SD	---	---



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Flowsheets (all recorded)

Arterial/Venous Sheath Assessment

Row Name	05/30/14 0845	05/30/14 07:56:30	05/30/14 04:37:11	05/29/14 23:10:37	05/29/14 1952
Sheath Insertion Site Location - Assessment					
L Pedal Pulse	---	---	---	---	+2 -SO
L Posterior Tibial Pulse	+2 -SS	---	---	---	+2 -SO
RLE Neurovascular Assessment					
RLE Capillary Refill	Less than/equal to 3 seconds -SS	---	---	---	Less than/equal to 3 seconds -SO
RLE Color	Appropriate for ethnicity -SS	---	---	---	Appropriate for ethnicity -SO
RLE Temperature/Moisture	Warm;Dry -SS	---	---	---	Warm;Dry -SO
RLE Sensation	Present -SS	---	---	---	Present -SO
R Posterior Tibial Pulse	+2 -SS	---	---	---	+2 -SO
R Pedal Pulse	---	---	---	---	+2 -SO
Vitals					
Temp	---	97.4 °F (36.3 °C) -DI (r) MG (t)	97.7 °F (36.5 °C) -DI (r) SD (t)	98.1 °F (36.7 °C) -DI (r) SD (t)	---
Temp src	---	Oral -MG	Oral -SD	---	---
Pulse	---	61 -DI (r) MG (t)	54 -DI (r) SD (t)	60 -DI (r) SD (t)	---
Heart Rate Source	---	Monitor -MG	Monitor -SD	---	---
Resp	---	18 -DI (r) MG (t)	20 -DI (r) SD (t)	16 -DI (r) SD (t)	---
BP	---	120/67 -DI (r) MG (t)	146/68 -DI (r) SD (t)	120/62 -DI (r) SD (t)	---
Patient Position	---	Lying -MG	Lying -SD	---	---
Oxygen Therapy					
SpO2	---	95 % -DI (r) MG (t)	95 % -DI (r) SD (t)	94 % -DI (r) SD (t)	---
O2 Device	---	None (Room air) -MG	---	---	---

Row Name	05/29/14 19:38:36	05/29/14 15:46:20	05/29/14 1500	05/29/14 14:21:35	05/29/14 1347
Sheath Insertion Site Location - Assessment					
L Pedal Pulse	---	---	+2 -AH	---	---
RLE Neurovascular Assessment					
RLE Capillary Refill	---	---	Less than/equal to 3 seconds -AH	---	---
RLE Color	---	---	Appropriate for ethnicity -AH	---	---
RLE Temperature/Moisture	---	---	Warm;Dry -AH	---	---
RLE Sensation	---	---	Present -AH	---	---
R Pedal Pulse	---	---	+2 -AH	---	---
Vitals					
Temp	98.1 °F (36.7 °C) -DI (r) SD (t)	97.9 °F (36.6 °C) -DI (r) MD (t)	---	98.1 °F (36.7 °C) -DI (r) MD (t)	---
Temp src	---	Oral -MD	---	---	---
Pulse	58 -DI (r) SD (t)	53 -DI (r) MD (t)	---	57 -DI (r) MD (t)	55 -DM
Heart Rate Source	---	Monitor -MD	---	---	Monitor -DM
Resp	---	18 -DI (r) MD (t)	---	18 -DI (r) MD (t)	17 -DM
BP	134/61 -DI (r) SD (t)	112/61 -DI (r) MD (t)	---	136/68 -DI (r) MD (t)	141/65 -DM
Patient Position	---	Lying -MD	---	---	---
Oxygen Therapy					
SpO2	97 % -DI (r) SD (t)	95 % -DI (r) MD (t)	---	97 % -DI (r) MD (t)	92 % -DM

Row Name	05/29/14 1313	05/29/14 1300	05/29/14 1240	05/29/14 1209	05/29/14 1208
OTHER					
Sheath Type	---	---	---	Sheath Previously Removed -DM	---
Sheath Insertion Site Location - Assessment					
Femoral	---	---	---	Rt -DM	---
L Pedal Pulse	---	---	---	+2 -DM	---
L Posterior Tibial Pulse	---	+2 -HJ	---	---	---
RLE Neurovascular Assessment					
RLE Capillary Refill	---	---	---	Less than/equal to 3 seconds -DM	---



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Flowsheets (all recorded) (continued)

Arterial/Venous Sheath Assessment (continued)

Row Name	05/29/14 1313	05/29/14 1300	05/29/14 1240	05/29/14 1209	05/29/14 1208
RLE Color	---	---	---	Appropriate for ethnicity -DM	---
RLE Temperature/Moisture	---	---	---	Warm;Dry -DM	---
RLE Sensation	---	---	---	Present -DM	---
R Posterior Tibial Pulse	---	+2 -HJ	---	+2 -DM	---
R Pedal Pulse	---	---	---	+2 -DM	---
Vitals					
Pulse	56 -DM	---	68 -DM	---	65 -DM
Resp	18 -DM	---	18 -DM	---	18 -DM
BP	116/54 -DM	---	133/56 -DM	---	138/53 -DM
Oxygen Therapy					
SpO2	92 % -DM	---	94 % -DM	---	95 % -DM
O2 Device	None (Room air) -DM	---	---	---	---

Row Name	05/29/14 1145	05/29/14 1124	05/29/14 1123	05/29/14 1100	05/29/14 1050
OTHER					
Sheath Type	---	Sheath Previously Removed -DM	---	---	Sheath Previously Removed -DM
Sheath Insertion Site Location - Assessment					
Femoral	Rt -DM	Rt -DM	---	---	Rt -DM
L Pedal Pulse	+2 -DM	+2 -DM	---	---	---
RLE Neurovascular Assessment					
RLE Capillary Refill	Less than/equal to 3 seconds -DM	Less than/equal to 3 seconds -DM	---	---	Less than/equal to 3 seconds -DM
RLE Color	Appropriate for ethnicity -DM	Appropriate for ethnicity -DM	---	---	Appropriate for ethnicity;Pink -DM
RLE Temperature/Moisture	Dry;Warm -DM	---	---	---	Warm;Dry -DM
RLE Sensation	Present -DM	---	---	---	Present -DM
R Posterior Tibial Pulse	+2 -DM	---	---	--- -DM	+2 -DM
R Pedal Pulse	+2 -DM	---	---	--- -DM	+2 -DM
Vitals					
Pulse	63 -DM	---	(f) 49 -DM	---	---
Resp	18 -DM	---	16 -DM	---	---
BP	130/68 -DM	---	126/56 -DM	---	---
Oxygen Therapy					
SpO2	97 % -DM	---	97 % -DM	---	---

Row Name	05/29/14 1057	05/29/14 1048	05/29/14 1035	05/29/14 1026	05/29/14 1020
OTHER					
Sheath Type	---	Sheath Previously Removed -DM	---	Sheath Previously Removed -DM	---
Sheath Insertion Site Location - Assessment					
Femoral	---	Rt -DM	---	Rt -DM	---
L Pedal Pulse	---	+2 -DM	---	+2 -DM	---
L Posterior Tibial Pulse	---	+2 -DM	---	+2 -DM	---
RLE Neurovascular Assessment					
RLE Capillary Refill	---	Less than/equal to 3 seconds -DM	---	Less than/equal to 3 seconds -DM	---
RLE Color	---	Pink;Appropriate for ethnicity -DM	---	Pink -DM	---
RLE Temperature/Moisture	---	Warm;Dry -DM	---	Warm;Dry -DM	---
RLE Sensation	---	Present -DM	---	Present -DM	---
R Popliteal Pulse	---	---	---	+2 -DM	---
R Posterior Tibial Pulse	---	+2 -DM	---	+2 -DM	---
R Pedal Pulse	---	+2 -DM	---	+2 -DM	---
Vitals					
Pulse	55 -DM	(f) 49 -DM	51 -DM	---	96 -DM



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**Flowsheets (all recorded) (continued)**

**Arterial/Venous Sheath Assessment (continued)**

Row Name	05/29/14 1057	05/29/14 1048	05/29/14 1035	05/29/14 1026	05/29/14 1020
Resp	20 -DM	15 -DM	16 -DM	---	23 -DM
BP	128/58 -DM	123/56 -DM	128/57 -DM	---	140/70 -DM

Oxygen Therapy

SpO2	96 % -DM	95 % -DM	95 % -DM	---	96 % -DM
O2 Device	---	---	---	---	None (Room air) -DM
O2 Flow Rate (L/min)	---	---	2 L/min -DM	---	---

Row Name	05/29/14 08:19:58	05/29/14 0714	05/29/14 0713		
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Sheath Insertion Site Location - Assessment

L Pedal Pulse	---	+2 -DM	---		
L Posterior Tibial Pulse	---	+2 -DM	---		

RLE Neurovascular Assessment

R Posterior Tibial Pulse	---	+2 -DM	---		
R Pedal Pulse	---	+2 -DM	---		

Vitals

Temp	---	---	97.9 °F (36.6 °C) -DM		
Temp src	---	---	Oral -DM		
Pulse	---	---	53 -DM		
Heart Rate Source	---	---	Monitor -DM		
Resp	---	---	18 -DM		
BP	---	---	138/61 -DM		
Patient Position	---	---	Sitting -DM		

Oxygen Therapy

SpO2	---	---	92 % -DM		
O2 Flow Rate (L/min)	2 L/min -JB	---	---		





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**Flowsheets (all recorded)**

**Patient Belongings**

Row Name	05/29/14 0701				
----------	---------------	--	--	--	--

**Patient Belongings at Bedside**

Belongings at Bedside	Bedside commode -DM
Belongings sent to security (Retired)	No -DM
(RETIRED)Belongings Sent Home	No -DM

**Patient Medications**

Medications brought by patient?	No -DM
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**Flowsheets (all recorded)**

**Adult Immunization Screening**

<b>Row Name</b>	<b>05/29/14 1500</b>				
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OTHER

Have you received the pneumococcal vaccine? Yes -AH

Patient Meets Criteria for Pneumococcal Vaccine? (VIEW ONLY)

Patient Meets Criteria For Pneumococcal Vaccine? (VIEW ONLY) No -AH

Pneumococcal vaccine CONTRAINDICATIONS( RETIRED)

Previous immunization (if patient received less than 5 years ago or "ONE TIME BOOSTER" already received) (VIEW ONLY) Yes -AH



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**Flowsheets (all recorded)**

**Cardiac Rehab Follow-up**

Row Name	05/30/14 1000				
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Cardiac Rehab follow-up needed?

Cardiac Rehab Follow up needed? No PCI done -MT



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Flowsheets (all recorded)

Complex Assessment

Row Name	05/30/14 0845	05/30/14 0500	05/29/14 1952	05/29/14 1500	05/29/14 1300
<b>HEENT</b>					
HEENT (WDL)	WDL -SS	---	WDL -SO	WDL -AH	WDL -HJ
<b>Cardiac</b>					
Cardiac Rhythm	Normal sinus rhythm; Sinus bradycardia -SS	---	Sinus bradycardia -SO	Sinus bradycardia -AH	---
<b>Cardiac Monitor</b>					
Telemetry Monitor On	Yes -SS	Yes -SD	---	---	---
<b>Peripheral Vascular</b>					
Peripheral Vascular (WDL)	WDL -SS	---	WDL -SO	WDL -AH	---
RLE Capillary Refill	Less than/equal to 3 seconds -SS	---	Less than/equal to 3 seconds -SO	Less than/equal to 3 seconds -AH	---
Pulses	R radial; L radial; R pedal; L pedal -SS	---	R radial -SO	R radial; L radial; R pedal; L pedal -AH	---
<b>RLE Neurovascular Assessment</b>					
RLE Color	Appropriate for ethnicity -SS	---	Appropriate for ethnicity -SO	Appropriate for ethnicity -AH	---
RLE Temperature/Moisture	Warm; Dry -SS	---	Warm; Dry -SO	Warm; Dry -AH	---
RLE Sensation	Present -SS	---	Present -SO	Present -AH	---
R Posterior Tibial Pulse	+2 -SS	---	+2 -SO	---	+2 -HJ
R Pedal Pulse	---	---	+2 -SO	+2 -AH	---
<b>LLE Neurovascular Assessment</b>					
L Posterior Tibial Pulse	+2 -SS	---	+2 -SO	---	+2 -HJ
L Pedal Pulse	---	---	+2 -SO	+2 -AH	---
<b>Integumentary</b>					
Integumentary (WDL)	---	---	WDL -SO	WDL -AH	---
<b>Braden Scale</b>					
Sensory Perceptions	4 -SS	---	4 -SO	4 -AH	---
Moisture	4 -SS	---	4 -SO	4 -AH	---
Activity	4 -SS	---	3 -SO	3 -AH	---
Mobility	4 -SS	---	4 -SO	4 -AH	---
Nutrition	4 -SS	---	3 -SO	3 -AH	---
Friction and Shear	3 -SS	---	3 -SO	3 -AH	---
Braden Scale Score	23 -SS	---	21 -SO	21 -AH	---
<b>[REMOVED] Surgical 05/29/14 Wrist Anterior</b>					
Incision Properties	Date Documented: 05/29/14 -HJ Time Documented: 1405 -HJ Location: Wrist -HJ Wound Location Orientation: Anterior -HJ Final Assessment Date: 05/30/14 -SS Final Assessment Time: 1137 -SS				
Site Assessment	---	---	Clean; Dry -SO	Clean; Dry; Intact -AH	---
Dressing Assessment	---	---	Clean; Dry -SO	---	Clean; Dry; Intact -HJ
<b>[REMOVED] Surgical 05/29/14 Groin Right</b>					
Incision Properties	Date Documented: 05/29/14 -HJ Time Documented: 1406 -HJ Location: Groin -HJ Wound Location Orientation: Right -HJ Wound Description (Comments): Clean, dry, intact -HJ Final Assessment Date: 10/10/19 -CR (r) EI (t), automated removal, RA 1205 Final Assessment Time: 1608 -CR (r) EI (t), automated removal, RA 1205				
Site Assessment	---	---	Clean; Dry -SO	Clean; Dry; Intact -AH	---
Dressing	---	---	Dry dressing -SO	Dry dressing -AH	---
Dressing Assessment	---	---	Clean; Dry -SO	Clean; Dry; Intact -AH	Clean; Dry; Intact -HJ
<b>Gastrointestinal</b>					
Gastrointestinal (WDL)	WDL -SS	---	WDL -SO	WDL -AH	---
<b>Psychosocial</b>					
Psychosocial (WDL)	WDL -SS	---	WDL -SO	WDL -AH	---
<b>Charting Type</b>					
Charting Type	---	---	Shift assessment -SO	Admission -AH	---
Row Name	05/29/14 1209	05/29/14 1145	05/29/14 1124	05/29/14 1100	05/29/14 1059
<b>Peripheral Vascular</b>					
RLE Capillary Refill	Less than/equal to 3 seconds -DM	Less than/equal to 3 seconds -DM	Less than/equal to 3 seconds -DM	---	Less than/equal to 3 seconds -DM



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Flowsheets (all recorded) (continued)

Complex Assessment (continued)

Row Name	05/29/14 1209	05/29/14 1145	05/29/14 1124	05/29/14 1100	05/29/14 1050
<b>RLE Neurovascular Assessment</b>					
RLE Color	Appropriate for ethnicity -DM	Appropriate for ethnicity -DM	Appropriate for ethnicity -DM	---	Appropriate for ethnicity; Pink -DM
RLE Temperature/Moisture	Warm; Dry -DM	Dry; Warm -DM	---	---	Warm; Dry -DM
RLE Sensation	Present -DM	Present -DM	---	---	Present -DM
R Posterior Tibial Pulse	+2 -DM	+2 -DM	---	--- -DM	+2 -DM
R Pedal Pulse	+2 -DM	+2 -DM	---	--- -DM	+2 -DM
<b>LLE Neurovascular Assessment</b>					
L Pedal Pulse	+2 -DM	+2 -DM	+2 -DM	---	---
Row Name	05/29/14 1048	05/29/14 1026	05/29/14 1020	05/29/14 0714	05/29/14 0704
<b>Cardiac</b>					
Cardiac Rhythm	---	---	Sinus bradycardia -DM	---	---
<b>Peripheral Vascular</b>					
RLE Capillary Refill	Less than/equal to 3 seconds -DM	Less than/equal to 3 seconds -DM	---	---	---
Pulses	---	---	---	R posterior tibial; L posterior tibial; R pedal; L pedal -DM	---
<b>RLE Neurovascular Assessment</b>					
RLE Color	Pink; Appropriate for ethnicity -DM	Pink -DM	---	---	---
RLE Temperature/Moisture	Warm; Dry -DM	Warm; Dry -DM	---	---	---
RLE Sensation	Present -DM	Present -DM	---	---	---
R Popliteal Pulse	---	+2 -DM	---	---	---
R Posterior Tibial Pulse	+2 -DM	+2 -DM	---	+2 -DM	---
R Pedal Pulse	+2 -DM	+2 -DM	---	+2 -DM	---
<b>LLE Neurovascular Assessment</b>					
L Posterior Tibial Pulse	+2 -DM	+2 -DM	---	+2 -DM	---
L Pedal Pulse	+2 -DM	+2 -DM	---	+2 -DM	---
<b>Braden Scale</b>					
Sensory Perceptions	---	---	---	---	4 -DM
Moisture	---	---	---	---	4 -DM
Activity	---	---	---	---	4 -DM
Mobility	---	---	---	---	4 -DM
Nutrition	---	---	---	---	4 -DM
Friction and Shear	---	---	---	---	3 -DM
Braden Scale Score	---	---	---	---	23 -DM



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**Flowsheets (all recorded)**

**Fall Risk**

Row Name	05/30/14 0845	05/29/14 1952	05/29/14 1500
<b>Get-Up-And-Go Test</b>			
Get-Up-And-Go Test: "Rising from Chair"	0 -SS	0 -SO	0 -AH
<b>Hendrich II Fall Risk Model (View Only)</b>			
Confusion/Disorientation/Impulsivity (View Only)	0 -SS	0 -SO	0 -AH
Symptomatic Depression (View Only)	0 -SS	0 -SO	0 -AH
Altered Elimination (View Only)	0 -SS	0 -SO	0 -AH
Dizziness/Vertigo (View Only)	0 -SS	0 -SO	0 -AH
Gender (Male) View Only	1 -SS	1 -SO	1 -AH
Any Administered Benzodiazepines (View Only)	0 -SS	0 -SO	0 -AH
Hendrich II Total Score (Calculated) View Only	1 -SS	1 -SO	1 -AH
<b>OTHER</b>			
Any Administered Antiepileptics (Anticonvulsants) View Only	0 -SS	0 -SO	0 -AH

**User Key**

(r) = Recorded By, (t) = Taken By, (c) = Cosigned By

Initials	Name	Effective Dates
JB	Julene C Brandt, RN	04/02/14 - 07/24/14
MG	Marie O Germain	05/27/14 - 02/02/17
JS	Jeremy B Smith, CNMT	04/01/14 - 07/24/14
SO	Sunday I Okezie, RN	04/02/14 - 02/02/17
MD	Marlene Damys	05/27/14 - 02/02/17
AH	Antonita L Hall, RN	04/02/14 - 09/08/16
DM	Donna McKittrick, RN	04/02/14 - 07/24/14
MT	Marie Thomas-Stanley, RN	04/02/14 - 02/02/17
HJ	Heather N Jones, RN	04/02/14 - 02/02/17
SS	Shawn J Shy, RN	04/02/14 - 02/02/17
SD	Sara R Degaga	05/27/14 -
CR	Chris Russell	---
DI	Interface, Doc Flowsheet In	---
VI	Interface, Vs MacIab Incoming	---
EI	Epicweb Interface	---

**Flowsheet Notes**

No notes of this type exist for this encounter.

**All Scans**



WS Cobb Hospital  
3950 Austell Road SW  
Austell GA 30106  
Inpatient Record

Maurice, Eugene George  
MRN: 561253820, DOB: 1/2/1949, Sex: M  
Adm: 5/29/2014, D/C: 5/30/2014

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**Encounter-Level Documents - 05/29/2014:**

Scan on 5/29/2014 6:56 AM by Kelly Burge: ImageNow scan (below)

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**Encounter-Level E-Signatures:**

No documentation.



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### ENCOUNTER

Patient Class:	IP	Unit:	CH 2N TELE
Hospital Service:	Cardiology	Bed:	208/208-01
Admitting Provider:	Abdul M Sheikh, Md	Referring Physician:	
Attending Provider:	Abdul m sheikh	AD: N	Adm Diagnosis: S/P cardiac cath [V45.89*]
Admission Date:	5/27/2015	Admission Time:	0642

### PATIENT

Name	Eugene George Maurice	Sex:	Male	DOB:	1/2/1949 (66 yrs)
Address:	61 SHOCKLEY WAY	Religion:	Catholic	Race:	White or caucasian
City:	DALLAS GA 30157-8973				
County:	PAULDING				
Email Address:	Gene.maurice@sgmservice.*				
Primary Care Provider:	Jeffrey L Tharp, MD	Primary Phone:	678-910-2298		

#### EMERGENCY CONTACT

Contact Name	Legal Guardian?	Relationship to Patient	Home Phone	Work Phone	Mobile Phone
1. Maurice, Shirley		Spouse	(678)398-9479		678-910-2476
2. *No Contact Specified*					678-910-2476

### GUARANTOR

Guarantor:	MAURICE,EUGENE GEORGE	DOB:	1/2/1949
Address:	61 SHOCKLEY WAY	Sex:	Male
	DALLAS, GA 30157-8973	Home Phone:	678-398-9479
Relation to Patient:	Self	Work Phone:	
Guarantor ID:	123805	Mobile Phone:	678-910-2298

#### GUARANTOR EMPLOYER

Employer:	Phone:	Status:	RETIRED
-----------	--------	---------	---------

### COVERAGE

PRIMARY INSURANCE			
Payor:	AETNA MEDICARE	Plan:	AETNA /MDCR ADV PPO H5521
Group Number:	AE35444002800010	Insurance Type:	INDEMNITY
Subscriber Name:	MAURICE,EUGENE G	Subscriber DOB:	01/02/1949
Coverage	P O BOX 981106	Subscriber ID:	MEBJ65MH
	EL PASO, TX 79998-1106	Pat. Rel. to Subscriber:	Self
Phone:	(800)624-0756	Co-In: Deductible: \$0.00	Out of Pocket Max: \$10,000.00

#### SECONDARY INSURANCE

Payor:		Plan:	N/A
Group Number:		Insurance Type:	
Subscriber Name:		Subscriber DOB:	
Coverage		Subscriber ID:	
Phone:		Pat. Rel. to Subscriber:	

Contact Serial#



April 7, 2020

Chart ID







WS Cobb Hospital  
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Maurice, Eugene George  
MRN: 561253820, DOB: 1/2/1949, Sex: M  
Adm: 5/27/2015, D/C: 5/28/2015

**Admission Information**

Arrival Date/Time:		Admit Date/Time:	05/27/2015 0642	IP Adm. Date/Time:	05/27/2015 0855
Admission Type:	Elective	Point of Origin:	Self Referral	Admit Category:	
Means of Arrival:	Car	Primary Service:	Cardiology	Secondary Service:	N/A
Transfer Source:		Service Area:	WS SERVICE AREA	Unit:	WellStar Cobb Hospital (CH 2N TELE (CARD))
Admit Provider:	Abdul M Sheikh, MD	Attending Provider:	Abdul M Sheikh, MD	Referring Provider:	

**Discharge Information**

Discharge Date/Time	Discharge Disposition	Discharge Destination	Discharge Provider	Unit
05/28/2015 1601	Home Or Self Care	None	None	WellStar Cobb Hospital (CH 2N TELE (CARD))

**Final Diagnoses (ICD-9-CM)**

Code	Description	POA	CC	HAC	Affects DRG
414.01 [Principal]	Coronary atherosclerosis of native coronary artery	Yes	No		Yes
414.02	Coronary atherosclerosis of autologous vein bypass graft	Yes	No		No
414.2	Chronic total occlusion of coronary artery(414.2)	Yes	No		No
411.1	Intermediate coronary syndrome (HCC)	Yes	CC		No
V45.82	Postsurgical percutaneous transluminal coronary angioplasty status	Exempt from POA reporting	No		No
250.00	Type II or unspecified type diabetes mellitus without mention of complication, not stated as uncontrolled (HCC)	Yes	No		No
401.1	Essential hypertension, benign	Yes	No		No
272.4	Other and unspecified hyperlipidemia	Yes	No		No
443.9	Peripheral vascular disease, unspecified (HCC)	Yes	No		No
278.00	Obesity, unspecified	Yes	No		No
V85.33	Body mass index 33.0-33.9, adult	Exempt from POA reporting	No		No
V17.3	Family history of ischemic heart disease	Exempt from POA reporting	No		No
V58.63	Encounter for long-term (current) use of antiplatelets/antithrombotics	Exempt from POA reporting	No		No
V58.69	Encounter for long-term (current) use of other medications	Exempt from POA reporting	No		No

**Events**

**Admission at 5/27/2015 0642**

Unit: WellStar Cobb Hospital (CH CARDIAC ARU) Room: CH Cardiac ARU Pool Bed: CH Cardiac ARU Pool  
Patient class: Hospital Outpatient Surgery Service: General Surgery

**Transfer Out at 5/27/2015 0804**

Unit: WellStar Cobb Hospital (CH CARDIAC ARU) Room: CH Cardiac ARU Pool Bed: CH Cardiac ARU Pool  
Patient class: Hospital Outpatient Surgery Service: General Surgery

**Transfer In at 5/27/2015 0804**

Unit: WellStar Cobb Hospital (CH CATH/EP LAB) Room: CH CATH Pool Bed: CH Cath/EP Lab Pool  
Patient class: Hospital Outpatient Surgery Service: General Surgery

**Surgery at 5/27/2015 0804**

Unit: CH CARDIAC CATH LAB Room: CH CATH/EP LAB 1  
Patient class: Hospital Outpatient Surgery Service: Cardiovascular

**Patient Update at 5/27/2015 0855**

Unit: WellStar Cobb Hospital (CH CATH/EP LAB) Room: CH CATH Pool Bed: CH Cath/EP Lab Pool  
Patient class: Inpatient Service: General Surgery

**Transfer Out at 5/27/2015 1049**

Unit: WellStar Cobb Hospital (CH CATH/EP LAB) Room: CH CATH Pool Bed: CH Cath/EP Lab Pool  
Patient class: Inpatient Service: General Surgery



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**All Scans (continued)**

**Events (continued)**

**Transfer In at 5/27/2015 1049**

Unit: WellStar Cobb Hospital (CH 2N TELE (CARD)) Room: 208 Bed: 208-01  
Patient class: Inpatient Service: Cardiology

**Discharge at 5/28/2015 1601**

Unit: WellStar Cobb Hospital (CH 2N TELE (CARD)) Room: 208 Bed: 208-01  
Patient class: Inpatient Service: Cardiology

**Allergies as of 5/28/2015**

Reviewed on 5/27/2015

No Known Allergies

**Medical as of 5/28/2015**

**Past Medical History**

Diagnosis	Date	Comments	Source
CAD (coronary artery disease) [414.00 (ICD-9-CM)]	---	---	Provider
Coronary atherosclerosis of native coronary artery [414.01 (ICD-9-CM)]	---	---	Provider
Diabetes mellitus (HCC) [250.00 (ICD-9-CM)]	---	---	Provider
Essential hypertension, benign [401.1 (ICD-9-CM)]	---	---	Provider
Family history of ischemic heart disease [V17.3 (ICD-9-CM)]	---	---	Provider
Hyperlipidemia [272.4 (ICD-9-CM)]	---	---	Provider
Hypertension [401.9 (ICD-9-CM)]	---	---	Provider
Infectious viral hepatitis [070.1 (ICD-9-CM)]	---	as teen/cannot recall what type	Provider
Obesity [278.00 (ICD-9-CM)]	---	---	Provider
Other and unspecified hyperlipidemia [272.4 (ICD-9-CM)]	---	---	Provider
Other symptoms involving cardiovascular system [785.9 (ICD-9-CM)]	---	---	Provider
PVD (peripheral vascular disease) (HCC) [443.9 (ICD-9-CM)]	---	---	Provider

**Pertinent Negatives**

Diagnosis	Date Noted	Comments	Source
Abnormal ECG [794.31 (ICD-9-CM)]	04/07/2014	---	Provider
Aneurysm (HCC) [442.9 (ICD-9-CM)]	04/07/2014	---	Provider
Arrhythmia [427.9 (ICD-9-CM)]	04/07/2014	---	Provider
Asthma [493.90 (ICD-9-CM)]	04/07/2014	---	Provider
Cancer (HCC) [199.1 (ICD-9-CM)]	04/07/2014	---	Provider
Chronic kidney disease [585.9 (ICD-9-CM)]	04/07/2014	---	Provider
Clotting disorder (HCC) [286.9 (ICD-9-CM)]	04/07/2014	---	Provider
Congenital heart disease [746.9 (ICD-9-CM)]	04/07/2014	---	Provider
Deep vein thrombosis (HCC) [453.40 (ICD-9-CM)]	04/07/2014	---	Provider
Heart failure (HCC) [428.9 (ICD-9-CM)]	04/07/2014	---	Provider
Heart murmur [785.2 (ICD-9-CM)]	04/07/2014	---	Provider
Mitral valve prolapse [424.0 (ICD-9-CM)]	04/07/2014	---	Provider
Myocardial infarction [410.90 (ICD-9-CM)]	04/07/2014	---	Provider
Pulmonary embolism (HCC) [415.19 (ICD-9-CM)]	04/07/2014	---	Provider
Sleep apnea [780.57 (ICD-9-CM)]	04/07/2014	---	Provider
Stroke (HCC) [434.91 (ICD-9-CM)]	04/07/2014	---	Provider
Valvular disease [424.90 (ICD-9-CM)]	04/07/2014	---	Provider

**ED Records**

**ED Arrival Information**

Patient not seen in ED



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**ED Records (continued)**

**ED Disposition**

None

**Discharge Summary - Encounter Notes**

**Discharge Summary by Sarah N Mathis, NP at 5/28/2015 12:13 PM**

Author: Sarah N Mathis, NP

Filed: 5/28/2015 12:20 PM

Editor: Sarah N Mathis, NP (Nurse Practitioner)

Service: Cardiology

Date of Service: 5/28/2015 12:13 PM

Author Type: Nurse Practitioner

Status: Signed

Cosigner: Micah R Tepper, MD at 5/28/2015 12:43 PM



WellStar Cardiovascular Medicine

Date: 5/28/2015

Patient Name: Eugene G Maurice

Date of Birth: 1/2/1949

Age: 66 y.o.

MRN: 561253820

LOS: 1 day

**CARDIOVASCULAR MEDICINE DISCHARGE SUMMARY**

Admit date: 5/27/2015

Discharge date: 5/28/2015

Primary Care Provider: Jeffrey L Tharp, MD

Primary Cardiologist: Abdul Sheikh MD

Consults:

IP CONSULT TO CARE COORDINATOR

Discharged Condition: good, stable

Disposition: Discharged to: Home

**Admitting Diagnoses**

S/P cardiac cath [V45.89]

**Discharge Diagnoses**

**Patient Active Problem List**

Diagnosis	Date Noted
<ul style="list-style-type: none"> <li>Type 2 diabetes mellitus (HCC)</li> <li>Family history of ischemic heart disease</li> <li>Other and unspecified hyperlipidemia</li> <li>Essential hypertension, benign</li> <li>PVD (peripheral vascular disease) (HCC)</li> </ul>	07/19/2014



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

Discharge Summary by Sarah N Mathis, NP at 5/28/2015 12:13 PM (continued)

- Obesity
- Hypertension
- Hyperlipidemia
- CAD (coronary artery disease)
  
- CAD hx CABG x5 1992 multi prior PCI abn Stress test LHC 5/27/15 Complex PCI to VG to OM1/OM2 3 overlapping DES and PCI to VG-RPDA with DES
- HTN
- HLD
- PAD s/p R CEA 1/2014
- DM
- Old LBBB

**History of Present Illness/ Hospital Course**

65 yo male with PMH of HTN, HLD DM, CAD s/p CABG in 1990s and PCI. Seen as out pt for chest pain and had abnormal Nuc. He was admitted 5/27/15 for LHC and received complex PCI to VG to OM and VG to RPDA. Pt tolerated procedure very well and is stable for discharge home 5/28/15.

**Hospital Labs:**

**Results from last 7 days**

Lab	Units	05/28/15 0321	05/26/15 1420
SODIUM, S	mmol/L	138	138
POTASSIUM	mmol/L	3.5	4.9
CHLORIDE	mmol/L	105	103
CO2	mmol/L	26	26
BUN BLD	mg/dL	17	24*
CREATININE, S	mg/dL	0.98	1.26
CALCIUM, TOTAL	mg/dL	9.1	9.2

**Results from last 7 days**

Lab	Units	05/28/15 0321	05/26/15 1420
WBC COUNT	10E9/L	9.8	7.6
HGB	g/dL	12.5*	12.6*
HEMATOCRIT	%	36*	39
MCV	fL	87	92
PLATELET	10E9/L	123*	138*



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

Discharge Summary by Sarah N Mathis, NP at 5/28/2015 12:13 PM (continued)

NEUTROS PCT	%	--	61
% IMMATURE GRANULOCYTES		--	1
LYMPHS	%	--	23
MONO MAN	%	--	13
% EOS	%	--	2
ABSOLUTE NEUTROPHILS	10E9/L	--	4.7

**Results from last 7 days**

Lab	Units	05/27/15
		1135

INR RATIO 1.52\*

No results found for this basename: BNP, in the last 72 hours

**Discharge Physical Exam:**

**Filed Vitals:**

	05/28/15 1123
BP:	133/62
Pulse:	61
Temp:	98 °F (36.7 °C)
Resp:	18
SpO2:	93%

General - A&Ox3, NAD  
 HEENT - No JVD, carotid bruits, thyromegaly, or lymphadenopathy  
 Pulmonary - Bilat lungs CTA, appropriate effort given  
 Cardiac - Normal rate, reg rhythm, S1/S2, no murmurs/gallops/rubs  
 GI - BS+X4 Abd soft/NT  
 Neuro - no gross motor or sensory deficits noted  
 Psych - appropriate mood and affect, pleasant, follows commands  
 Ext - No edema, 2+ DP/PT pulses, 2+ Radial pulses Right groin soft NT no hematoma, bleeding, or ecchymosis  
 MSK - full ROM, no gross abnormalities



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Discharge Summary - Encounter Notes (continued)

Discharge Summary by Sarah N Mathis, NP at 5/28/2015 12:13 PM (continued)

Cardiology Diagnostics

**Echocardiogram:**

1/3/14

Summary:

- Left ventricle: The cavity size was normal. Wall thickness was increased in a pattern of mild LVH. Systolic function was normal. The estimated ejection fraction was **55-60%**. Moderate diastolic dysfunction consistent with pseudonormal left ventricular filling and elevated left ventricular filling pressure.
- Mitral valve: Mildly calcified annulus.
- Right atrium: The atrium was mildly dilated.
- Left atrium: The atrium was moderately dilated.
- Tricuspid valve: TR jet inadequate for estimation of RVSP, but visualized Doppler profile suggests normal pulmonary artery pressure.
- Rhythm during study was sinus.

Impressions: No echo evidence for pulmonary hypertension. Pulmonary artery size was normal, right ventricular systolic pressure is likely normal, and right ventricular size and function is normal.

**Stress Test:**

5/20/15

Impressions: Positive: risk/extent of ischemia is high.

Summary:

1. Stress ECG conclusions: Duke scoring: exercise time of 8 min; maximum ST deviation of 1.5 mm; angina present but did not limit exercise; resulting score is -3.5. This score predicts a moderate risk of cardiac events.
2. Myocardial perfusion imaging: The TID ratio is 0.71. There is a large, moderate, partially reversible defect involving the basal and mid inferolateral wall(s).
3. Gated SPECT: The calculated left ventricular ejection fraction is 39%.

**Heart Catheterization:**

5/27/15

- Severe native vessel disease.
- LIMA-LAD patent. SVG-PDA with 80-90% ISR in proximal segment. SVG-OM2/3 100% occluded within stent.
- Successful PCI of SVG-PDA with placement of 4.0/16 Promus DES placed distal to, but overlapping with, prior stent. Entirety of stented segment post-dil with 4.0NC to 20 atm.
- Successful PCI of SVG-OM2/3 (CTO) with placement of, proximal to mid: 3.5/16, 3.5/38, and 3.0/38 Promus DES. Proximal stented segment posted w/ 4.0NC to 20 atm.

1. Will need 1 years duration of dual antiplatelet therapy.
2. Aggressive risk factor modification.
3. Initiation of cilostazol to limit future in-stent restenosis

Graft Angiography

LIMA Graft to 1st Diag, Mid LAD: The graft is angiographically normal (0%).

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

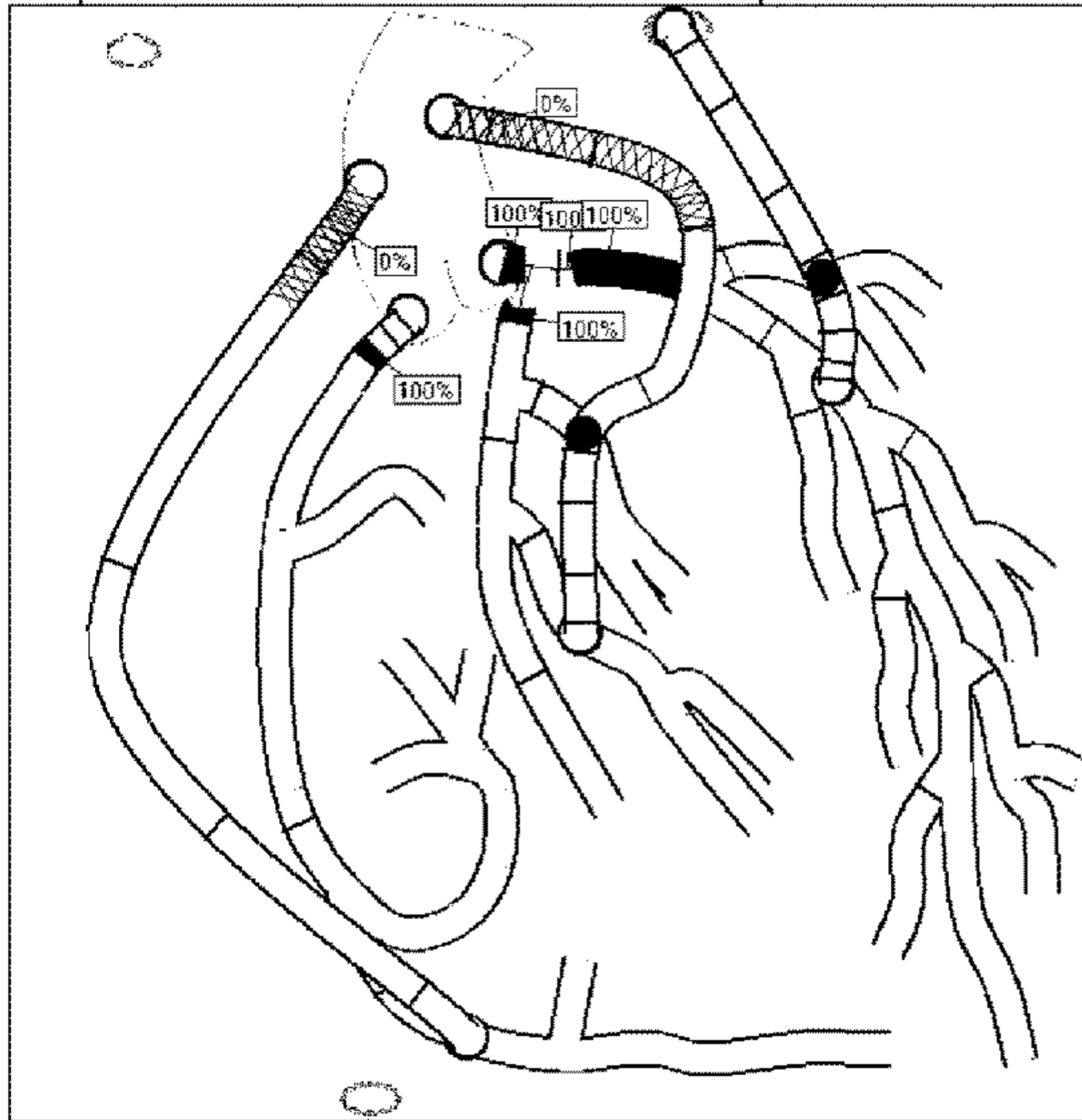
Discharge Summary by Sarah N Mathis, NP at 5/28/2015 12:13 PM (continued)

**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. The lesion is eccentric.

**Intervention -** Lesion length: 60mm. This is the culprit lesion. There is no pre-interventional antegrade distal flow. Pre-treatment of the lesion using sequential inflations technique with a APEX RX 2.75 X 12, APEX RX 3.0 X 30 and FLEXTOME CUTTING 3.5 X 10 mm balloon(s). The lesion(s) were then stented overlapping with a PROMUS PREMIER (DES) MR 3.5 X 16, PROMUS PREMIER (DES) MR 3.5 X 38 and PROMUS PREMIER (DES) MR 3.0 X 38 mm stent(s). Post-dilatation was performed using a single BALLOON NC RX 4.00 X 20MM EUPHORIA mm balloon(s).

**Vein Graft to RPDA:** The conduit type is a SVG. Origin lesion, 85% stenosed. The lesion was previously treated with a drug eluting stent.

**Intervention -** Lesion length: 16mm. This is the culprit lesion. The pre-interventional distal flow is normal (TIMI 3). Pre-treatment of the lesion using sequential inflations technique with a APEX RX 3.0 X 15 and FLEXTOME CUTTING 3.5 X 10 mm balloon(s). The lesion(s) were then stented using a single inflation with a PROMUS PREMIER (DES) MR 4.0 X 16 mm stent(s). Post-dilatation was performed using a single BALLOON NC RX 4.00 X 20MM EUPHORIA mm balloon(s). Post TIMI flow: 3. The intervention was successful. There were no complications. There is a 0% residual stenosis post intervention.



**Discharge Instructions/Medications**



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Discharge Summary - Encounter Notes (continued)

Discharge Summary by Sarah N Mathis, NP at 5/28/2015 12:13 PM (continued)

Current Discharge Medication List

START taking these medications

	Details
cilostazol (PLETAL) 100 MG tablet	Take 1 tablet (100 mg total) by mouth 2 (two) times a day. Qty: 60 tablet, Refills: 11

CONTINUE these medications which have CHANGED

	Details
metFORMIN (GLUCOPHAGE) 500 MG tablet	Take 2 tablets (1,000 mg total) by mouth 2 (two) times a day with meals. Qty: 360 tablet, Refills: 1

CONTINUE these medications which have NOT CHANGED

	Details
aspirin, buffered 81 mg Tab	Take 81 mg by mouth daily.
atorvastatin (LIPITOR) 80 MG tablet	Take 1 tablet (80 mg total) by mouth nightly. Qty: 90 tablet, Refills: 3
carvedilol (COREG) 12.5 MG tablet	Take 1 tablet (12.5 mg total) by mouth 2 (two) times a day with meals. Qty: 180 tablet, Refills: 3 <i>Associated Diagnoses: CAD (coronary artery disease)</i>
chlorthalidone (HYGROTEN) 50 MG tablet	Take 1 tablet (50 mg total) by mouth daily. Qty: 90 tablet, Refills: 3 <i>Associated Diagnoses: Coronary arteriosclerosis; Hypertension; Hyperlipidemia</i>
clopidogrel (PLAVIX) 75 mg tablet	Take 1 tablet (75 mg total) by mouth daily. Qty: 90 tablet, Refills: 3 <i>Associated Diagnoses: CAD (coronary artery disease)</i>
diclofenac (VOLTAREN) 1 % Gel	Apply 2 g topically 4 (four) times a day. Qty: 100 Tube, Refills: 1
isosorbide mononitrate (IMDUR) 30 MG 24 hr tablet	Take 1 tablet (30 mg total) by mouth daily. Qty: 90 tablet, Refills: 3 <i>Associated Diagnoses: CAD (coronary artery disease)</i>
ramipril (ALTACE) 10 MG capsule	Take 1 capsule (10 mg total) by mouth 2 (two) times a day. Qty: 180 capsule, Refills: 3 <i>Associated Diagnoses: CAD (coronary artery disease)</i>
blood sugar diagnostic (GLUCOSE BLOOD) strip	cvs true test blood glucose strip; test blood sugar ac breakfast and then once more daily as needed.. Qty: 100 strip, Refills: 2





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

Discharge Summary by Sarah N Mathis, NP at 5/28/2015 12:13 PM (continued)

**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.  
 Qty: 30 tablet, Refills: 3

**Activity:** activity as tolerated

**Diet:** cardiac/ADA

**Wound Care:** Post heart cath, no driving for 24 hours. Avoid lifting over 10 lbs for 1 week. No tub soaking or swimming for 1 week. Call if any signs of bleeding from the cath site.

**Follow-up:**

Wellstar Cardiovascular Medicine Dr Sheikh 6/25/15 10 am

Primary Care as needed for DM

**Time Spent on Discharge:** 25 minutes

**Signed:**

Sarah N Mathis, NP 5/28/2015

Wellstar Cardiovascular Medicine

Office: 770-424-6893

Electronically Signed by Micah R Tepper, MD on 5/28/2015 12:43 PM

**H&P - Encounter Notes**

H&P by Abdul M Sheikh, MD at 5/27/2015 10:48 PM

Author: Abdul M Sheikh, MD	Service: Cardiology	Author Type: Physician
Filed: 5/27/2015 10:48 PM	Date of Service: 5/27/2015 10:48 PM	Status: Signed
Editor: Abdul M Sheikh, MD (Physician)		

H&P reviewed, patient examined prior to procedure, patient's condition unchanged.

Electronically Signed by Abdul M Sheikh, MD on 5/27/2015 10:48 PM

H&P filed by Provider Scan at 6/1/2015 11:08 AM

Author: Provider Scan	Service: ---	Author Type: ---
Filed: 6/1/2015 11:08 AM	Date of Service: 6/1/2015 11:04 AM	Status: Signed
Editor: Interface, Transcription Incoming		

Scan on 6/1/2015 11:04 AM (below)

Electronically Signed by Interface, Transcription Incoming on 6/1/2015 11:08 AM

**Progress Notes - Encounter Notes**

Progress Notes by Kate M Hand, RN at 5/27/2015 1:25 PM



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

**Progress Notes by Kate M Hand, RN at 5/27/2015 1:25 PM (continued)**

Author: Kate M Hand, RN	Service: —	Author Type: Registered Nurse
Filed: 5/27/2015 6:33 PM	Date of Service: 5/27/2015 1:25 PM	Status: Signed
Editor: Kate M Hand, RN (Registered Nurse)		

Right groin puncture site assessed and bleeding noted. Manual pressure held for 20min. CNL, Betty, at bedside for assistance. Pressure dressing applied. Area surrounding site soft with no hematoma noted. BP 131/61 HR 52. Pt has no complaints of pain. Gina Haden, RN with CVM notified. Will continue to monitor closely.

Electronically Signed by Kate M Hand, RN on 5/27/2015 6:33 PM

**Progress Notes by Micah R Tepper, MD at 5/28/2015 11:30 AM**

Author: Micah R Tepper, MD	Service: Cardiology	Author Type: Physician
Filed: 5/28/2015 12:13 PM	Date of Service: 5/28/2015 11:30 AM	Status: Signed
Editor: Micah R Tepper, MD (Physician)		
Related Notes: Original Note by Sarah N Mathis, NP (Nurse Practitioner) filed at 5/28/2015 12:03 PM		



WellStar Cardiovascular Medicine

**CARDIOLOGY PROGRESS NOTE**

Patient Name: Eugene G Maurice  
Date of Birth: 1/2/1949  
Account Number: 2047096089

Date of Admission: 5/28/2015  
Length of Stay: LOS: 1 day  
Primary Cardiologist: Abdul M Sheikh, MD

Consultants:  
IP CONSULT TO CARE COORDINATOR

Brief HPI:

65 yo male with PMH of HTN, HLD DM, CAD s/p CABG in 1990s and PCI. Seen as out pt for chest pain and had abnormal Nuc. He was admitted 5/27/15 for LHC and received complex PCI to VG to OM and VG to RPDA.

**SUBJECTIVE DATA**

No C/P no SOB

**OBJECTIVE DATA**

Vitals Signs: BP 133/62 | Pulse 61 | Temp(Src) 98 °F (36.7 °C) (Oral) | Resp 18 | Ht 67"



WS Cobb Hospital  
 3950 Austell Road SW  
 Austell GA 30106  
 Inpatient Record

Maurice, Eugene George  
 MRN: 561253820, DOB: 1/2/1949, Sex: M  
 Adm: 5/27/2015, D/C: 5/28/2015

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

Progress Notes by Micah R Tepper, MD at 5/28/2015 11:30 AM (continued)

(1.702 m) | Wt 100.2 kg (220 lb 14.4 oz) | BMI 34.59 kg/m2 | SpO2 93%

Telemetry: SR

Physical Exam:

**Filed Vitals:**

	05/28/15 1123
BP:	133/62
Pulse:	61
Temp:	98 °F (36.7 °C)
Resp:	18
SpO2:	93%

General - aox3, NAD  
 HEENT - no JVD, carotid bruits, thyromegaly, or lymphadenopathy  
 Pulmonary - b/l CTA, appropriate effort given  
 Cardiac - normal rate & reg rhythm, S1/S2, no murmurs/gallops/rubs  
 GI - BS+ x4 abd soft non tender  
 Neuro - no gross motor or sensory deficits noted  
 Psych - appropriate mood and affect, pleasant, follows commands  
 Ext - no edema, 2+ DP/PT pulses, 2+ Radial pulses  
 MSK - full ROM, no gross abnormalities

**Scheduled Medications:**

• aspirin	81 mg	Oral	Daily
• atorvastatin	80 mg	Oral	Nightly
• carvedilol	12.5 mg	Oral	BID w/ meals
• chlorthalidone	50 mg	Oral	Daily
• cilostazol	100 mg	Oral	BID
• clopidogrel	75 mg	Oral	Daily
• isosorbide mononitrate	30 mg	Oral	Daily
• nitroglycerin	0.4 mg	Sublingual	Q5 Min PRN
• diclofenac	2 g	Topical	QID
• ramipril	10 mg	Oral	BID

**Continuous Infusions:**

**PRN Medications**  
 nitroglycerin

**Intake and Output:**  
 I/O last 3 completed shifts:  
 In: 1270 [P.O.:1270]  
 Out: -



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

Progress Notes by Micah R Tepper, MD at 5/28/2015 11:30 AM (continued)

I/O this shift:  
 In: 240 [P.O.:240]  
 Out: -

Intake/Output Summary (Last 24 hours) at 05/28/15 1131  
 Last data filed at 05/28/15 0818

	Gross per 24 hour
Intake	1510 ml
Output	0 ml
Net	1510 ml

Daily Weights:  
 Weight change:

Laboratory Data:

**Results from last 7 days**

Lab	Units	05/27/15 1135
CHOLESTEROL, TOTAL	mg/dl	88
TRIGLYCERIDES	mg/dl	58
HDL CHOLESTEROL	mg/dl	28*
LDL CHOLESTEROL	mg/dl	48
CHOLEST/HDL RATIO	Ratio	3.2
NON-HDL CHOLESTEROL	mg/dl	60

**Lab Results**

Component	Value	Date
CKMBQNT	1.5	5/30/2014
CKMBQNT	1.5	5/29/2014
CKMBQNT	1.5	5/29/2014

**Results from last 7 days**

Lab	Units	05/28/15 0321	05/26/15 1420
SODIUM, S	mmol/L	138	138



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

Progress Notes by Micah R Tepper, MD at 5/28/2015 11:30 AM (continued)

POTASSIUM	mmol/L	3.5	4.9
CHLORIDE	mmol/L	105	103
CO2	mmol/L	26	26
BUN BLD	mg/dL	17	24*
CREATININE, S	mg/dL	0.98	1.26
CALCIUM, TOTAL	mg/dL	9.1	9.2

**Results from last 7 days**

Lab	Units	05/28/15 0321	05/26/15 1420
WBC COUNT	10E9/L	9.8	7.6
HGB	g/dL	12.5*	12.6*
HEMATOCRIT	%	36*	39
MCV	fL	87	92
PLATELET	10E9/L	123*	138*
NEUTROS PCT	%	--	61
% IMMATURE GRANULOCYTES		--	1
LYMPHS	%	--	23
MONO MAN	%	--	13
% EOS	%	--	2
ABSOLUTE NEUTROPHILS	10E9/L	--	4.7

**Results from last 7 days**

Lab	Units	05/27/15 1135
INR RATIO		1.52*

**Diagnostic Imaging:**

CXR:  
None

**Cardiac Testing:**

Echocardiogram:  
1/3/14  
Summary:



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

**Progress Notes by Micah R Pepper, MD at 5/28/2015 11:30 AM (continued)**

- Left ventricle: The cavity size was normal. Wall thickness was increased in a pattern of mild LVH. Systolic function was normal. The estimated ejection fraction was **55-60%**. Moderate diastolic dysfunction consistent with pseudonormal left ventricular filling and elevated left ventricular filling pressure.

- Mitral valve: Mildly calcified annulus.

- Right atrium: The atrium was mildly dilated.

- Left atrium: The atrium was moderately dilated.

- Tricuspid valve: TR jet inadequate for estimation of RVSP, but visualized Doppler profile suggests normal pulmonary artery pressure.

- Rhythm during study was sinus.

Impressions: No echo evidence for pulmonary hypertension. Pulmonary artery size was normal, right ventricular systolic pressure is likely normal, and right ventricular size and function is normal.

**Stress Test:**

5/20/15

Impressions: Positive: risk/extent of ischemia is high.

Summary:

1. Stress ECG conclusions: Duke scoring: exercise time of 8 min; maximum ST deviation of 1.5 mm; angina present but did not limit exercise; resulting score is -3.5. This score predicts a moderate risk of cardiac events.

2. Myocardial perfusion imaging: The TID ratio is 0.71. There is a large, moderate, partially reversible defect involving the basal and mid inferolateral wall(s).

3. Gated SPECT: The calculated left ventricular ejection fraction is 39%.

**Heart Catheterization:**

5/27/15

- Severe native vessel disease.
- LIMA-LAD patent. SVG-PDA with 80-90% ISR in proximal segment. SVG-OM2/3 100% occluded within stent.
- Successful PCI of SVG-PDA with placement of 4.0/16 Promus DES placed distal to, but overlapping with, prior stent. Entirety of stented segment post-dil with 4.0NC to 20 atm.
- Successful PCI of SVG-OM2/3 (CTO) with placement of, proximal to mid: 3.5/16, 3.5/38, and 3.0/38 Promus DES. Proximal stented segment posted w/ 4.0NC to 20 atm.

1. Will need 1 years duration of dual antiplatelet therapy.

2. Aggressive risk factor modification.

3. Initiation of cilostazol to limit future in-stent restenosis

**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

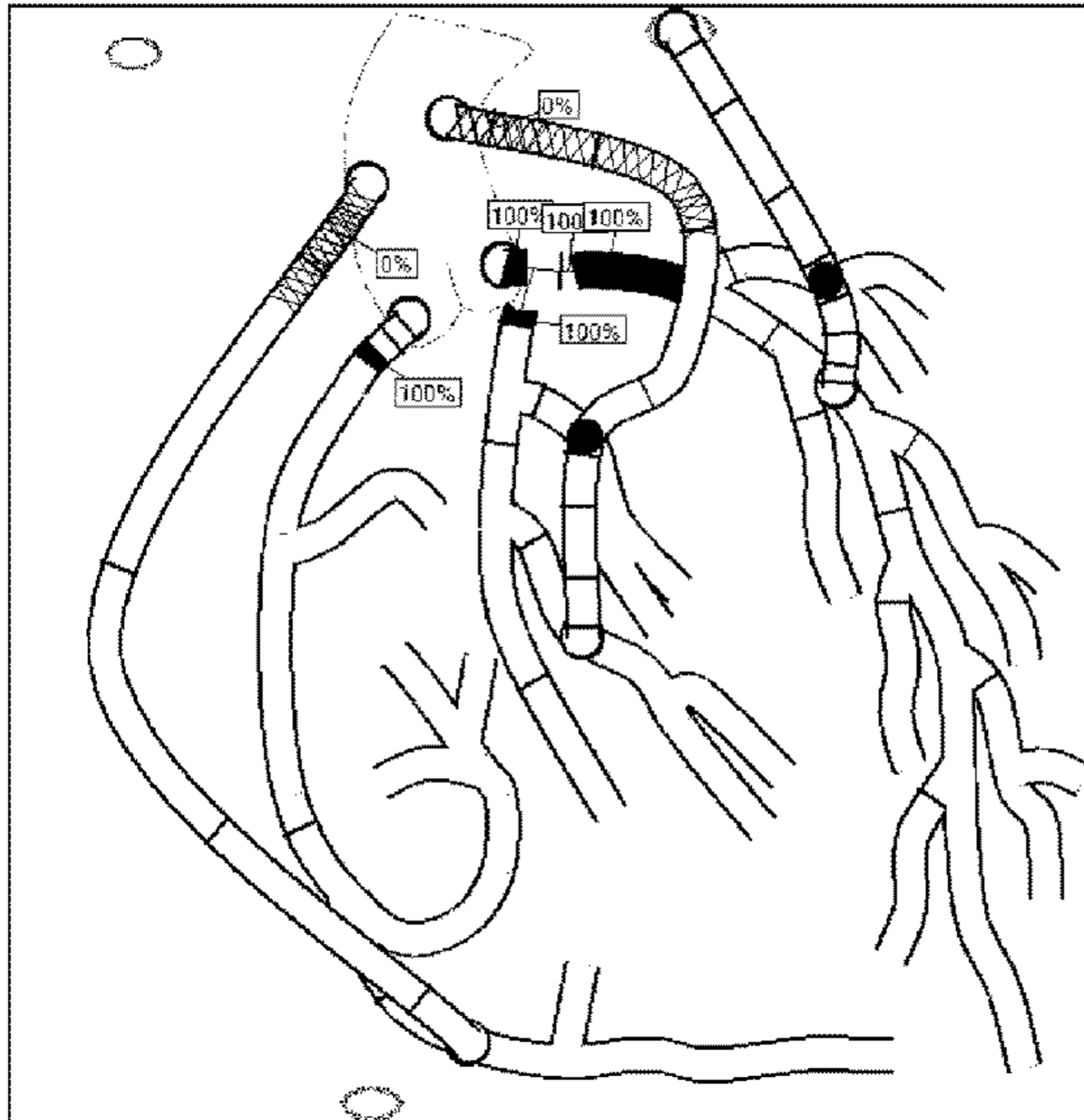
**Progress Notes - Encounter Notes (continued)**

Progress Notes by Micah R Tepper, MD at 5/28/2015 11:30 AM (continued)

Mrg, 100% stenosed. The lesion was previously treated with a drug eluting stent. The lesion is eccentric. **Intervention** - Lesion length: 60mm. This is the culprit lesion. There is no pre-interventional antegrade distal flow. Pre-treatment of the lesion using sequential inflations technique with a APEX RX 2.75 X 12, APEX RX 3.0 X 30 and FLEXTOME CUTTING 3.5 X 10 mm balloon(s). The lesion(s) were then stented overlapping with a PROMUS PREMIER (DES) MR 3.5 X 16, PROMUS PREMIER (DES) MR 3.5 X 38 and PROMUS PREMIER (DES) MR 3.0 X 38 mm stent(s). Post-dilatation was performed using a single BALLOON NC RX 4.00 X 20MM EUPHORIA mm balloon(s).

**Vein Graft to RPDA:** The conduit type is a SVG. Origin lesion, 85% stenosed. The lesion was previously treated with a drug eluting stent.

**Intervention** - Lesion length: 16mm. This is the culprit lesion. The pre-interventional distal flow is normal (TIMI 3). Pre-treatment of the lesion using sequential inflations technique with a APEX RX 3.0 X 15 and FLEXTOME CUTTING 3.5 X 10 mm balloon(s). The lesion(s) were then stented using a single inflation with a PROMUS PREMIER (DES) MR 4.0 X 16 mm stent(s). Post-dilatation was performed using a single BALLOON NC RX 4.00 X 20MM EUPHORIA mm balloon(s). Post TIMI flow: 3. The intervention was successful. There were no complications. There is a 0% residual stenosis post intervention.



**Cardiac Devise:**  
None



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

Progress Notes by Micah R Tepper, MD at 5/28/2015 11:30 AM (continued)

**12-Lead EKG:**

Normal sinus rhythm 63

Left axis deviation

Left bundle branch block

Abnormal ECG

When compared with ECG of 27-MAY-2015 12:33,

No significant change was found

**ASSESSMENT & PLAN**

**Patient Active Problem List**

**Diagnosis**

- 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)
- Type 2 diabetes mellitus (HCC)

**Assessment:**

- CAD hx CABG x5 1992 multi prior PCI abn Stress test LHC 5/27/15 Complex PCI to VG to OM1/OM2 3 overlapping DES and PCI to VG-RPDA with DES
- HTN
- HLD
- PAD s/p R CEA 1/2014
- DM
- Old LBBB

**Plan:**

- Continue cardiac medication
- D/C home
- Follow up with Dr Sheikh

*Sarah N Mathis, NP*  
5/28/2015, 11:31 AM

WellStar Cardiovascular Medicine  
55 Whitcher Street, Suite #350





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

Progress Notes by Micah R Tepper, MD at 5/28/2015 11:30 AM (continued)

Marietta, GA 30060

**ATTENDING ADDENDUM**

*I have seen and examined the patient and agree with the findings of the note above, except as noted. I personally directed the medical decision making and implemented the care plan as outlined in the note above with the following addenda*

Stable post complex SVG PCI for ISR

- 1) CAD: Cont DAPT wit Pletal added per Dr Sheikh. Cont BB/statin
- 2) HTN: Cont ACEI
- 3) Cont statin

Will dc home. F/u with Dr. Sheikh outpt.

Electronically Signed by Micah R Tepper, MD on 5/28/2015 12:13 PM

**Plan of Care - Encounter Notes**

Plan of Care by Kate M Hand, RN at 5/27/2015 11:05 AM

Author: Kate M Hand, RN	Service: —	Author Type: Registered Nurse
Filed: 5/27/2015 11:06 AM	Date of Service: 5/27/2015 11:05 AM	Status: Signed
Editor: Kate M Hand, RN (Registered Nurse)		

Pt arrived to room 208 via bed from cath lab. Report received at bedside. Right groin site assessed. CDI dressing over site, area soft with no signs of bleeding or hematoma. Pt alert and oriented. HR in low 50s. Pt's spouse at bedside. Will continue to monitor closely.

Electronically Signed by Kate M Hand, RN on 5/27/2015 11:06 AM

Plan of Care by Kate M Hand, RN at 5/28/2015 1:15 PM

Author: Kate M Hand, RN	Service: —	Author Type: Registered Nurse
Filed: 5/28/2015 1:17 PM	Date of Service: 5/28/2015 1:15 PM	Status: Signed
Editor: Kate M Hand, RN (Registered Nurse)		

Pt discharged via wheelchair, accompanied by VIP. All paperwork and education was given, including medications. Pt's spouse present for discharge instructions. All questions answered. The pt reported no pain or distress upon departure.

Electronically Signed by Kate M Hand, RN on 5/28/2015 1:17 PM



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**Surgery Report**

**General Information**

Date: 5/27/2015	Time: 0800	Status: Posted
Location: CH CARDIAC CATH LAB	Room: Cath Lab 1	Service: Cardiovascular
Patient class: Hospital Outpatient Surgery	Case classification:	

**Diagnosis Information**

**Diagnosis**  
Abnormal nuclear stress test  
Angina of effort (HCC)

**Case Tracking Events**

Event	Time In
In Facility	0642
In Pre-Procedure	0712
Pre-Procedure Complete	0745
Out of ARU Prep	0800
Ready for Procedure	0746
In Room	0804
Procedure Start	
Procedure End	
Out of Room	1036
In Phase II	
Phase II Care Complete	
Remove from Status Board	1037
Anesthesia Ready	
Anesthesia Start	
In Phase I	
Anesthesia Stop	
Phase I Criteria Met	
Out of Phase II	
Anesthesia Follow-up Complete	
Anesthesia Follow-up Needed	

**Panel Information**

**Panel 1**

Provider	Role	Service
Abdul M Sheikh, MD	Primary	Cardiovascular

**Procedure: Left heart cath - bypass graft**

Laterality	Wound Class	Incision Closure	Anesthesia	Op Region
N/A			Local	

**Left heart cath - bypass graft (N/A) - Position 1**

Body:	Left Arm:	Right Arm:
Head:	Left Leg:	Right Leg:

**Procedure: Coronary angiography**

Laterality	Wound Class	Incision Closure	Anesthesia	Op Region
N/A				

**Coronary angiography (N/A) - Position 1**

Body:	Left Arm:	Right Arm:
Head:	Left Leg:	Right Leg:

**Procedure: Left ventriculography**

Laterality	Wound Class	Incision Closure	Anesthesia	Op Region
N/A				

**Left ventriculography (N/A) - Position 1**

Body:	Left Arm:	Right Arm:
Head:	Left Leg:	Right Leg:

**Procedure: Percutaneous coronary intervention**

Laterality	Wound Class	Incision Closure	Anesthesia	Op Region



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**Surgery Report (continued)**

**Panel Information (continued)**

N/A
-----

**Percutaneous coronary intervention (N/A) - Position 1**

Body: Left Arm: Right Arm:  
Head: Left Leg: Right Leg:

**Procedure: Stent Des - Bypass Graft**

Laterality	Wound Class	Incision Closure	Anesthesia	Op Region
------------	-------------	------------------	------------	-----------

N/A

**Staff Info**

Staff Type	Staff Member	Start	End	OT
CV Scrub Person	Kiera Ellis, RRT	0804	1037	
CV Monitor	Margaret C Carroll, RCIS	0804	1037	
CV Circulator	Latesha J Richardson, RN	0804	1037	
CV Circulator	Traycee J Roberts, RN	0850	1037	

**Questionnaire Data**

None

**Patient Preparation**

Area	Laterality	Scrub	Paint	Hair Removal
Groin	Left			Clipped
Groin	Right			Clipped

**Instruments**

Instrument Type	Instrument	Start	End
TRAY DR. GALLOWAY			

**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	Risk for infection (X28)
Yes	Risk for injury (X29)
Yes	Deficient knowledge (X30)
Yes	Acute pain (X38)
Yes	Anxiety (X4)
Yes	Risk for impaired skin integrity (X51)
Yes	Risk for imbalanced body temperature (X57)



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**Surgery Report (continued)**

**PNDS Information (continued)**

Yes Ineffective breathing pattern (X7)

**Log Completed By**

Margaret C Carroll, RCIS 5/27/2015 1427

**Log Verified By**

Margaret C Carroll, RCIS 5/27/2015 0834  
Latesha J Richardson, RN 5/27/2015 1029  
Abdul M Sheikh, MD 5/27/2015 1053

**Addendum Information**

**Addendum 1 : Dianne W Wehrle, RN - 5/28/15 1106**

**Addendum 2 : Dianne W Wehrle, RN - 5/28/15 1109**

Item	Line	Old Value	New Value	Description
Patient				
19165 - Smartforms Used	0	3	4	
19165 - Smartforms Used	4		WS CV ARU ACUITY LEVEL	
19166 - Smartforms Version Used	0	3	4	
19166 - Smartforms Version Used	4		5,285.00	

**Addendum 3 : Nellie H Saboura - 5/30/15 1520**

**Implants**

**Implants**

**PROMUS PREMIER (DES) MR 4.0 X 16 - LOG149069**

Inventory Item: STENT DES PROMUS PREMIER MR 4.0 X 16 Serial no.: Model/Cat no.: H7493952816400  
Implant name: PROMUS PREMIER (DES) MR 4.0 X 16 - LOG149069 Laterality: N/A Area: Coronary  
Manufacturer: BOSTON SCIENTIFIC Date of Manufacture:  
Action: Implanted Number Used: 1  
Device Identifier: 08714729844754 Device Identifier Type: GS1

**PROMUS PREMIER (DES) MR 3.0 X 38 - LOG149069**

Inventory Item: STENT DES PROMUS PREMIER MR 3.0 X 38 Serial no.: Model/Cat no.: H7493952838300  
Implant name: PROMUS PREMIER (DES) MR 3.0 X 38 - LOG149069 Laterality: N/A Area: Coronary  
Manufacturer: BOSTON SCIENTIFIC Date of Manufacture:  
Action: Implanted Number Used: 1  
Device Identifier: 08714729845027 Device Identifier Type: GS1

**PROMUS PREMIER (DES) MR 3.5 X 38 - LOG149069**

Inventory Item: STENT DES PROMUS PREMIER MR 3.5 X 38 Serial no.: Model/Cat no.: H7493952838350  
Implant name: PROMUS PREMIER (DES) MR 3.5 X 38 - LOG149069 Laterality: N/A Area: Coronary  
Manufacturer: BOSTON SCIENTIFIC Date of Manufacture:  
Action: Implanted Number Used: 1  
Device Identifier: 08714729845034 Device Identifier Type: GS1

**PROMUS PREMIER (DES) MR 3.5 X 16 - LOG149069**

Inventory Item: STENT DES PROMUS PREMIER MR 3.5 X 16 Serial no.: Model/Cat no.: H7493952816350  
Implant name: PROMUS PREMIER (DES) MR 3.5 X 16 - LOG149069 Laterality: N/A Area: Coronary  
Manufacturer: BOSTON SCIENTIFIC Date of Manufacture:  
Action: Implanted Number Used: 1  
Device Identifier: 08714729844747 Device Identifier Type: GS1

**STARCLOSE SE 6F CLOSURE - LOG149069**

Inventory Item: STARCLOSE SE 6F CLOSURE Serial no.: Model/Cat no.: 14679-05



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**Surgery Report (continued)**

**Implants (continued)**

Implant name: STARCLOSE SE 6F CLOSURE - LOG149069	Laterality: N/A	Area: Arterial
Manufacturer: ABBOTT VASCULAR	Date of Manufacture:	
Action: Implanted	Number Used: 1	
Device Identifier: 08717648175060	Device Identifier Type: GS1	

**Timeouts**

**Pre-Procedure Timeout**

Right Patient, Right Site, Right Procedure	Pre-Procedure Verification
Correct patient?: Yes	H&P note verified?: Yes
Correct site?: Yes	Consents verified?: Yes
Correct procedure?: Yes	Site marked?: N/A
Correct laterality?: Yes	Allergies reviewed?: Yes

Surgeons Present: Abdul M Sheikh, MD  
Staff Present: Kiera Ellis, RRT, Margaret C Carroll, Latesha J Richardson, RN

Verification Date and Time: 5/27/2015 8:34 AM

**Nursing - Orders and Results**

**NURSING COMMUNICATION [575568111]**

Electronically signed by: Abdul M Sheikh, MD on 05/21/15 2153	Status: Discontinued
Ordering user: Abdul M Sheikh, MD 05/21/15 2153	Ordering provider: Abdul M Sheikh, MD
Authorized by: Abdul M Sheikh, MD	Ordering mode: Standard
Quantity: 1	Instance released by: Faith A Dawes-Rust, RN (auto-released) 5/27/2015 7:17 AM
Discontinued by: Abdul M Sheikh, MD 05/27/15 1050	

**NURSING COMMUNICATION [575568112]**

Electronically signed by: Abdul M Sheikh, MD on 05/21/15 2153	Status: Discontinued
Ordering user: Abdul M Sheikh, MD 05/21/15 2153	Ordering provider: Abdul M Sheikh, MD
Authorized by: Abdul M Sheikh, MD	Ordering mode: Standard
Quantity: 1	Instance released by: Faith A Dawes-Rust, RN (auto-released) 5/27/2015 7:17 AM
Discontinued by: Abdul M Sheikh, MD 05/27/15 1050	

**NURSING COMMUNICATION [575568113]**

Electronically signed by: Abdul M Sheikh, MD on 05/21/15 2153	Status: Discontinued
Ordering user: Abdul M Sheikh, MD 05/21/15 2153	Ordering provider: Abdul M Sheikh, MD
Authorized by: Abdul M Sheikh, MD	Ordering mode: Standard
Quantity: 1	Instance released by: Faith A Dawes-Rust, RN (auto-released) 5/27/2015 7:17 AM
Discontinued by: Abdul M Sheikh, MD 05/27/15 1050	

**NURSING COMMUNICATION [575568114]**

Electronically signed by: Abdul M Sheikh, MD on 05/21/15 2153	Status: Discontinued
Ordering user: Abdul M Sheikh, MD 05/21/15 2153	Ordering provider: Abdul M Sheikh, MD
Authorized by: Abdul M Sheikh, MD	Ordering mode: Standard
Quantity: 1	Instance released by: Faith A Dawes-Rust, RN (auto-released) 5/27/2015 7:17 AM
Discontinued by: Abdul M Sheikh, MD 05/27/15 1050	

**NURSING COMMUNICATION [575568115]**

Electronically signed by: Abdul M Sheikh, MD on 05/21/15 2153	Status: Discontinued
Ordering user: Abdul M Sheikh, MD 05/21/15 2153	Ordering provider: Abdul M Sheikh, MD
Authorized by: Abdul M Sheikh, MD	Ordering mode: Standard
Quantity: 1	Instance released by: Faith A Dawes-Rust, RN (auto-released) 5/27/2015 7:17 AM
Discontinued by: Abdul M Sheikh, MD 05/27/15 1050	



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**Nursing - Orders and Results (continued)**

**NURSING COMMUNICATION [575568116]**

Electronically signed by: **Abdul M Sheikh, MD on 05/21/15 2153** Status: **Discontinued**  
Ordering user: Abdul M Sheikh, MD 05/21/15 2153  
Authorized by: Abdul M Sheikh, MD  
Quantity: 1  
Discontinued by: Abdul M Sheikh, MD 05/27/15 1050  
Ordering provider: Abdul M Sheikh, MD  
Ordering mode: Standard  
Instance released by: Faith A Dawes-Rust, RN (auto-released) 5/27/2015 7:17 AM

**NURSING COMMUNICATION [575568117]**

Electronically signed by: **Abdul M Sheikh, MD on 05/21/15 2153** Status: **Discontinued**  
Ordering user: Abdul M Sheikh, MD 05/21/15 2153  
Authorized by: Abdul M Sheikh, MD  
Quantity: 1  
Discontinued by: Abdul M Sheikh, MD 05/27/15 1050  
Ordering provider: Abdul M Sheikh, MD  
Ordering mode: Standard  
Instance released by: Faith A Dawes-Rust, RN (auto-released) 5/27/2015 7:17 AM

**NURSING COMMUNICATION [575568118]**

Electronically signed by: **Abdul M Sheikh, MD on 05/21/15 2153** Status: **Discontinued**  
Ordering user: Abdul M Sheikh, MD 05/21/15 2153  
Authorized by: Abdul M Sheikh, MD  
Quantity: 1  
Discontinued by: Abdul M Sheikh, MD 05/27/15 1050  
Ordering provider: Abdul M Sheikh, MD  
Ordering mode: Standard  
Instance released by: Faith A Dawes-Rust, RN (auto-released) 5/27/2015 7:17 AM  
Order comments: Obtain BBG on call to cath lab and document on pre-procedure checklist.

**NURSING COMMUNICATION [575568119]**

Electronically signed by: **Abdul M Sheikh, MD on 05/21/15 2153** Status: **Discontinued**  
Ordering user: Abdul M Sheikh, MD 05/21/15 2153  
Authorized by: Abdul M Sheikh, MD  
Quantity: 1  
Discontinued by: Automatic Transfer Provider 05/27/15 1049 [Patient Transfer]  
Ordering provider: Abdul M Sheikh, MD  
Ordering mode: Standard  
Instance released by: Faith A Dawes-Rust, RN (auto-released) 5/27/2015 7:17 AM  
Order comments: This was discussed with the patient and/or patient representative.

**NURSING COMMUNICATION [575568120]**

Electronically signed by: **Abdul M Sheikh, MD on 05/21/15 2153** Status: **Discontinued**  
Ordering user: Abdul M Sheikh, MD 05/21/15 2153  
Authorized by: Abdul M Sheikh, MD  
Quantity: 1  
Discontinued by: Abdul M Sheikh, MD 05/27/15 1050  
Ordering provider: Abdul M Sheikh, MD  
Ordering mode: Standard  
Instance released by: Faith A Dawes-Rust, RN (auto-released) 5/27/2015 7:17 AM  
Order comments: Clip bilateral groin and thighs from lower abdomen to knee, and from the medial aspect to the lateral aspect of the thigh

**NURSING COMMUNICATION [575568121]**

Electronically signed by: **Abdul M Sheikh, MD on 05/21/15 2153** Status: **Discontinued**  
Ordering user: Abdul M Sheikh, MD 05/21/15 2153  
Authorized by: Abdul M Sheikh, MD  
Quantity: 1  
Discontinued by: Abdul M Sheikh, MD 05/27/15 1050  
Ordering provider: Abdul M Sheikh, MD  
Ordering mode: Standard  
Instance released by: Faith A Dawes-Rust, RN (auto-released) 5/27/2015 7:17 AM  
Order comments: Have patient void before transport, no metal snaps on gown, patient may wear dentures, glasses, hearing aids

**NURSING COMMUNICATION [575568122]**

Electronically signed by: **Abdul M Sheikh, MD on 05/21/15 2153** Status: **Discontinued**  
Ordering user: Abdul M Sheikh, MD 05/21/15 2153  
Authorized by: Abdul M Sheikh, MD  
Quantity: 1  
Discontinued by: Abdul M Sheikh, MD 05/27/15 1050  
Ordering provider: Abdul M Sheikh, MD  
Ordering mode: Standard  
Instance released by: Faith A Dawes-Rust, RN (auto-released) 5/27/2015 7:17 AM  
Order comments: Hold diuretics and oral hypoglycemic medications including metformin and sulfonylureas (e.g. glipizide, glyburide, glimepiride) the morning of the procedure.

**NOTIFY PHYSICIAN (SPECIFY) [575568125]**

Electronically signed by: **Abdul M Sheikh, MD on 05/21/15 2153** Status: **Discontinued**  
Ordering user: Abdul M Sheikh, MD 05/21/15 2153  
Authorized by: Abdul M Sheikh, MD  
Quantity: 1  
Discontinued by: Abdul M Sheikh, MD 05/27/15 1050  
Ordering provider: Abdul M Sheikh, MD  
Ordering mode: Standard  
Instance released by: Faith A Dawes-Rust, RN (auto-released) 5/27/2015 7:17 AM  
Order comments: if BUN greater than 30, GFR less than 50, Potassium less than 3.5 or greater than 5.1, Platelet count less than 100,000, INR greater than 1.5



WS Cobb Hospital  
3950 Austell Road SW  
Austell GA 30106  
Inpatient Record

Maurice, Eugene George  
MRN: 561253820, DOB: 1/2/1949, Sex: M  
Adm: 5/27/2015, D/C: 5/28/2015

**Nursing - Orders and Results (continued)**

**NOTIFY PHYSICIAN (SPECIFY) [575568125] (continued)**

**NURSING COMMUNICATION [575568126]**

Electronically signed by: **Abdul M Sheikh, MD on 05/21/15 2153**  
Ordering user: Abdul M Sheikh, MD 05/21/15 2153  
Authorized by: Abdul M Sheikh, MD  
Quantity: 1  
Discontinued by: Abdul M Sheikh, MD 05/27/15 1050

Ordering provider: Abdul M Sheikh, MD  
Ordering mode: Standard  
Instance released by: Faith A Dawes-Rust, RN (auto-released) 5/27/2015 7:17 AM  
Status: **Discontinued**

**NURSING COMMUNICATION [575568127]**

Electronically signed by: **Abdul M Sheikh, MD on 05/21/15 2153**  
Ordering user: Abdul M Sheikh, MD 05/21/15 2153  
Authorized by: Abdul M Sheikh, MD  
Quantity: 1  
Discontinued by: Abdul M Sheikh, MD 05/27/15 1050

Ordering provider: Abdul M Sheikh, MD  
Ordering mode: Standard  
Instance released by: Faith A Dawes-Rust, RN (auto-released) 5/27/2015 7:17 AM  
Status: **Discontinued**

**Questionnaire**

Question	Answer
Right or Left	Right

Order comments: Clip the arm from the medial aspect to the lateral aspect of the arm (complete groin prep in addition to radial prep)

**HEIGHT AND WEIGHT [575568128]**

Electronically signed by: **Abdul M Sheikh, MD on 05/21/15 2153**  
Ordering user: Abdul M Sheikh, MD 05/21/15 2153  
Authorized by: Abdul M Sheikh, MD  
Quantity: 1  
Discontinued by: Automatic Transfer Provider 05/27/15 1049 [Patient Transfer]

Ordering provider: Abdul M Sheikh, MD  
Ordering mode: Standard  
Instance released by: Faith A Dawes-Rust, RN (auto-released) 5/27/2015 7:17 AM  
Status: **Discontinued**

**VERIFY INFORMED CONSENT [575568129]**

Electronically signed by: **Abdul M Sheikh, MD on 05/21/15 2153**  
Ordering user: Abdul M Sheikh, MD 05/21/15 2153  
Authorized by: Abdul M Sheikh, MD  
Quantity: 1  
Discontinued by: Automatic Transfer Provider 05/27/15 1049 [Patient Transfer]  
Order comments: Verify cardiac catheterization consent form is signed, dated, timed, and witnessed prior to start of procedure

Ordering provider: Abdul M Sheikh, MD  
Ordering mode: Standard  
Instance released by: Faith A Dawes-Rust, RN (auto-released) 5/27/2015 7:17 AM  
Status: **Discontinued**

**MAINTAIN IV ACCESS [575568131]**

Electronically signed by: **Abdul M Sheikh, MD on 05/21/15 2153**  
Ordering user: Abdul M Sheikh, MD 05/21/15 2153  
Authorized by: Abdul M Sheikh, MD  
Quantity: 1  
Discontinued by: Kate M Hand, RN 05/27/15 1050

Ordering provider: Abdul M Sheikh, MD  
Ordering mode: Standard  
Instance released by: Faith A Dawes-Rust, RN (auto-released) 5/27/2015 7:17 AM  
Status: **Discontinued**

**VITAL SIGNS [575602577]**

Electronically signed by: **Abdul M Sheikh, MD on 05/27/15 1042**  
Ordering user: Abdul M Sheikh, MD 05/27/15 1042  
Authorized by: Abdul M Sheikh, MD  
Quantity: 1  
Discontinued by: Automatic Discharge Provider 05/28/15 1801 [Patient Discharge]

Ordering provider: Abdul M Sheikh, MD  
Ordering mode: Standard  
Instance released by: Kate M Hand, RN (auto-released) 5/27/2015 10:50 AM  
Status: **Discontinued**

**Questionnaire**

Question	Answer
Q15 minutes x	4
Q30 minutes x	4
Then:	Q2h

Order comments: Check while sheath is intact. Repeat immediately after sheath removal. If oozing check every hour.

**PUNCTURE SITE CARE [575602578]**

Electronically signed by: **Abdul M Sheikh, MD on 05/27/15 1042**

Status: **Discontinued**



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Austell GA 30106  
Inpatient Record

Maurice, Eugene George  
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**Nursing - Orders and Results (continued)**

**PUNCTURE SITE CARE [575602578] (continued)**

Ordering user: Abdul M Sheikh, MD 05/27/15 1042  
Authorized by: Abdul M Sheikh, MD  
Quantity: 1  
Discontinued by: Automatic Discharge Provider 05/28/15 1801 [Patient Discharge]

Ordering provider: Abdul M Sheikh, MD  
Ordering mode: Standard  
Instance released by: Kate M Hand, RN (auto-released) 5/27/2015 10:50 AM

**Questionnaire**

Question	Answer
Q15 minutes x	4
Q30 minutes x	4
Then:	Q2h

Order comments: Check while sheath is intact. Repeat immediately after sheath removal. If oozing check every hour.

**POST PROCEDURE SITE ASSESSMENT [575602579]**

Electronically signed by: Abdul M Sheikh, MD on 05/27/15 1042  
Ordering user: Abdul M Sheikh, MD 05/27/15 1042  
Authorized by: Abdul M Sheikh, MD  
Quantity: 1  
Discontinued by: Automatic Discharge Provider 05/28/15 1801 [Patient Discharge]

Ordering provider: Abdul M Sheikh, MD  
Ordering mode: Standard  
Instance released by: Kate M Hand, RN (auto-released) 5/27/2015 10:50 AM

Status: **Discontinued**

**Questionnaire**

Question	Answer
Q15 minutes x	4
Q30 minutes x	4
Then:	Q2h

Order comments: Check pulses while sheath is intact. Repeat immediately after sheath removal. If oozing check every hour.

**NEURO/VASCULAR CHECKS [575602580]**

Electronically signed by: Abdul M Sheikh, MD on 05/27/15 1042  
Ordering user: Abdul M Sheikh, MD 05/27/15 1042  
Authorized by: Abdul M Sheikh, MD  
Quantity: 1  
Discontinued by: Automatic Discharge Provider 05/28/15 1801 [Patient Discharge]

Ordering provider: Abdul M Sheikh, MD  
Ordering mode: Standard  
Instance released by: Kate M Hand, RN (auto-released) 5/27/2015 10:50 AM

Status: **Discontinued**

**Questionnaire**

Question	Answer
Q15 minutes x	4
Q30 minutes x	4
Then:	Q2h

**ORTHOSTATIC BLOOD PRESSURE [575602581]**

Electronically signed by: Abdul M Sheikh, MD on 05/27/15 1042  
Ordering user: Abdul M Sheikh, MD 05/27/15 1042  
Authorized by: Abdul M Sheikh, MD  
Quantity: 1  
Discontinued by: Automatic Discharge Provider 05/28/15 1801 [Patient Discharge]

Ordering provider: Abdul M Sheikh, MD  
Ordering mode: Standard  
Instance released by: Kate M Hand, RN (auto-released) 5/27/2015 10:50 AM

Status: **Discontinued**

Order comments: Check standing blood pressure post sheath removal when first allowed to stand.

**AMBULATE PATIENT [575602582]**

Electronically signed by: Abdul M Sheikh, MD on 05/27/15 1042  
Ordering user: Abdul M Sheikh, MD 05/27/15 1042  
Authorized by: Abdul M Sheikh, MD  
Quantity: 1  
Discontinued by: Automatic Discharge Provider 05/28/15 1801 [Patient Discharge]

Ordering provider: Abdul M Sheikh, MD  
Ordering mode: Standard  
Instance released by: Kate M Hand, RN (auto-released) 5/27/2015 10:50 AM

Status: **Discontinued**

Order comments: With assistance after bedrest complete. If tolerated, may resume previously ordered activity level

**INTAKE AND OUTPUT [575602583]**

Electronically signed by: Abdul M Sheikh, MD on 05/27/15 1042  
Ordering user: Abdul M Sheikh, MD 05/27/15 1042  
Authorized by: Abdul M Sheikh, MD  
Quantity: 1  
Discontinued by: Automatic Discharge Provider 05/28/15 1801 [Patient Discharge]

Ordering provider: Abdul M Sheikh, MD  
Ordering mode: Standard  
Instance released by: Kate M Hand, RN (auto-released) 5/27/2015 10:50 AM

Status: **Discontinued**





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Inpatient Record

Maurice, Eugene George  
MRN: 561253820, DOB: 1/2/1949, Sex: M  
Adm: 5/27/2015, D/C: 5/28/2015

**Nursing - Orders and Results (continued)**

**INTAKE AND OUTPUT [575602583] (continued)**

**STRAIGHT CATH [575602584]**

Electronically signed by: **Abdul M Sheikh, MD on 05/27/15 1042**  
Ordering user: Abdul M Sheikh, MD 05/27/15 1042  
Authorized by: Abdul M Sheikh, MD  
Quantity: 1  
Discontinued by: Automatic Discharge Provider 05/28/15 1801 [Patient Discharge]  
Order comments: If unable to void

Status: **Discontinued**  
Ordering provider: Abdul M Sheikh, MD  
Ordering mode: Standard  
Instance released by: Kate M Hand, RN (auto-released) 5/27/2015 10:50 AM

**NURSING COMMUNICATION [575602585]**

Electronically signed by: **Abdul M Sheikh, MD on 05/27/15 1042**  
Ordering user: Abdul M Sheikh, MD 05/27/15 1042  
Authorized by: Abdul M Sheikh, MD  
Quantity: 1  
Discontinued by: Automatic Discharge Provider 05/28/15 1801 [Patient Discharge]

Status: **Discontinued**  
Ordering provider: Abdul M Sheikh, MD  
Ordering mode: Standard  
Instance released by: Kate M Hand, RN (auto-released) 5/27/2015 10:50 AM

**NURSING COMMUNICATION [575602586]**

Electronically signed by: **Abdul M Sheikh, MD on 05/27/15 1042**  
Ordering user: Abdul M Sheikh, MD 05/27/15 1042  
Authorized by: Abdul M Sheikh, MD  
Quantity: 1  
Discontinued by: Automatic Discharge Provider 05/28/15 1801 [Patient Discharge]

Status: **Discontinued**  
Ordering provider: Abdul M Sheikh, MD  
Ordering mode: Standard  
Instance released by: Kate M Hand, RN (auto-released) 5/27/2015 10:50 AM

**NURSING COMMUNICATION [575602587]**

Electronically signed by: **Abdul M Sheikh, MD on 05/27/15 1042**  
Ordering user: Abdul M Sheikh, MD 05/27/15 1042  
Authorized by: Abdul M Sheikh, MD  
Quantity: 1  
Discontinued by: Automatic Discharge Provider 05/28/15 1801 [Patient Discharge]

Status: **Discontinued**  
Ordering provider: Abdul M Sheikh, MD  
Ordering mode: Standard  
Instance released by: Kate M Hand, RN (auto-released) 5/27/2015 10:50 AM

**NURSING COMMUNICATION [575602588]**

Electronically signed by: **Abdul M Sheikh, MD on 05/27/15 1042**  
Ordering user: Abdul M Sheikh, MD 05/27/15 1042  
Authorized by: Abdul M Sheikh, MD  
Quantity: 1  
Discontinued by: Automatic Discharge Provider 05/28/15 1801 [Patient Discharge]

Status: **Discontinued**  
Ordering provider: Abdul M Sheikh, MD  
Ordering mode: Standard  
Instance released by: Kate M Hand, RN (auto-released) 5/27/2015 10:50 AM

**NURSING COMMUNICATION [575602589]**

Electronically signed by: **Abdul M Sheikh, MD on 05/27/15 1042**  
Ordering user: Abdul M Sheikh, MD 05/27/15 1042  
Authorized by: Abdul M Sheikh, MD  
Quantity: 1  
Discontinued by: Automatic Discharge Provider 05/28/15 1801 [Patient Discharge]

Status: **Discontinued**  
Ordering provider: Abdul M Sheikh, MD  
Ordering mode: Standard  
Instance released by: Kate M Hand, RN (auto-released) 5/27/2015 10:50 AM

**BED REST [575602593]**

Electronically signed by: **Abdul M Sheikh, MD on 05/27/15 1042**  
Ordering user: Abdul M Sheikh, MD 05/27/15 1042  
Authorized by: Abdul M Sheikh, MD  
Quantity: 1  
Discontinued by: Automatic Discharge Provider 05/28/15 1801 [Patient Discharge]  
Order comments: And for 2 hours post sheath removal/closure device placement. May elevate head of bed to 30 degrees, keep punctured leg straight while on bedrest

Status: **Discontinued**  
Ordering provider: Abdul M Sheikh, MD  
Ordering mode: Standard  
Instance released by: Kate M Hand, RN (auto-released) 5/27/2015 10:50 AM

**NURSING COMMUNICATION [575602595]**

Electronically signed by: **Abdul M Sheikh, MD on 05/27/15 1042**  
Ordering user: Abdul M Sheikh, MD 05/27/15 1042  
Authorized by: Abdul M Sheikh, MD  
Quantity: 1  
Discontinued by: Automatic Discharge Provider 05/28/15 1801 [Patient Discharge]

Status: **Discontinued**  
Ordering provider: Abdul M Sheikh, MD  
Ordering mode: Standard  
Instance released by: Kate M Hand, RN (auto-released) 5/27/2015 10:50 AM

**Questionnaire**



WS Cobb Hospital  
3950 Austell Road SW  
Austell GA 30106  
Inpatient Record

Maurice, Eugene George  
MRN: 561253820, DOB: 1/2/1949, Sex: M  
Adm: 5/27/2015, D/C: 5/28/2015

**Nursing - Orders and Results (continued)**

**NURSING COMMUNICATION [575602595] (continued)**

Question	Answer
Type:	starclose

Order comments: Deployment time: 10:30

**DAILY WEIGHTS [575602605]**

Electronically signed by: **Abdul M Sheikh, MD on 05/27/15 1042** Status: **Discontinued**  
 Ordering user: Abdul M Sheikh, MD 05/27/15 1042 Ordering provider: Abdul M Sheikh, MD  
 Authorized by: Abdul M Sheikh, MD Ordering mode: Standard  
 Quantity: 1 Instance released by: Kate M Hand, RN (auto-released) 5/28/2015 12:05 AM  
 Discontinued by: Automatic Discharge Provider 05/28/15 1801 [Patient Discharge]

**DISCHARGE ACTIVITY [575768253]**

Electronically signed by: **Sarah N Mathis, NP on 05/28/15 1213** Status: **Active**  
 Ordering user: Sarah N Mathis, NP 05/28/15 1213 Ordering provider: Sarah N Mathis, NP  
 Authorized by: Micah R Tepper, MD Ordering mode: Standard  
 Cosigning events  
 Electronically cosigned by Micah R Tepper, MD 05/28/15 1247 for Ordering  
 Frequency: Routine 05/28/15 - Quantity: 1  
 Acknowledged: Kate M Hand, RN 05/28/15 1314 for Placing Order

**DISCHARGE FOLLOW UP [575768256]**

Electronically signed by: **Sarah N Mathis, NP on 05/28/15 1213** Status: **Active**  
 Ordering user: Sarah N Mathis, NP 05/28/15 1213 Ordering provider: Sarah N Mathis, NP  
 Authorized by: Micah R Tepper, MD Ordering mode: Standard  
 Cosigning events  
 Electronically cosigned by Micah R Tepper, MD 05/28/15 1247 for Ordering  
 Frequency: Routine 05/28/15 - Quantity: 1  
 Acknowledged: Kate M Hand, RN 05/28/15 1314 for Placing Order  
 Order comments: Dr Sheikh 6/25/15 1000 am Hiram office

**Code Status - Orders and Results**

**FULL CODE [575602592]**

Electronically signed by: **Abdul M Sheikh, MD on 05/27/15 1042** Status: **Discontinued**  
 Ordering user: Abdul M Sheikh, MD 05/27/15 1042 Ordering provider: Abdul M Sheikh, MD  
 Authorized by: Abdul M Sheikh, MD Ordering mode: Standard  
 Quantity: 1 Code status: Full Code  
 Instance released by: Kate M Hand, RN (auto-released) 5/27/2015 10:50 AM Discontinued by: Automatic Discharge Provider 05/28/15 1801 [Patient Discharge]

**Consult - Orders and Results**

**IP CONSULT TO CARE COORDINATOR [575602590]**

Electronically signed by: **Abdul M Sheikh, MD on 05/27/15 1042** Status: **Discontinued**  
 Ordering user: Abdul M Sheikh, MD 05/27/15 1042 Ordering provider: Abdul M Sheikh, MD  
 Authorized by: Abdul M Sheikh, MD Ordering mode: Standard  
 Quantity: 1 Instance released by: Kate M Hand, RN (auto-released) 5/27/2015 10:50 AM  
 Discontinued by: Automatic Discharge Provider 05/28/15 1801 [Patient Discharge]

**Questionnaire**

Question	Answer
Reason for Consult?	for discharge planning (assess for ability to obtain home meds)

**ECG - Orders and Results**

**EKG, 12-LEAD [575602609]**

Electronically signed by: **Sheila Watkins Wright, RCP on 05/28/15 1015** Status: **Completed**



WS Cobb Hospital  
3950 Austell Road SW  
Austell GA 30106  
Inpatient Record

Maurice, Eugene George  
MRN: 561253820, DOB: 1/2/1949, Sex: M  
Adm: 5/27/2015, D/C: 5/28/2015

**ECG - Orders and Results (continued)**

**EKG, 12-LEAD [575602609] (continued)**

Ordering user: Sheila Watkins Wright, RCP 05/28/15 1015  
Authorized by: Abdul M Sheikh, MD  
Quantity: 1  
Instance released by: Sheila Watkins, RCP (auto-released) 5/28/2015 10:15 AM

Ordering provider: Abdul M Sheikh, MD  
Ordering mode: Per Written Order  
Lab status: Final result

**Questionnaire**

Question	Answer
Reason for Exam:	Diagnosis unknown

Order comments: EKG completed on 2 north

**Specimen Information**

Type	Source	Collected By
		05/27/15 2343

**EKG, 12-LEAD [575602609]**

Resulted: 05/28/15 1620, Result status: Final result

Ordering provider: Abdul M Sheikh, MD 05/28/15 1015  
Filed on: 05/28/15 1620  
Lab Technician: CHRISTY BAPTISTE  
Result details  
Impression:  
Normal sinus rhythm  
Left axis deviation  
Non-specific intra-ventricular conduction delay  
possible septal MI and inferior MI  
Abnormal ECG  
When compared with ECG of 27-MAY-2015 12:33,  
No significant change was found  
Confirmed by ISAKOW MD, JULIAN (1454) on 5/28/2015 4:20:48 PM

Order status: Completed  
Resulting lab: MUSE  
External ID: 547615

**Specimen Information**

Type	Source	Collected By
		05/27/15 2343

**Components**

Component	Value	Reference Range	Flag	Lab
VENT RATE	63	BPM	---	Muse
Atrial Rate	63	BPM	---	Muse
PR Interval	188	ms	---	Muse
QRS Duration	132	ms	---	Muse
QT Interval	418	ms	---	Muse
QTC Calculation	427	ms	---	Muse
P Axis	44	degrees	---	Muse
R Axis	-60	degrees	---	Muse
T Wave Axis	76	degrees	---	Muse

View Image (below)

**Reviewed by**

Abdul M Sheikh, MD on 05/29/15 0814

**EKG, 12-LEAD [575602611]**

Electronically signed by: Sheila Watkins Wright, RCP on 05/28/15 1021  
Ordering user: Sheila Watkins Wright, RCP 05/28/15 1021  
Authorized by: Abdul M Sheikh, MD  
Quantity: 1  
Instance released by: Sheila Watkins, RCP (auto-released) 5/28/2015 10:21 AM

Ordering provider: Abdul M Sheikh, MD  
Ordering mode: Per Written Order  
Lab status: Final result

Status: Completed

**Questionnaire**

Question	Answer
Reason for Exam:	Open fibular fracture

Order comments: EKG completed on 2 north

**Specimen Information**



WS Cobb Hospital  
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Austell GA 30106  
Inpatient Record

Maurice, Eugene George  
MRN: 561253820, DOB: 1/2/1949, Sex: M  
Adm: 5/27/2015, D/C: 5/28/2015

**ECG - Orders and Results (continued)**

**EKG, 12-LEAD [575602611] (continued)**

Type	Source	Collected By
		05/27/15 1233

**EKG, 12-LEAD [575602611]**

Resulted: 05/28/15 1620, Result status: Final result

Ordering provider: Abdul M Sheikh, MD 05/28/15 1021  
Filed on: 05/28/15 1620  
Lab Technician: KATE  
Result details

Order status: Completed  
Resulting lab: MUSE  
External ID: 547614

Impression:  
Sinus bradycardia  
possible septal and inferior MI  
Left axis deviation  
Non-specific intra-ventricular conduction delay  
Abnormal ECG  
When compared with ECG of 29-MAY-2014 23:04,  
No significant change compared to previous tracing

Confirmed by ISAKOW MD, JULIAN (1454) on 5/28/2015 4:20:21 PM

**Specimen Information**

Type	Source	Collected By
		05/27/15 1233

**Components**

Component	Value	Reference Range	Flag	Lab
VENT RATE	51	BPM	---	Muse
Atrial Rate	51	BPM	---	Muse
PR Interval	198	ms	---	Muse
QRS Duration	136	ms	---	Muse
QT Interval	450	ms	---	Muse
QTc Calculation	414	ms	---	Muse
P Axis	49	degrees	---	Muse
R Axis	-55	degrees	---	Muse
T Wave Axis	62	degrees	---	Muse

View Image (below)

**Reviewed by**

Abdul M Sheikh, MD on 05/29/15 0814

**IV - Orders and Results**

**INSERT PICC LINE [575568123]**

Electronically signed by: Abdul M Sheikh, MD on 05/21/15 2153  
Ordering user: Abdul M Sheikh, MD 05/21/15 2153  
Authorized by: Abdul M Sheikh, MD  
Quantity: 1  
Discontinued by: Abdul M Sheikh, MD 05/27/15 1050  
Order comments: Start two IVs, 20 gauge or larger (preferably in left arm by 6am day of procedure). Saline flush every 8 hours (Avoid Right arm for radial cath)

Ordering provider: Abdul M Sheikh, MD  
Ordering mode: Standard  
Instance released by: Faith A Dawes-Rust, RN (auto-released) 5/27/2015 7:17 AM

Status: Discontinued

**INSERT PERIPHERAL IV [575568130]**

Electronically signed by: Abdul M Sheikh, MD on 05/21/15 2153  
Ordering user: Abdul M Sheikh, MD 05/21/15 2153  
Authorized by: Abdul M Sheikh, MD  
Quantity: 1  
Discontinued by: Kate M Hand, RN 05/27/15 1050

Ordering provider: Abdul M Sheikh, MD  
Ordering mode: Standard  
Instance released by: Faith A Dawes-Rust, RN (auto-released) 5/27/2015 7:17 AM

Status: Discontinued

**INT [575568132]**

Electronically signed by: Abdul M Sheikh, MD on 05/21/15 2153

Status: Discontinued



WS Cobb Hospital  
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Austell GA 30106  
Inpatient Record

Maurice, Eugene George  
MRN: 561253820, DOB: 1/2/1949, Sex: M  
Adm: 5/27/2015, D/C: 5/28/2015

**IV - Orders and Results (continued)**

**INT [575568132] (continued)**

Ordering user: Abdul M Sheikh, MD 05/21/15 2153  
Authorized by: Abdul M Sheikh, MD  
Quantity: 1  
Discontinued by: Kate M Hand, RN 05/27/15 1050

Ordering provider: Abdul M Sheikh, MD  
Ordering mode: Standard  
Instance released by: Faith A Dawes-Rust, RN (auto-released) 5/27/2015 7:17 AM

**DISCONTINUE IV [575768258]**

Electronically signed by: Sarah N Mathis, NP on 05/28/15 1213  
Ordering user: Sarah N Mathis, NP 05/28/15 1213  
Authorized by: Micah R Tepper, MD  
Cosigning events  
Electronically cosigned by Micah R Tepper, MD 05/28/15 1247 for Ordering  
Quantity: 1

Ordering provider: Sarah N Mathis, NP  
Ordering mode: Standard  
Instance released by: Sarah N Mathis, NP (auto-released) 5/28/2015 12:13 PM

**Admission - Orders and Results**

**ADMIT AS INPATIENT [575569110]**

Electronically signed by: Abdul M Sheikh, MD on 05/27/15 2249  
Mode: Ordering in Telephone with readback mode  
Ordering user: Donna McKittrick, RN 05/27/15 0854  
Authorized by: Abdul M Sheikh, MD  
Quantity: 1

Communicated by: Donna McKittrick, RN  
Ordering provider: Abdul M Sheikh, MD  
Ordering mode: Telephone with readback  
Instance released by: Donna McKittrick, RN (auto-released) 5/27/2015 8:55 AM

**Questionnaire**

Question	Answer
Diagnosis	S/P cardiac cath
Attending Provider	SHEIKH, ABDUL M
Bed Type	Cardiac Telemetry
Estimated inpatient length of stay?	2 Midnights
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 Cobb Hospital
Bed request comments	PCI bed please

**Discharge - Orders and Results**

**DISCHARGE PATIENT [575768257]**

Electronically signed by: Sarah N Mathis, NP on 05/28/15 1213  
Ordering user: Sarah N Mathis, NP 05/28/15 1213  
Authorized by: Micah R Tepper, MD  
Cosigning events  
Electronically cosigned by Micah R Tepper, MD 05/28/15 1247 for Ordering  
Quantity: 1

Ordering provider: Sarah N Mathis, NP  
Ordering mode: Standard  
Instance released by: Sarah N Mathis, NP (auto-released) 5/28/2015 12:13 PM

**Cardiac Cath - Orders and Results**

**CARDIAC PROCEDURE [575035459]**

Electronically signed by: Tammy R Riddle Threatt on 05/22/15 1513  
Ordering user: Tammy R Riddle Threatt 05/22/15 1513  
Authorized by: Abdul M Sheikh, MD  
Quantity: 1  
Discontinued by: Nellie H Saboura 05/30/15 1520 [Auto-canceled by study generation.]  
Diagnoses  
Abnormal nuclear stress test [794.39 (ICD-9-CM)]

Ordering provider: Abdul M Sheikh, MD  
Ordering mode: Standard  
Instance released by: Tammy R Riddle Threatt 5/22/2015 3:13 PM

Status: Discontinued

**CARDIAC PROCEDURE [575035459]**

Ordering provider: Abdul M Sheikh, MD 05/22/15 1513  
Discontinued by: Nellie H Saboura 05/30/15 1520 [Auto-canceled by study generation.]  
Filed on: 05/27/15 1427

Order status: Canceled  
Resulted by: Abdul M Sheikh, MD  
Resulting lab: CATH/EP

Resulted: 05/27/15 1427, Result status: Final result



WS Cobb Hospital  
3950 Austell Road SW  
Austell GA 30106  
Inpatient Record

Maurice, Eugene George  
MRN: 561253820, DOB: 1/2/1949, Sex: M  
Adm: 5/27/2015, D/C: 5/28/2015

**Cardiac Cath - Orders and Results (continued)**

**Result details**

**Narrative:**

- Severe native vessel disease.
- LIMA-LAD patent. SVG-PDA with 80-90% ISR in proximal segment. SVG-OM2/3 100% occluded within stent.
- Successful PCI of SVG-PDA with placement of 4.0/16 Promus DES placed distal to, but overlapping with, prior stent. Entirety of stented segment post-dil with 4.0NC to 20 atm.
- Successful PCI of SVG-OM2/3 (CTO) with placement of, proximal to mid: 3.5/16, 3.5/38, and 3.0/38 Promus DES. Proximal stented segment posted w/ 4.0NC to 20 atm.

1. Will need 1 years duration of dual antiplatelet therapy.
2. Aggressive risk factor modification.
3. Initiation of cilostazol to limit future in-stent restenosis.

**CARDIAC PROCEDURE [575768261]**

Electronically signed by: **Nellie H Saboura on 05/30/15 1518**

Status: **Completed**

This order may be acted on in another encounter.

Ordering user: Nellie H Saboura 05/30/15 1518

Ordering provider: Abdul M Sheikh, MD

Authorized by: Abdul M Sheikh, MD

Ordering mode: Standard

Quantity: 1

Lab status: Final result

Instance released by: Nellie H Saboura 5/30/2015 3:18 PM

**Diagnoses**

Abnormal nuclear stress test [794.39 (ICD-9-CM)]

**CARDIAC PROCEDURE [575768261]**

Resulted: 05/27/15 1427, Result status: Final result

Ordering provider: Abdul M Sheikh, MD 05/22/15 1513

Order status: Completed

Resulted by: Abdul M Sheikh, MD

Filed on: 05/30/15 1518

Performed: 05/27/15 0804 - 05/27/15 1036

Accession number: 26299436

Resulting lab: CATH/EP

Result details

**Narrative:**

- Severe native vessel disease.
- LIMA-LAD patent. SVG-PDA with 80-90% ISR in proximal segment. SVG-OM2/3 100% occluded within stent.
- Successful PCI of SVG-PDA with placement of 4.0/16 Promus DES placed distal to, but overlapping with, prior stent. Entirety of stented segment post-dil with 4.0NC to 20 atm.
- Successful PCI of SVG-OM2/3 (CTO) with placement of, proximal to mid: 3.5/16, 3.5/38, and 3.0/38 Promus DES. Proximal stented segment posted w/ 4.0NC to 20 atm.

1. Will need 1 years duration of dual antiplatelet therapy.
2. Aggressive risk factor modification.
3. Initiation of cilostazol to limit future in-stent restenosis.

**CARDIAC PROCEDURE [575768263]**

Electronically signed by: **Nellie H Saboura on 05/30/15 1520**

Status: **Completed**

This order may be acted on in another encounter.

Ordering user: Nellie H Saboura 05/30/15 1520

Ordering provider: Abdul M Sheikh, MD

Authorized by: Abdul M Sheikh, MD

Ordering mode: Standard

Quantity: 1

Lab status: Final result

Instance released by: Nellie H Saboura 5/30/2015 3:20 PM

**Diagnoses**

Abnormal nuclear stress test [794.39 (ICD-9-CM)]

**CARDIAC PROCEDURE [575768263]**

Resulted: 05/27/15 1427, Result status: Final result

Ordering provider: Abdul M Sheikh, MD 05/22/15 1513

Order status: Completed

Resulted by: Abdul M Sheikh, MD

Filed on: 05/30/15 1520

Performed: 05/27/15 0804 - 05/27/15 1036

Accession number: 26280779

Resulting lab: CATH/EP

Result details

**Narrative:**

- Severe native vessel disease.



WS Cobb Hospital  
3950 Austell Road SW  
Austell GA 30106  
Inpatient Record

Maurice, Eugene George  
MRN: 561253820, DOB: 1/2/1949, Sex: M  
Adm: 5/27/2015, D/C: 5/28/2015

**Cardiac Cath - Orders and Results (continued)**

- LIMA-LAD patent. SVG-PDA with 80-90% ISR in proximal segment. SVG-OM2/3 100% occluded within stent.
  - Successful PCI of SVG-PDA with placement of 4.0/16 Promus DES placed distal to, but overlapping with, prior stent. Entirety of stented segment post-dil with 4.0NC to 20 atm.
  - Successful PCI of SVG-OM2/3 (CTO) with placement of, proximal to mid: 3.5/16, 3.5/38, and 3.0/38 Promus DES. Proximal stented segment posted w/ 4.0NC to 20 atm.
1. Will need 1 years duration of dual antiplatelet therapy.
  2. Aggressive risk factor modification.
  3. Initiation of cilostazol to limit future in-stent restenosis.

**CORE MEASURES - Orders and Results**

**NON-PRIMARY PCI [575568124]**

Electronically signed by: **Abdul M Sheikh, MD on 05/21/15 2153** Status: **Completed**  
 Ordering user: Abdul M Sheikh, MD 05/21/15 2153  
 Authorized by: Abdul M Sheikh, MD  
 Quantity: 1  
 Ordering provider: Abdul M Sheikh, MD  
 Ordering mode: Standard  
 Instance released by: Faith A Dawes-Rust, RN (auto-released) 5/27/2015 7:17 AM

**REASON FOR NOT ADMINISTERING ANTITHROMBOTIC THERAPY BY EOD 2 [575602596]**

Electronically signed by: **Abdul M Sheikh, MD on 05/27/15 1042** Status: **Completed**  
 Ordering user: Abdul M Sheikh, MD 05/27/15 1042  
 Authorized by: Abdul M Sheikh, MD  
 Quantity: 1  
 Ordering provider: Abdul M Sheikh, MD  
 Ordering mode: Standard  
 Instance released by: Kate M Hand, RN (auto-released) 5/27/2015 10:50 AM

**Questionnaire**

Question	Answer
Reason for not administering antiplatelet therapy	Other (Please provide additional details)

**REASON FOR NOT PRESCRIBING STATIN MEDICATION [575602597]**

Electronically signed by: **Abdul M Sheikh, MD on 05/27/15 1042** Status: **Completed**  
 Ordering user: Abdul M Sheikh, MD 05/27/15 1042  
 Authorized by: Abdul M Sheikh, MD  
 Quantity: 1  
 Ordering provider: Abdul M Sheikh, MD  
 Ordering mode: Standard  
 Instance released by: Kate M Hand, RN (auto-released) 5/27/2015 10:50 AM

**Questionnaire**

Question	Answer
Reason for not prescribing statin medication?	Other (Please provide additional details)

**Point of Care Testing-Docked Device - Orders and Results**

**POC FINGER STICK GLUCOSE [575602604]**

Electronically signed by: **Interface, Lab In Sunquest on 05/27/15 2040** Status: **Completed**  
 Ordering user: Interface, Lab In Sunquest 05/27/15 2040  
 Authorized by: Abdul M Sheikh, MD  
 Quantity: 1  
 Instance released by: (auto-released) 5/27/2015 8:52 PM  
 Ordering provider: Abdul M Sheikh, MD  
 Ordering mode: Standard  
 Lab status: Final result

**Specimen Information**

Type	Source	Collected By
		05/27/15 2040

**POC FINGER STICK GLUCOSE [575602604] (Abnormal)**

Resulted: 05/27/15 2052, Result status: Final result

Ordering provider: Abdul M Sheikh, MD 05/27/15 2040  
 Filed on: 05/27/15 2052  
 External ID: W13504132  
 Order status: Completed  
 Resulting lab: WS COBB HOSPITAL LAB  
 Result details



WS Cobb Hospital  
 3950 Austell Road SW  
 Austell GA 30106  
 Inpatient Record

Maurice, Eugene George  
 MRN: 561253820, DOB: 1/2/1949, Sex: M  
 Adm: 5/27/2015, D/C: 5/28/2015

**Point of Care Testing-Docked Device - Orders and Results (continued)**

**Specimen Information**

Type	Source	Collected By
---	---	05/27/15 2040

**Components**

Component	Value	Reference Range	Flag	Lab
GLUCOSE, BEDSIDE	158	70 - 99 mg/dL	H ^	CHLAB

**POC FINGER STICK GLUCOSE [575602607]**

Electronically signed by: Interface, Lab In Sunquest on 05/28/15 0755 Status: Completed  
 Ordering user: Interface, Lab In Sunquest 05/28/15 0755 Ordering provider: Abdul M Sheikh, MD  
 Authorized by: Abdul M Sheikh, MD Ordering mode: Standard  
 Quantity: 1 Lab status: Final result  
 Instance released by: (auto-released) 5/28/2015 9:15 AM

**Specimen Information**

Type	Source	Collected By
---	---	05/28/15 0755

**POC FINGER STICK GLUCOSE [575602607] (Abnormal)**

Resulted: 05/28/15 0915, Result status: Final result

Ordering provider: Abdul M Sheikh, MD 05/28/15 0755 Order status: Completed  
 Filed on: 05/28/15 0915 Resulting lab: WS COBB HOSPITAL LAB  
 External ID: H13453965 Result details

**Specimen Information**

Type	Source	Collected By
---	---	05/28/15 0755

**Components**

Component	Value	Reference Range	Flag	Lab
GLUCOSE, BEDSIDE	137	70 - 99 mg/dL	H ^	CHLAB

**POC FINGER STICK GLUCOSE [575602613]**

Electronically signed by: Interface, Lab In Sunquest on 05/28/15 1121 Status: Completed  
 Ordering user: Interface, Lab In Sunquest 05/28/15 1121 Ordering provider: Abdul M Sheikh, MD  
 Authorized by: Abdul M Sheikh, MD Ordering mode: Standard  
 Quantity: 1 Lab status: Final result  
 Instance released by: (auto-released) 5/28/2015 12:00 PM

**Specimen Information**

Type	Source	Collected By
---	---	05/28/15 1121

**POC FINGER STICK GLUCOSE [575602613] (Abnormal)**

Resulted: 05/28/15 1200, Result status: Final result

Ordering provider: Abdul M Sheikh, MD 05/28/15 1121 Order status: Completed  
 Filed on: 05/28/15 1200 Resulting lab: WS COBB HOSPITAL LAB  
 External ID: H13455940 Result details

**Specimen Information**

Type	Source	Collected By
---	---	05/28/15 1121

**Components**

Component	Value	Reference Range	Flag	Lab
GLUCOSE, BEDSIDE	182	70 - 99 mg/dL	H ^	CHLAB





WS Cobb Hospital  
3950 Austell Road SW  
Austell GA 30106  
Inpatient Record

Maurice, Eugene George  
MRN: 561253820, DOB: 1/2/1949, Sex: M  
Adm: 5/27/2015, D/C: 5/28/2015

Point of Care Testing-Docked Device - Orders and Results (continued)

Lab - Orders and Results

**BASIC METABOLIC PANEL (7) [575568133]**

Electronically signed by: **Abdul M Sheikh, MD on 05/21/15 2153** Status: **Discontinued**  
 Ordering user: Abdul M Sheikh, MD 05/21/15 2153 Ordering provider: Abdul M Sheikh, MD  
 Authorized by: Abdul M Sheikh, MD Ordering mode: Standard  
 Quantity: 1 Instance released by: Faith A Dawes-Rust, RN (auto-released) 5/27/2015 7:17 AM  
 Discontinued by: Abdul M Sheikh, MD 05/27/15 1050  
 Order comments: Fasting

Specimen Information

Type	Source	Collected By
---	Blood	---

**CBC W/O DIFFERENTIAL [575568134]**

Electronically signed by: **Abdul M Sheikh, MD on 05/21/15 2153** Status: **Discontinued**  
 Ordering user: Abdul M Sheikh, MD 05/21/15 2153 Ordering provider: Abdul M Sheikh, MD  
 Authorized by: Abdul M Sheikh, MD Ordering mode: Standard  
 Quantity: 1 Instance released by: Faith A Dawes-Rust, RN (auto-released) 5/27/2015 7:17 AM  
 Discontinued by: Abdul M Sheikh, MD 05/27/15 1050

Specimen Information

Type	Source	Collected By
---	Blood	---

**PROTHROMBIN TIME-INR [575568135]**

Electronically signed by: **Abdul M Sheikh, MD on 05/21/15 2153** Status: **Completed**  
 Ordering user: Abdul M Sheikh, MD 05/21/15 2153 Ordering provider: Abdul M Sheikh, MD  
 Authorized by: Abdul M Sheikh, MD Ordering mode: Standard  
 Quantity: 1 Lab status: Final result  
 Instance released by: Faith A Dawes-Rust, RN (auto-released) 5/27/2015 7:17 AM

Specimen Information

Type	Source	Collected By
---	Blood	05/27/15 1135

**PROTHROMBIN TIME-INR [575568135] (Abnormal)**

Resulted: 05/27/15 1159, Result status: Final result

Ordering provider: Abdul M Sheikh, MD 05/27/15 0717 Order status: Completed  
 Filed on: 05/27/15 1159 Resulting lab: SUNQUEST  
 External ID: W13496718 Result details

Specimen Information

Type	Source	Collected By
---	Blood	05/27/15 1135

Components

Component	Value	Reference Range	Flag	Lab
PT	16.8	9.3 - 12.5 SEC	H ^	CHLAB
INR	1.52	0.85 - 1.15 RATIO	H ^	CHLAB

**LIPID PANEL [575602591]**

Electronically signed by: **Abdul M Sheikh, MD on 05/27/15 1042** Status: **Completed**  
 Ordering user: Abdul M Sheikh, MD 05/27/15 1042 Ordering provider: Abdul M Sheikh, MD  
 Authorized by: Abdul M Sheikh, MD Ordering mode: Standard



WS Cobb Hospital  
3950 Austell Road SW  
Austell GA 30106  
Inpatient Record

Maurice, Eugene George  
MRN: 561253820, DOB: 1/2/1949, Sex: M  
Adm: 5/27/2015, D/C: 5/28/2015

**Lab - Orders and Results (continued)**

**LIPID PANEL [575602591] (continued)**

Quantity: 1 Lab status: Final result  
Instance released by: Kate M Hand, RN (auto-released) 5/27/2015 10:50 AM

**Specimen Information**

Type	Source	Collected By
---	Blood	05/27/15 1135

**LIPID PANEL [575602591] (Abnormal)**

Resulted: 05/27/15 1216, Result status: Final result

Ordering provider: Abdul M Sheikh, MD 05/27/15 1050 Order status: Completed  
Filed on: 05/27/15 1216 Resulting lab: SUNQUEST  
External ID: W13498970 Result details

**Specimen Information**

Type	Source	Collected By
---	Blood	05/27/15 1135

**Components**

Component	Value	Reference Range	Flag	Lab
CHOLESTEROL TOTAL	88	<200 mg/dl	---	CHLAB
Triglycerides	58	<150 mg/dl	---	CHLAB
Comment:	Interpretive Values: <150 Normal 150-199 Borderline High 200-499 High >or=500 Very High			
HDL CHOLESTEROL	28	40 - 59 mg/dl	L v	CHLAB
Comment:	Interpretive Values: <40 Low >or=60 High			
LDL	48	<100 mg/dl	---	CHLAB
Comment:	Interpretive Values: <100 Optimal 100-129 Near or Above Optimal 130-159 Borderline High 160-189 High >or=190 Very High			
CHOLEST/HDL RATIO	3.2	0.0 - 5.5 Ratio	---	CHLAB
NON-HDL CHOLESTEROL	60	mg/dl	---	CHLAB
Comment:	Interpretive Values: <130 Desirable 130-159 Borderline High 160-189 High >or=190 Very High			

**CBC W/O DIFFERENTIAL [575602601]**

Electronically signed by: Abdul M Sheikh, MD on 05/27/15 1042 Status: Completed  
Ordering user: Abdul M Sheikh, MD 05/27/15 1042 Ordering provider: Abdul M Sheikh, MD  
Authorized by: Abdul M Sheikh, MD Ordering mode: Standard  
Quantity: 1 Lab status: Final result  
Instance released by: Kate M Hand, RN (auto-released) 5/27/2015 8:00 PM  
Order comments: Notify MD if Hgb decreased by 2 gm/dL from pre-procedure value or Platelet count less than 100,000

**Specimen Information**

Type	Source	Collected By
---	Blood	52165 05/28/15 0321

**CBC W/O DIFFERENTIAL [575602601] (Abnormal)**

Resulted: 05/28/15 0448, Result status: Final result

Ordering provider: Abdul M Sheikh, MD 05/27/15 2000 Order status: Completed  
Filed on: 05/28/15 0448 Resulting lab: WS COBB HOSPITAL LAB  
External ID: H13451171 Result details

**Specimen Information**

Type	Source	Collected By
---	Blood	52165 05/28/15 0321

**Components**

Component	Value	Reference Range	Flag	Lab
WBC COUNT	9.8	3.5 - 10.5 10E9/L	---	CHLAB
RBC Count	4.20	4.32 - 5.72 10E12/L	L v	CHLAB
HGB	12.5	13.5 - 17.5 g/dL	L v	CHLAB
Hematocrit	36	39 - 50 %	---	CHLAB



WS Cobb Hospital  
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Austell GA 30106  
Inpatient Record

Maurice, Eugene George  
MRN: 561253820, DOB: 1/2/1949, Sex: M  
Adm: 5/27/2015, D/C: 5/28/2015

**Lab - Orders and Results (continued)**

Test	Value	Reference Range	Flag	Lab
MCV	87	81 - 95 fL	—	CHLAB
MCH	30	26 - 34 pg	—	CHLAB
MCHC	34	32 - 36 g/dL	—	CHLAB
RDW	15.0	11.8 - 15.6 %	—	CHLAB
PLATELET	123	150 - 450 10E9/L	L	CHLAB
MPV	10.1	9.4 - 12.4 fL	—	CHLAB

**BASIC METABOLIC PANEL (7) [575602602]**

Electronically signed by: Abdul M Sheikh, MD on 05/27/15 1042

Status: Completed

Ordering user: Abdul M Sheikh, MD 05/27/15 1042

Ordering provider: Abdul M Sheikh, MD

Authorized by: Abdul M Sheikh, MD

Ordering mode: Standard

Quantity: 1

Lab status: Final result

Instance released by: Kate M Hand, RN (auto-released) 5/27/2015 8:00 PM

**Specimen Information**

Type	Source	Collected By
—	Blood	52165 05/28/15 0321

**BASIC METABOLIC PANEL (7) [575602602] (Abnormal)**

Resulted: 05/28/15 0442, Result status: Final result

Ordering provider: Abdul M Sheikh, MD 05/27/15 2000

Order status: Completed

Filed on: 05/28/15 0442

Resulting lab: WS COBB HOSPITAL LAB

External ID: H13451171

Result details

**Specimen Information**

Type	Source	Collected By
—	Blood	52165 05/28/15 0321

**Components**

Component	Value	Reference Range	Flag	Lab
Sodium,S	138	136 - 145 mmol/L	—	CHLAB
Potassium	3.5	3.5 - 5.1 mmol/L	—	CHLAB
Chloride	105	95 - 110 mmol/L	—	CHLAB
Co2	26	24 - 32 mmol/L	—	CHLAB
Glucose	121	70 - 99 mg/dL	H	CHLAB
BUN	17	7 - 21 mg/dL	—	CHLAB
CREATININE,S	0.98	0.64 - 1.27 mg/dL	—	CHLAB
ANION GAP	11	8 - 14	—	CHLAB
CALCIUM TOTAL	9.1	8.4 - 10.2 mg/dL	—	CHLAB
GFR Non-Afric Amer	>60	>59 ml/min/1.73 m2	—	CHLAB
GFR AFRICAN AMER	>60	>59 ml/min/1.73 m2	—	CHLAB

**Outpatient Referral - Orders and Results**

**AMB REFERRAL TO CARDIAC REHAB, CONTINUOUS ECG MONITOR [575602566]**

Electronically signed by: Abdul M Sheikh, MD on 05/27/15 1042

Status: Active

Ordering user: Abdul M Sheikh, MD 05/27/15 1042

Ordering provider: Abdul M Sheikh, MD

Authorized by: Abdul M Sheikh, MD

Ordering mode: Standard

Frequency: Routine 05/28/15 -

Quantity: 1

Released by: Sarah N Mathis, NP 05/28/15 1213

Acknowledged: Kate M Hand, RN 05/28/15 1314 for Placing Order

Diagnoses

Abnormal nuclear stress test [794.39 (ICD-9-CM)]

**Diet - Orders and Results**



WS Cobb Hospital  
3950 Austell Road SW  
Austell GA 30106  
Inpatient Record

Maurice, Eugene George  
MRN: 561253820, DOB: 1/2/1949, Sex: M  
Adm: 5/27/2015, D/C: 5/28/2015

**Diet - Orders and Results (continued)**

**DIET, CARDIAC [575602594]**

Electronically signed by: **Abdul M Sheikh, MD on 05/27/15 1042** Status: **Discontinued**  
 Ordering user: Abdul M Sheikh, MD 05/27/15 1042  
 Authorized by: Abdul M Sheikh, MD  
 Quantity: 1  
 Instance released by: Kate M Hand, RN (auto-released) 5/27/2015 10:50 AM  
 Ordering provider: Abdul M Sheikh, MD  
 Ordering mode: Standard  
 Diet: Cardiac  
 Discontinued by: Automatic Discharge Provider 05/28/15 1801 [Patient Discharge]

**DIET, CARDIAC [575768254]**

Electronically signed by: **Sarah N Mathis, NP on 05/28/15 1213** Status: **Active**  
 Ordering user: Sarah N Mathis, NP 05/28/15 1213  
 Authorized by: Micah R Tepper, MD  
 Cosigning events  
 Electronically cosigned by Micah R Tepper, MD 05/28/15 1247 for Ordering  
 Frequency: Routine 05/28/15 -  
 Diet: Cardiac  
 Acknowledged: Kate M Hand, RN 05/28/15 1314 for Placing Order  
 Ordering provider: Sarah N Mathis, NP  
 Ordering mode: Standard  
 Quantity: 1

**DIET, DIABETIC [575768255]**

Electronically signed by: **Sarah N Mathis, NP on 05/28/15 1213** Status: **Active**  
 Ordering user: Sarah N Mathis, NP 05/28/15 1213  
 Authorized by: Micah R Tepper, MD  
 Cosigning events  
 Electronically cosigned by Micah R Tepper, MD 05/28/15 1247 for Ordering  
 Frequency: Routine 05/28/15 -  
 Diet: Diabetic  
 Acknowledged: Kate M Hand, RN 05/28/15 1314 for Placing Order  
 Ordering provider: Sarah N Mathis, NP  
 Ordering mode: Standard  
 Quantity: 1

**Questionnaire**

Question	Answer
Diet, Diabetic: (Consistent Carbohydrate)	2000 kcal

**Medications - Orders and Results**

**sodium chloride (NS) 0.9 % flush [575568106]**

Electronically signed by: **Abdul M Sheikh, MD on 05/21/15 2153** Status: **Discontinued**  
 Ordering user: Abdul M Sheikh, MD 05/21/15 2153  
 Authorized by: Abdul M Sheikh, MD  
 PRN reasons: line care  
 Frequency: Routine Q1 min PRN 05/27/15 0717 - 05/27/15 1050  
 Discontinued by: Abdul M Sheikh, MD 05/27/15 1050  
 Acknowledged: Faith A Dawes-Rust, RN 05/27/15 0717 for Placing Order Kate M Hand, RN 05/27/15 1116 for D/C Order  
 Admin instructions: INT Flush  
 Package: 8881-571121  
 Ordering provider: Abdul M Sheikh, MD  
 Ordering mode: Standard  
 Released by: Faith A Dawes-Rust, RN 05/27/15 0717

**sodium chloride 0.9% (NS) infusion [575568107]**

Electronically signed by: **Abdul M Sheikh, MD on 05/21/15 2153** Status: **Discontinued**  
 Ordering user: Abdul M Sheikh, MD 05/21/15 2153  
 Authorized by: Abdul M Sheikh, MD  
 Frequency: Routine Continuous 05/27/15 0800 - 05/27/15 1050  
 Discontinued by: Abdul M Sheikh, MD 05/27/15 1050  
 Acknowledged: Faith A Dawes-Rust, RN 05/27/15 0717 for Placing Order Kate M Hand, RN 05/27/15 1116 for D/C Order  
 Admin instructions: \*\*ADD EXTENSION TUBING WITH INITIATION OF THIS IV FLUID\*\*  
 Package: 0409-7983-09  
 Ordering provider: Abdul M Sheikh, MD  
 Ordering mode: Standard  
 Released by: Faith A Dawes-Rust, RN 05/27/15 0717

**fentaNYL (PF) (SUBLIMAZE) injection 50 mcg/mL [575569101]**

Electronically signed by: **Abdul M Sheikh, MD on 05/27/15 2249** Status: **Discontinued**  
 Mode: Ordering in Verbal with readback mode  
 Ordering user: Latesha J Richardson, RN 05/27/15 0823  
 Authorized by: Abdul M Sheikh, MD  
 Frequency: Routine PRN 05/27/15 0823 - 05/27/15 1036  
 Acknowledged: Latesha J Richardson, RN 05/27/15 0823 for Placing Order  
 Package: 0409-9093-32  
 Communicated by: Latesha J Richardson, RN  
 Ordering provider: Abdul M Sheikh, MD  
 Ordering mode: Verbal with readback  
 Discontinued by: Margaret C Carroll 05/27/15 1036 [(Patient Discharge - Internal Use Only)]



WS Cobb Hospital  
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Inpatient Record

Maurice, Eugene George  
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Adm: 5/27/2015, D/C: 5/28/2015

**Medications - Orders and Results (continued)**

**midazolam (VERSED) injection 1 mg/mL [575569102]**

Electronically signed by: **Abdul M Sheikh, MD on 05/27/15 2249**  
Mode: Ordering in Verbal with readback mode  
Ordering user: Latesha J Richardson, RN 05/27/15 0823  
Authorized by: Abdul M Sheikh, MD  
Frequency: Routine PRN 05/27/15 0823 - 05/27/15 1036

Communicated by: Latesha J Richardson, RN  
Ordering provider: Abdul M Sheikh, MD  
Ordering mode: Verbal with readback  
Discontinued by: Margaret C Carroll 05/27/15 1036 [(Patient Discharge - Internal Use Only)]

Status: **Discontinued**

Acknowledged: Latesha J Richardson, RN 05/27/15 0823 for Placing Order  
Package: 0409-2305-21

**heparin (PORCINE) (PF) in 0.9 % sodium chloride 2,000 units/1,000 mL [575569103]**

Electronically signed by: **Abdul M Sheikh, MD on 05/27/15 2249**  
Mode: Ordering in Verbal with readback mode  
Ordering user: Latesha J Richardson, RN 05/27/15 0823  
Authorized by: Abdul M Sheikh, MD  
Frequency: Routine PRN 05/27/15 0805 - 05/27/15 1036

Communicated by: Latesha J Richardson, RN  
Ordering provider: Abdul M Sheikh, MD  
Ordering mode: Verbal with readback  
Discontinued by: Margaret C Carroll 05/27/15 1036 [(Patient Discharge - Internal Use Only)]

Status: **Discontinued**

Acknowledged: Latesha J Richardson, RN 05/27/15 0823 for Placing Order  
Package: 0409-7620-59

**lidocaine (XYLOCAINE) local injection 2 % [575569104]**

Electronically signed by: **Abdul M Sheikh, MD on 05/27/15 2249**  
Mode: Ordering in Verbal with readback mode  
Ordering user: Latesha J Richardson, RN 05/27/15 0835  
Authorized by: Abdul M Sheikh, MD  
Frequency: Routine PRN 05/27/15 0835 - 05/27/15 1036

Communicated by: Latesha J Richardson, RN  
Ordering provider: Abdul M Sheikh, MD  
Ordering mode: Verbal with readback  
Discontinued by: Margaret C Carroll 05/27/15 1036 [(Patient Discharge - Internal Use Only)]

Status: **Discontinued**

Acknowledged: Latesha J Richardson, RN 05/27/15 0835 for Placing Order  
Package: 63323-486-27

**bivalirudin (ANGIOMAX) bolus 5 mg/mL [575569111]**

Electronically signed by: **Abdul M Sheikh, MD on 05/27/15 2249**  
Mode: Ordering in Verbal with readback mode  
Ordering user: Latesha J Richardson, RN 05/27/15 0857  
Authorized by: Abdul M Sheikh, MD  
Frequency: Routine PRN 05/27/15 0857 - 05/27/15 1036

Communicated by: Latesha J Richardson, RN  
Ordering provider: Abdul M Sheikh, MD  
Ordering mode: Verbal with readback  
Discontinued by: Margaret C Carroll 05/27/15 1036 [(Patient Discharge - Internal Use Only)]

Status: **Discontinued**

Acknowledged: Latesha J Richardson, RN 05/27/15 0857 for Placing Order

**bivalirudin (ANGIOMAX) 5 mg/mL in sodium chloride 0.9% 50 mL infusion [575569112]**

Electronically signed by: **Abdul M Sheikh, MD on 05/27/15 2249**  
Mode: Ordering in Verbal with readback mode  
Ordering user: Latesha J Richardson, RN 05/27/15 0857  
Authorized by: Abdul M Sheikh, MD  
Frequency: Routine Continuous PRN 05/27/15 0857 - 05/27/15 1036

Communicated by: Latesha J Richardson, RN  
Ordering provider: Abdul M Sheikh, MD  
Ordering mode: Verbal with readback  
Discontinued by: Margaret C Carroll 05/27/15 1036 [(Patient Discharge - Internal Use Only)]

Status: **Discontinued**

Acknowledged: Latesha J Richardson, RN 05/27/15 0857 for Placing Order

**Mixture Ingredients**

Medication	Ordered Dose	Calculated Dose
bivalirudin (ANGIOMAX)	5 mg/mL	250 mg
sodium chloride (NS) 0.9 %	50 mL	50 mL

**adenosine (ADENOCARD) 6 mcg/mL syringe [575569113]**

Electronically signed by: **Abdul M Sheikh, MD on 05/27/15 2249**  
Mode: Ordering in Verbal with readback mode  
Ordering user: Latesha J Richardson, RN 05/27/15 0950  
Authorized by: Abdul M Sheikh, MD  
Frequency: Routine PRN 05/27/15 0950 - 05/27/15 1036

Communicated by: Latesha J Richardson, RN  
Ordering provider: Abdul M Sheikh, MD  
Ordering mode: Verbal with readback  
Discontinued by: Margaret C Carroll 05/27/15 1036 [(Patient Discharge - Internal Use Only)]

Status: **Discontinued**

Acknowledged: Latesha J Richardson, RN 05/27/15 0950 for Placing Order  
Package: 0641-6113-01



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**Medications - Orders and Results (continued)**

**iohexol (OMNIPAQUE) injection 350 mg/mL [575569114]**

Electronically signed by: **Abdul M Sheikh, MD on 05/27/15 2249**  
Mode: Ordering in Verbal with readback mode  
Ordering user: Latesha J Richardson, RN 05/27/15 1012  
Authorized by: Abdul M Sheikh, MD  
Frequency: Routine PRN 05/27/15 1012 - 05/27/15 1036  
  
Acknowledged: Latesha J Richardson, RN 05/27/15 1012 for Placing Order  
Package: 0407-1414-93

Communicated by: Latesha J Richardson, RN  
Ordering provider: Abdul M Sheikh, MD  
Ordering mode: Verbal with readback  
Discontinued by: Margaret C Carroll 05/27/15 1036 [(Patient Discharge - Internal Use Only)]

Status: **Discontinued**

**aluminum-magnesium hydroxide & simethicone (MAALOX PLUS EXTRA STRENGTH) suspension [575569117]**

Electronically signed by: **Abdul M Sheikh, MD on 05/27/15 2249**  
Mode: Ordering in Verbal with readback mode  
Ordering user: Latesha J Richardson, RN 05/27/15 1015  
Authorized by: Abdul M Sheikh, MD  
Frequency: Routine PRN 05/27/15 1015 - 05/27/15 1036  
  
Acknowledged: Latesha J Richardson, RN 05/27/15 1015 for Placing Order  
Package: 0121-1762-30

Communicated by: Latesha J Richardson, RN  
Ordering provider: Abdul M Sheikh, MD  
Ordering mode: Verbal with readback  
Discontinued by: Margaret C Carroll 05/27/15 1036 [(Patient Discharge - Internal Use Only)]

Status: **Discontinued**

**clopidogrel (PLAVIX) tablet [575569118]**

Electronically signed by: **Abdul M Sheikh, MD on 05/27/15 2249**  
Mode: Ordering in Verbal with readback mode  
Ordering user: Latesha J Richardson, RN 05/27/15 1015  
Authorized by: Abdul M Sheikh, MD  
Frequency: Routine PRN 05/27/15 1015 - 05/27/15 1036  
  
Acknowledged: Latesha J Richardson, RN 05/27/15 1015 for Placing Order  
Package: 68084-537-25

Communicated by: Latesha J Richardson, RN  
Ordering provider: Abdul M Sheikh, MD  
Ordering mode: Verbal with readback  
Discontinued by: Margaret C Carroll 05/27/15 1036 [(Patient Discharge - Internal Use Only)]

Status: **Discontinued**

**aspirin, buffered 81 mg Tab [575569120]**

Electronically signed by: **Abdul M Sheikh, MD on 05/27/15 1042**  
Ordering user: Abdul M Sheikh, MD 05/27/15 1042  
Authorized by: Abdul M Sheikh, MD  
Frequency: Routine Daily 05/27/15 1100 - 05/27/15 1103  
Discontinued by: Missy M Quach, RPH 05/27/15 1103 [Formulary change]  
Acknowledged: Kate M Hand, RN 05/27/15 1116 for D/C Order Kate M Hand, RN 05/27/15 1118 for Placing Order  
Reordered from: aspirin, buffered 81 mg Tab [503017311]

Ordering provider: Abdul M Sheikh, MD  
Ordering mode: Standard  
Released by: Kate M Hand, RN 05/27/15 1050

Status: **Discontinued**

**Non-Formulary Patient Supplied Med (diclofenac (VOLTAREN) 1 % topical gel) [575569121]**

Electronically signed by: **Abdul M Sheikh, MD on 05/27/15 1042**  
Ordering user: Abdul M Sheikh, MD 05/27/15 1042  
Authorized by: Abdul M Sheikh, MD  
Frequency: Routine QID 05/27/15 1300 - 05/28/15 1801  
Discontinued by: Automatic Discharge Provider 05/28/15 1801 [(Patient Discharge - Internal Use Only)]  
Acknowledged: Kate M Hand, RN 05/27/15 1153 for Placing Order  
Admin instructions: Apply 4 grams to lower extremities 4 times daily; apply 2 grams to upper extremities 4 times daily.  
Patient Supplied  
Place waste in BLACK hazardous container.  
Package: 63481-684-47  
Status  
Jared Lott 05/27/15 1112 (Admin Instructions edited)  
Reordered from: diclofenac (VOLTAREN) 1 % Gel [518116942]

Ordering provider: Abdul M Sheikh, MD  
Ordering mode: Standard  
Released by: Kate M Hand, RN 05/27/15 1050

Status: **Discontinued**

**atorvastatin (LIPITOR) tablet [575569122]**

Electronically signed by: **Abdul M Sheikh, MD on 05/27/15 1042**  
Ordering user: Abdul M Sheikh, MD 05/27/15 1042  
Authorized by: Abdul M Sheikh, MD  
Frequency: Routine Nightly 05/27/15 2100 - 05/28/15 1801  
Discontinued by: Automatic Discharge Provider 05/28/15 1801 [(Patient Discharge - Internal Use Only)]  
Acknowledged: Kate M Hand, RN 05/27/15 1152 for Placing 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: 68084-590-25

Ordering provider: Abdul M Sheikh, MD  
Ordering mode: Standard  
Released by: Kate M Hand, RN 05/27/15 1050

Status: **Discontinued**



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**Medications - Orders and Results (continued)**

**atorvastatin (LIPITOR) tablet [575569122] (continued)**

Reordered from: atorvastatin (LIPITOR) 80 MG tablet [561148623]

**chlorthalidone (HYGROTON) tablet [575569125]**

Electronically signed by: **Abdul M Sheikh, MD on 05/27/15 1042**

Status: **Discontinued**

Ordering user: Abdul M Sheikh, MD 05/27/15 1042

Ordering provider: Abdul M Sheikh, MD

Authorized by: Abdul M Sheikh, MD

Ordering mode: Standard

Frequency: Routine Daily 05/27/15 1100 - 05/28/15 1801

Released by: Kate M Hand, RN 05/27/15 1050

Discontinued by: Automatic Discharge Provider 05/28/15 1801 [(Patient Discharge - Internal Use Only)]

Acknowledged: Kate M Hand, RN 05/27/15 1152 for Placing Order

Package: 51079-058-01

Reordered from: chlorthalidone (HYGROTON) 50 MG tablet [561148626]

**carvedilol (COREG) tablet [575569126]**

Electronically signed by: **Abdul M Sheikh, MD on 05/27/15 1042**

Status: **Discontinued**

Ordering user: Abdul M Sheikh, MD 05/27/15 1042

Ordering provider: Abdul M Sheikh, MD

Authorized by: Abdul M Sheikh, MD

Ordering mode: Standard

Frequency: Routine BID w/ meals 05/27/15 1100 - 05/28/15 1801

Released by: Kate M Hand, RN 05/27/15 1050

Discontinued by: Automatic Discharge Provider 05/28/15 1801 [(Patient Discharge - Internal Use Only)]

Acknowledged: Kate M Hand, RN 05/27/15 1152 for Placing Order

Package: 68084-262-01

Reordered from: carvedilol (COREG) 12.5 MG tablet [561148627]

**clopidogrel (PLAVIX) tablet [575569127]**

Electronically signed by: **Abdul M Sheikh, MD on 05/27/15 1042**

Status: **Discontinued**

Ordering user: Abdul M Sheikh, MD 05/27/15 1042

Ordering provider: Abdul M Sheikh, MD

Authorized by: Abdul M Sheikh, MD

Ordering mode: Standard

Frequency: Routine Daily 05/27/15 1100 - 05/28/15 1801

Released by: Kate M Hand, RN 05/27/15 1050

Discontinued by: Automatic Discharge Provider 05/28/15 1801 [(Patient Discharge - Internal Use Only)]

Acknowledged: Kate M Hand, RN 05/27/15 1152 for Placing Order

Package: 51079-557-01

Reordered from: clopidogrel (PLAVIX) 75 mg tablet [561148628]

**cilostazol (PLETAL) tablet [575602576]**

Electronically signed by: **Abdul M Sheikh, MD on 05/27/15 1042**

Status: **Discontinued**

Ordering user: Abdul M Sheikh, MD 05/27/15 1042

Ordering provider: Abdul M Sheikh, MD

Authorized by: Abdul M Sheikh, MD

Ordering mode: Standard

Frequency: Routine BID 05/27/15 1100 - 05/28/15 1801

Released by: Kate M Hand, RN 05/27/15 1050

Discontinued by: Automatic Discharge Provider 05/28/15 1801 [(Patient Discharge - Internal Use Only)]

Acknowledged: Kate M Hand, RN 05/27/15 1152 for Placing Order

Admin instructions: \*\*Caution: Sound alike/look alike medication\*\*

Package: 0054-0028-21

**ramipril (ALTACE) capsule [575569123]**

Electronically signed by: **Abdul M Sheikh, MD on 05/27/15 1042**

Status: **Discontinued**

Ordering user: Abdul M Sheikh, MD 05/27/15 1042

Ordering provider: Abdul M Sheikh, MD

Authorized by: Abdul M Sheikh, MD

Ordering mode: Standard

Frequency: Routine BID 05/27/15 1100 - 05/28/15 1801

Released by: Kate M Hand, RN 05/27/15 1050

Discontinued by: Automatic Discharge Provider 05/28/15 1801 [(Patient Discharge - Internal Use Only)]

Acknowledged: Kate M Hand, RN 05/27/15 1152 for Placing Order

Package: 68084-268-11

Reordered from: ramipril (ALTACE) 10 MG capsule [561148624]

**isosorbide mononitrate (IMDUR) 24 hr tablet [575569124]**

Electronically signed by: **Abdul M Sheikh, MD on 05/27/15 1042**

Status: **Discontinued**

Ordering user: Abdul M Sheikh, MD 05/27/15 1042

Ordering provider: Abdul M Sheikh, MD

Authorized by: Abdul M Sheikh, MD

Ordering mode: Standard

Frequency: Routine Daily 05/27/15 1100 - 05/28/15 1801

Released by: Kate M Hand, RN 05/27/15 1050

Discontinued by: Automatic Discharge Provider 05/28/15 1801 [(Patient Discharge - Internal Use Only)]

Acknowledged: Kate M Hand, RN 05/27/15 1152 for Placing Order

Package: 68084-591-01

Reordered from: isosorbide mononitrate (IMDUR) 30 MG 24 hr tablet [561148625]



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**Medications - Orders and Results (continued)**

**nitroglycerin (NITROSTAT) SL tablet [575569128]**

Electronically signed by: **Abdul M Sheikh, MD on 05/27/15 1042** Status: **Discontinued**  
 Ordering user: Abdul M Sheikh, MD 05/27/15 1042  
 Authorized by: Abdul M Sheikh, MD  
 PRN reasons: chest pain  
 Frequency: Routine Q5 Min PRN 05/27/15 1050 - 05/28/15 1801  
 Discontinued by: Automatic Discharge Provider 05/28/15 1801 [(Patient Discharge - Internal Use Only)]  
 Acknowledged: Kate M Hand, RN 05/27/15 1118 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 [561347309]

Ordering provider: Abdul M Sheikh, MD  
Ordering mode: Standard  
Released by: Kate M Hand, RN 05/27/15 1050

**aspirin EC tablet [575602600]**

Electronically signed by: **Missy M Quach, RPH on 05/27/15 1104** Status: **Discontinued**  
 Ordering user: Missy M Quach, RPH 05/27/15 1104  
 Authorized by: Abdul M Sheikh, MD  
 Frequency: Routine Daily 05/27/15 1200 - 05/28/15 1801  
 Acknowledged: Kate M Hand, RN 05/27/15 1152 for Placing Order  
 Package: 63739-522-10

Ordering provider: Abdul M Sheikh, MD  
Ordering mode: Per protocol: no cosign required  
Discontinued by: Automatic Discharge Provider 05/28/15 1801 [(Patient Discharge - Internal Use Only)]

**metFORMIN (GLUCOPHAGE) 500 MG tablet [575602614]**

Electronically signed by: **Sarah N Mathis, NP on 05/28/15 1213** Status: **Discontinued**  
 Ordering user: Sarah N Mathis, NP 05/28/15 1213  
 Authorized by: Sarah N Mathis, NP  
 Cosigning events  
 Electronically cosigned by Micah R Tepper, MD 05/28/15 1247 for Ordering  
 Frequency: Routine BID w/ meals 05/29/15 - 03/28/16  
 Acknowledged: Kate M Hand, RN 05/28/15 1314 for Placing Order  
 Modified from: metFORMIN (GLUCOPHAGE) 500 MG tablet [561148621]

Ordering provider: Sarah N Mathis, NP  
Ordering mode: Standard  
Discontinued by: Sylvia S Cunningham, NP 03/28/16 1748 [(Reorder - Internal Use Only)]

**cilostazol (PLETAL) 100 MG tablet [575602615]**

Electronically signed by: **Sarah N Mathis, NP on 05/28/15 1213** Status: **Discontinued**  
 Ordering user: Sarah N Mathis, NP 05/28/15 1213  
 Authorized by: Sarah N Mathis, NP  
 Cosigning events  
 Electronically cosigned by Micah R Tepper, MD 05/28/15 1247 for Ordering  
 Frequency: Routine BID 05/28/15 - 365 days  
 Acknowledged: Kate M Hand, RN 05/28/15 1314 for Placing Order  
 Reordered from: cilostazol (PLETAL) tablet [575602576]

Ordering provider: Sarah N Mathis, NP  
Ordering mode: Standard  
Discontinued by: Sarah N Mathis, NP 05/28/15 1310

**cilostazol (PLETAL) 100 MG tablet [575768259]**

Electronically signed by: **Sarah N Mathis, NP on 05/28/15 1310** Status: **Discontinued**  
 Ordering user: Sarah N Mathis, NP 05/28/15 1310  
 Authorized by: Sarah N Mathis, NP  
 Cosigning events  
 Electronically cosigned by Micah R Tepper, MD 05/28/15 1339 for Ordering  
 Frequency: Routine BID 05/28/15 - 365 days  
 Acknowledged: Kate M Hand, RN 05/28/15 1314 for Placing Order  
 Modified from: cilostazol (PLETAL) 100 MG tablet [575602615]

Ordering provider: Sarah N Mathis, NP  
Ordering mode: Standard  
Discontinued by: Abdul M Sheikh, MD 06/30/15 0857 [(Reorder - Internal Use Only)]

**Testing Performed By**

Lab - Abbreviation	Name	Director	Address	Valid Date Range
12 - Wellstar	SUNQUEST	Unknown	Unknown	05/11/11 2117 - 09/11/15 1000
13 - Muse	MUSE	Unknown	Unknown	12/12/12 2214 - Present
20 - CHLAB	WS COBB HOSPITAL LAB	Dr. Marla Franks	3950 AUSTELL RD AUSTELL GA 30106	11/04/13 1208 - 08/28/18 1252
118001 - Cath/EP	CATH/EP	Unknown	Unknown	01/02/13 1112 - Present





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**Medications**

**All Meds and Administrations**

**sodium chloride (NS) 0.9 % flush [575568106]**

Ordering Provider: Abdul M Sheikh, MD	Status: Discontinued (Past End Date/Time)
Ordered On: 05/27/15 0717	Starts/Ends: 05/27/15 0717 - 05/27/15 1050
Dose (Remaining/Total): 3-40 mL (—/—)	Route: Intravenous
Frequency: Every 1 minute PRN	Rate/Duration: — / —
Admin Instructions: INT Flush	

(No admins scheduled or recorded for this medication)

**sodium chloride 0.9% (NS) infusion [575568107]**

Ordering Provider: Abdul M Sheikh, MD	Status: Discontinued (Past End Date/Time)
Ordered On: 05/27/15 0717	Starts/Ends: 05/27/15 0800 - 05/27/15 1050
Dose (Remaining/Total): 75 mL/hr (—/—)	Route: Intravenous
Frequency: Continuous	Rate/Duration: 75 mL/hr / —
Admin Instructions: **ADD EXTENSION TUBING WITH INITIATION OF THIS IV FLUID**	

Line	Med Link Info	Comment
Peripheral IV 05/27/15 20 G Right Forearm	05/27/15 0743 by Faith A Dawes-Rust, RN	—

Timestamps	Action	Dose / Rate	Route	Other Information
Performed 05/27/15 1051 Documented: 05/27/15 1051	Stopped	0 mL/hr 0 mL/hr	Intravenous	Performed by: Kate M Hand, RN
Performed 05/27/15 0743 Documented: 05/27/15 0743	New Bag	75 mL/hr 75 mL/hr	Intravenous	Performed by: Faith A Dawes-Rust, RN Scanned Package: 0409-7983-09

**fentaNYL (PF) (SUBLIMAZE) injection 50 mcg/mL [575569101]**

Ordering Provider: Abdul M Sheikh, MD	Status: Discontinued (Past End Date/Time), Reason: (Patient Discharge - Internal Use Only)
Ordered On: 05/27/15 0823	Frequency: As needed

Timestamps	Action	Dose	Route / Site	Other Information
Performed 05/27/15 1021 Documented: 05/27/15 1021	Given	50 mcg	Intravenous Right Arm	Performed by: Latesha J Richardson, RN Comments: per Dr. Sheikh
Performed 05/27/15 0924 Documented: 05/27/15 0924	Given	25 mcg	Intravenous Right Arm	Performed by: Latesha J Richardson, RN Comments: pain per Dr. Sheikh
Performed 05/27/15 0823 Documented: 05/27/15 0823	Given	25 mcg	Intravenous Right Arm	Performed by: Latesha J Richardson, RN Comments: anxiety

**midazolam (VERSED) injection 1 mg/mL [575569102]**

Ordering Provider: Abdul M Sheikh, MD	Status: Discontinued (Past End Date/Time), Reason: (Patient Discharge - Internal Use Only)
Ordered On: 05/27/15 0823	Frequency: As needed

Timestamps	Action	Dose	Route	Other Information
Performed 05/27/15 1021 Documented: 05/27/15 1021	Given	2 mg	Intravenous	Performed by: Abdul M Sheikh, MD Documented by: Latesha J Richardson, RN Comments: per Dr. Sheikh
Performed 05/27/15 0924 Documented: 05/27/15 0924	Given	1 mg	Intravenous	Performed by: Latesha J Richardson, RN Comments: pain per Dr. Sheikh



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**Medications (continued)**

**All Meds and Administrations (continued)**

Performed 05/27/15 0823 Given 1 mg Intravenous Performed by: Latesha J Richardson, RN  
Documented: 05/27/15 0823 Comments: anxiety

**heparin (PORCINE) (PF) in 0.9 % sodium chloride 2,000 units/1,000 mL [575569103]**

Ordering Provider: Abdul M Sheikh, MD Status: Discontinued (Past End Date/Time), Reason: (Patient Discharge - Internal Use Only)  
Ordered On: 05/27/15 0823 Frequency: As needed

Timestamps	Action	Dose	Route / Site / Linked Line	Other Information
Performed 05/27/15 0805 Given Documented: 05/27/15 0823		2 Bag	—	Performed by: Latesha J Richardson, RN Comments: back table/flush

**lidocaine (XYLOCAINE) local injection 2 % [575569104]**

Ordering Provider: Abdul M Sheikh, MD Status: Discontinued (Past End Date/Time), Reason: (Patient Discharge - Internal Use Only)  
Ordered On: 05/27/15 0835 Frequency: As needed

Timestamps	Action	Dose	Route	Other Information
Performed 05/27/15 0835 Given Documented: 05/27/15 0835		5 mL	Intradermal	Performed by: Abdul M Sheikh, MD Documented by: Latesha J Richardson, RN Comments: right groin

**bivalirudin (ANGIOMAX) bolus 5 mg/mL [575569111]**

Ordering Provider: Abdul M Sheikh, MD Status: Discontinued (Past End Date/Time), Reason: (Patient Discharge - Internal Use Only)  
Ordered On: 05/27/15 0857 Frequency: As needed

Timestamps	Action	Dose	Route	Other Information
Performed 05/27/15 0857 Given Documented: 05/27/15 0857		73.125 mg	Intravenous	Performed by: Latesha J Richardson, RN

**bivalirudin (ANGIOMAX) 5 mg/mL in sodium chloride 0.9% 50 mL infusion [575569112]**

Ordering Provider: Abdul M Sheikh, MD Status: Discontinued (Past End Date/Time), Reason: (Patient Discharge - Internal Use Only)  
Ordered On: 05/27/15 0857 Starts/Ends: 05/27/15 0857 - 05/27/15 1036  
Dose (Remaining/Total): 250 mg (—/—) Rate/Duration: — / —  
Frequency: Continuous PRN

Timestamps	Action	Dose / Rate	Route	Other Information
Performed 05/27/15 1011 Stopped Documented: 05/27/15 1011		— 0 mL/hr	Intravenous	Performed by: Latesha J Richardson, RN
Performed 05/27/15 1003 Restarted Documented: 05/27/15 1003		1.75 mg/kg/hr 34.1 mL/hr	Intravenous	Performed by: Latesha J Richardson, RN
Performed 05/27/15 0957 Stopped Documented: 05/27/15 0957		— 0 mL/hr	Intravenous	Performed by: Latesha J Richardson, RN
Performed 05/27/15 0857 New Bag Documented: 05/27/15 0857		1.75 mg/kg/hr 34.1 mL/hr	Intravenous	Performed by: Latesha J Richardson, RN



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**Medications (continued)**

**All Meds and Administrations (continued)**

**adenosine (ADENOCARD) 6 mcg/mL syringe [575569113]**

Ordering Provider: Abdul M Sheikh, MD Status: Discontinued (Past End Date/Time), Reason: (Patient Discharge - Internal Use Only)  
Ordered On: 05/27/15 0950 Frequency: As needed

Timestamps	Action	Dose	Route	Other Information
Performed 05/27/15 0950 Documented: 05/27/15 0950	Given	60 mcg	Intracoronary	Performed by: Abdul M Sheikh, MD Documented by: Latesha J Richardson, RN

**iohexol (OMNIPAQUE) injection 350 mg/mL [575569114]**

Ordering Provider: Abdul M Sheikh, MD Status: Discontinued (Past End Date/Time), Reason: (Patient Discharge - Internal Use Only)  
Ordered On: 05/27/15 1012 Frequency: As needed

Timestamps	Action	Dose	Route	Other Information
Performed 05/27/15 1012 Documented: 05/27/15 1012	Given	150 mL	Intra-arterial	Performed by: Kiera Ellis, RRT Documented by: Latesha J Richardson, RN Comments: wasted 50ml

**aluminum-magnesium hydroxide & simethicone (MAALOX PLUS EXTRA STRENGTH) suspension [575569117]**

Ordering Provider: Abdul M Sheikh, MD Status: Discontinued (Past End Date/Time), Reason: (Patient Discharge - Internal Use Only)  
Ordered On: 05/27/15 1015 Frequency: As needed

Timestamps	Action	Dose	Route	Other Information
Performed 05/27/15 1015 Documented: 05/27/15 1015	Given	30 mL	Oral	Performed by: Latesha J Richardson, RN

**clopidogrel (PLAVIX) tablet [575569118]**

Ordering Provider: Abdul M Sheikh, MD Status: Discontinued (Past End Date/Time), Reason: (Patient Discharge - Internal Use Only)  
Ordered On: 05/27/15 1015 Frequency: As needed

Timestamps	Action	Dose	Route	Other Information
Performed 05/27/15 1015 Documented: 05/27/15 1015	Given	300 mg	Oral	Performed by: Latesha J Richardson, RN

**aspirin, buffered 81 mg Tab [575569120]**

Ordering Provider: Abdul M Sheikh, MD Status: Discontinued (Past End Date/Time), Reason: Formulary change  
Ordered On: 05/27/15 1050 Starts/Ends: 05/27/15 1100 - 05/27/15 1103  
Dose (Remaining/Total): 81 mg (—/—) Route: Oral  
Frequency: Daily Rate/Duration: — / —

Timestamps	Action / Reason	Dose	Route	Other Information
Performed 05/27/15 1117 Documented: 05/27/15 1117	Not Given Other	81 mg	Oral	Performed by: Kate M Hand, RN Comments: discontinued

**Non-Formulary Patient Supplied Med (diclofenac (VOLTAREN) 1 % topical gel) [575569121]**

Ordering Provider: Abdul M Sheikh, MD Status: Discontinued (Past End Date/Time), Reason: (Patient Discharge -



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**Medications (continued)**

**All Meds and Administrations (continued)**

Ordered On: 05/27/15 1050  
Dose (Remaining/Total): 2 g (—/—)  
Frequency: 4 Times daily  
Admin Instructions: Apply 4 grams to lower extremities 4 times daily; apply 2 grams to upper extremities 4 times daily.  
Place waste in BLACK hazardous container.

Internal Use Only)  
Starts/Ends: 05/27/15 1300 - 05/28/15 1801  
Route: Topical  
Rate/Duration: — / —  
Patient Supplied

Timestamps	Action / Reason	Dose	Route	Other Information
Performed 05/28/15 1300 Documented: 05/28/15 1334	Not Given Medication not available	2 g	Topical	Performed by: Kate M Hand, RN
Performed 05/28/15 0842 Documented: 05/28/15 0842	Not Given Medication not available	2 g	Topical	Performed by: Kate M Hand, RN
Performed 05/27/15 2142 Documented: 05/27/15 2142	Refused	2 g	Topical	Performed by: Leslie M Best, RN Comments: States he rarely uses this for bil. knee pain
Performed 05/27/15 1700 Documented: 05/27/15 1842	Not Given Medication not available	2 g	Topical	Performed by: Kate M Hand, RN
Performed 05/27/15 1327 Documented: 05/27/15 1327	Not Given Medication not available	2 g	Topical	Performed by: Kate M Hand, RN

**atorvastatin (LIPITOR) tablet [575569122]**

Ordering Provider: Abdul M Sheikh, MD

Status: Discontinued (Past End Date/Time), Reason: (Patient Discharge - Internal Use Only)  
Starts/Ends: 05/27/15 2100 - 05/28/15 1801  
Route: Oral  
Rate/Duration: — / —

Ordered On: 05/27/15 1050  
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.

Timestamps	Action	Dose	Route	Other Information
Performed 05/27/15 2143 Documented: 05/27/15 2143	Given	80 mg	Oral	Performed by: Leslie M Best, RN Scanned Package: 68084-590-95

**ramipril (ALTACE) capsule [575569123]**

Ordering Provider: Abdul M Sheikh, MD

Status: Discontinued (Past End Date/Time), Reason: (Patient Discharge - Internal Use Only)  
Starts/Ends: 05/27/15 1100 - 05/28/15 1801  
Route: Oral  
Rate/Duration: — / —

Ordered On: 05/27/15 1050  
Dose (Remaining/Total): 10 mg (—/—)  
Frequency: 2 Times daily

Timestamps	Action / Reason	Dose	Route	Other Information
Performed 05/28/15 0840 Documented: 05/28/15 0842	Given	10 mg	Oral	Performed by: Kate M Hand, RN Scanned Package: 68084-268-11
Performed 05/27/15 2142 Documented: 05/27/15 2142	Given	10 mg	Oral	Performed by: Leslie M Best, RN Scanned Package: 68084-268-11
Performed 05/27/15 1145 Documented: 05/27/15 1145	Not Given Recently Given	10 mg	Oral	Performed by: Kate M Hand, RN Comments: Taken at home



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**Medications (continued)**

**All Meds and Administrations (continued)**

**isosorbide mononitrate (IMDUR) 24 hr tablet [575569124]**

Ordering Provider: Abdul M Sheikh, MD

Status: Discontinued (Past End Date/Time), Reason: (Patient Discharge - Internal Use Only)

Ordered On: 05/27/15 1050

Starts/Ends: 05/27/15 1100 - 05/28/15 1801

Dose (Remaining/Total): 30 mg (—/—)

Route: Oral

Frequency: Daily

Rate/Duration: — / —

Timestamps	Action / Reason	Dose	Route	Other Information
Performed 05/28/15 0840 Documented: 05/28/15 0842	Given	30 mg	Oral	Performed by: Kate M Hand, RN Scanned Package: 68084-591-11
Performed 05/27/15 1145 Documented: 05/27/15 1146	Not Given Recently Given	30 mg	Oral	Performed by: Kate M Hand, RN Comments: Taken at home

**chlorthalidone (HYGROTON) tablet [575569125]**

Ordering Provider: Abdul M Sheikh, MD

Status: Discontinued (Past End Date/Time), Reason: (Patient Discharge - Internal Use Only)

Ordered On: 05/27/15 1050

Starts/Ends: 05/27/15 1100 - 05/28/15 1801

Dose (Remaining/Total): 50 mg (—/—)

Route: Oral

Frequency: Daily

Rate/Duration: — / —

Timestamps	Action / Reason	Dose	Route	Other Information
Performed 05/28/15 0840 Documented: 05/28/15 0842	Given	50 mg	Oral	Performed by: Kate M Hand, RN Scanned Package: 51079-058-01, 51079-058-01
Performed 05/27/15 1145 Documented: 05/27/15 1145	Not Given Recently Given	50 mg	Oral	Performed by: Kate M Hand, RN Comments: Taken at home

**carvedilol (COREG) tablet [575569126]**

Ordering Provider: Abdul M Sheikh, MD

Status: Discontinued (Past End Date/Time), Reason: (Patient Discharge - Internal Use Only)

Ordered On: 05/27/15 1050

Starts/Ends: 05/27/15 1100 - 05/28/15 1801

Dose (Remaining/Total): 12.5 mg (—/—)

Route: Oral

Frequency: 2 Times daily with meals

Rate/Duration: — / —

Timestamps	Action / Reason	Dose	Route	Other Information
Performed 05/28/15 0840 Documented: 05/28/15 0842	Given	12.5 mg	Oral	Performed by: Kate M Hand, RN Scanned Package: 68084-262-11, 68084-262-11
Performed 05/27/15 1848 Documented: 05/27/15 1849	Given	12.5 mg	Oral	Performed by: Kate M Hand, RN Scanned Package: 68084-262-11, 68084-262-11
Performed 05/27/15 1144 Documented: 05/27/15 1144	Not Given Recently Given	12.5 mg	Oral	Performed by: Kate M Hand, RN Comments: Taken at home

**clopidogrel (PLAVIX) tablet [575569127]**

Ordering Provider: Abdul M Sheikh, MD

Status: Discontinued (Past End Date/Time), Reason: (Patient Discharge - Internal Use Only)

Ordered On: 05/27/15 1050

Starts/Ends: 05/27/15 1100 - 05/28/15 1801

Dose (Remaining/Total): 75 mg (—/—)

Route: Oral

Frequency: Daily

Rate/Duration: — / —

Timestamps	Action / Reason	Dose	Route	Other Information
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**Medications (continued)**

**All Meds and Administrations (continued)**

Performed 05/28/15 0841 Given Documented: 05/28/15 0842	75 mg	Oral	Performed by: Kate M Hand, RN Scanned Package: 0904-6294-61
Performed 05/27/15 1144 Not Given Documented: 05/27/15 Recently Given 1144	75 mg	Oral	Performed by: Kate M Hand, RN

**nitroglycerin (NITROSTAT) SL tablet [575569128]**

Ordering Provider: Abdul M Sheikh, MD  
Status: Discontinued (Past End Date/Time), Reason: (Patient Discharge - Internal Use Only)  
Ordered On: 05/27/15 1050  
Dose (Remaining/Total): 0.4 mg (—/—)  
Frequency: Every 5 min PRN  
Admin Instructions: x 3 doses. Notify MD if no relief after 3 doses.  
Starts/Ends: 05/27/15 1050 - 05/28/15 1801  
Route: Sublingual  
Rate/Duration: — / —

(No admins scheduled or recorded for this medication)

**cilostazol (PLETAL) tablet [575602576]**

Ordering Provider: Abdul M Sheikh, MD  
Status: Discontinued (Past End Date/Time), Reason: (Patient Discharge - Internal Use Only)  
Ordered On: 05/27/15 1050  
Dose (Remaining/Total): 100 mg (—/—)  
Frequency: 2 Times daily  
Admin Instructions: \*\*Caution: Sound alike/look alike medication\*\*  
Starts/Ends: 05/27/15 1100 - 05/28/15 1801  
Route: Oral  
Rate/Duration: — / —

Timestamps	Action	Dose	Route	Other Information
Performed 05/28/15 0840 Given Documented: 05/28/15 0842	Given	100 mg	Oral	Performed by: Kate M Hand, RN Scanned Package: 68084-779-11, 68084-779-11
Performed 05/27/15 2148 Given Documented: 05/27/15 2149	Given	100 mg	Oral	Performed by: Leslie M Best, RN Comments: pt. now states it was coreg that he took earlier. Wants to take the Pletal Scanned Package: 60505-2521-1, 60505-2521-1
Performed 05/27/15 2143 Refused Documented: 05/27/15 2146	Refused	100 mg	Oral	Performed by: Leslie M Best, RN Comments: Pt. states he had this med twice today already. 1st dose given at 1205 but no documentation of 2nd dose. Pt. refuses after explanation of no documentation
Performed 05/27/15 1205 Given Documented: 05/27/15 1206	Given	100 mg	Oral	Performed by: Kate M Hand, RN Scanned Package: 60505-2521-1, 60505-2521-1

**aspirin EC tablet [575602600]**

Ordering Provider: Abdul M Sheikh, MD  
Status: Discontinued (Past End Date/Time), Reason: (Patient Discharge - Internal Use Only)  
Ordered On: 05/27/15 1104  
Dose (Remaining/Total): 81 mg (—/—)  
Frequency: Daily  
Starts/Ends: 05/27/15 1200 - 05/28/15 1801  
Route: Oral  
Rate/Duration: — / —

Timestamps	Action / Reason	Dose	Route	Other Information
Performed 05/28/15 0841 Given Documented: 05/28/15 0842	Given	81 mg	Oral	Performed by: Kate M Hand, RN Scanned Package: 63739-522-10
Performed 05/27/15 1144 Not Given Documented: 05/27/15 Recently Given 1144	Not Given	81 mg	Oral	Performed by: Kate M Hand, RN Comments: Taken at home



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### Medications (continued)

#### All Meds and Administrations (continued)

#### Historical Medications Entered This Encounter

This print group is not available in inpatient encounters. Please contact a system administrator.

### Care Plan

#### Multidisciplinary Problems (Active)

There are no active problems.

### 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.

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)



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### Patient Education (continued)

#### Education (continued)

**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:

#### 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:





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### Patient Education (continued)

#### Education (continued)

##### 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 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).



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**Patient Education (continued)**

**Education (continued)**

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)**

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: WS Cardiac Rehab (Resolved)**

**Topic: PCI (Resolved)**

**Point: Books/Educational Material (Resolved)**



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**Patient Education (continued)**

**Education (continued)**

Description:  
Current standardized written information provided specific to diagnosis, recovery, disease progression and prevention.

**Learning Progress Summary**

Patient Acceptance, Explanation, Handout, Verbalized Understanding by MT at 5/28/2015 0932  
Comment: PCI review done. Strong family hx CAD. Compliant with diet and active on his property.  
Does not want Cardiac Rehab.

**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.

**Learning Progress Summary**

Patient Acceptance, Explanation, Handout, Verbalized Understanding by MT at 5/28/2015 0932  
Comment: PCI review done. Strong family hx CAD. Compliant with diet and active on his property.  
Does not want Cardiac Rehab.

**Point: Medications (Resolved)**

Description:  
Medication compliance encouraged. Organization tools discussed and medication information and resources provided.

**Learning Progress Summary**

Patient Acceptance, Explanation, Handout, Verbalized Understanding by MT at 5/28/2015 0932  
Comment: PCI review done. Strong family hx CAD. Compliant with diet and active on his property.  
Does not want Cardiac Rehab.

**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.

**Learning Progress Summary**

Patient Acceptance, Explanation, Handout, Verbalized Understanding by MT at 5/28/2015 0932  
Comment: PCI review done. Strong family hx CAD. Compliant with diet and active on his property.  
Does not want Cardiac Rehab.

**Point: Activity guidelines (Resolved)**

Description:  
Appropriate activity and/or limitations for diagnosis specific recovery provided.

**Learning Progress Summary**

Patient Acceptance, Explanation, Handout, Verbalized Understanding by MT at 5/28/2015 0932  
Comment: PCI review done. Strong family hx CAD. Compliant with diet and active on his property.  
Does not want Cardiac Rehab.

**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.

**Learning Progress Summary**

Patient Acceptance, Explanation, Handout, Verbalized Understanding by MT at 5/28/2015 0932  
Comment: PCI review done. Strong family hx CAD. Compliant with diet and active on his property.  
Does not want Cardiac Rehab.



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**Patient Education (continued)**

**Education (continued)**

**Point: Cardiac Rehab participation/location options (Resolved)**

Description:  
 Cardiac rehabilitation benefits highlighted and participation encouraged.

**Learning Progress Summary**

<b>Patient</b>	Acceptance, Explanation, Handout, Verbalized Understanding by MT at 5/28/2015 0932 Comment: PCI review done. Strong family hx CAD. Compliant with diet and active on his property. Does not want Cardiac Rehab.
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**Point: Cardiac Diet/low fat/low sodium (Resolved)**

Description:  
 American Heart Association guidelines provided for a reduced fat and reduced sodium diet.

**Learning Progress Summary**

<b>Patient</b>	Acceptance, Explanation, Handout, Verbalized Understanding by MT at 5/28/2015 0932 Comment: PCI review done. Strong family hx CAD. Compliant with diet and active on his property. Does not want Cardiac Rehab.
----------------	---

**Point: Endocarditis education/card (Resolved)**

Description:  
 Written and verbal instruction provided on endocarditis prevention. Temporary Valve card provided.

**Learning Progress Summary**

<b>Patient</b>	Acceptance, Explanation, Handout, Verbalized Understanding by MT at 5/28/2015 0932 Comment: PCI review done. Strong family hx CAD. Compliant with diet and active on his property. Does not want Cardiac Rehab.
----------------	---

**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.

**Learning Progress Summary**

<b>Patient</b>	Acceptance, Explanation, Handout, Verbalized Understanding by MT at 5/28/2015 0932 Comment: PCI review done. Strong family hx CAD. Compliant with diet and active on his property. Does not want Cardiac Rehab.
----------------	---

**Title: Cardiac Surgery (Resolved)**

**Topic: PCI (Resolved)**

**Additional Points For This Title**

**Point: ACTIVITY (Resolved)**

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)**



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**Patient Education (continued)**

**Education (continued)**

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: General Patient Education (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.

Learner Not documented in this visit.  
Progress:

**Topic: Pain Management (MCB) (Resolved)**

**Point: Encourage Patient to Monitor Own Pain (Resolved)**

Description:  
Provide patient with information on the Pain Rating Scale. Explain the rating scale of 0 to 10.



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**Patient Education (continued)**

**Education (continued)**

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:

**Topic: Prevention (MCB) (Resolved)**

**Point: When to Call the Doctor (Resolved)**

Description:  
 Educate patient/family/caregiver on when to call the doctor.

**Learning Progress Summary**

Patient	Eager, Explanation, Handout, Verbalized Understanding by KH at 5/28/2015 1319
Significant Other	Eager, Explanation, Handout, Verbalized Understanding by KH at 5/28/2015 1319

**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.



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**Patient Education (continued)**

**Education (continued)**

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.

**Learning Progress Summary**

Patient	Eager, Explanation, Handout, Verbalized Understanding by KH at 5/28/2015 1319
Significant Other	Eager, Explanation, Handout, Verbalized Understanding by KH at 5/28/2015 1319

**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: Medications (MCB) (Resolved)**

**Point: Anticoagulant Therapy (Resolved)**

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.

Learner Not documented in this visit.  
Progress:

**Point: Insulin (MCB) (Resolved)**

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 (Resolved)**

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: Non-Steroidal Anti-inflammatory Drugs (Resolved)**



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**Patient Education (continued)**

**Education (continued)**

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.

Learner Not documented in this visit.  
 Progress:

**Point: Psychotropic Medications (Resolved)**

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.

Learner Not documented in this visit.  
 Progress:

**Point: ACE Inhibitors (Resolved)**

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 (Resolved)**

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: Beta Blockers (Resolved)**

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>	Eager, Explanation, Handout, Verbalized Understanding by KH at 5/28/2015 1319
<b>Significant Other</b>	Eager, Explanation, Handout, Verbalized Understanding by KH at 5/28/2015 1319

**Point: Digoxin (Resolved)**

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 (Resolved)**

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.

Learner Not documented in this visit.  
 Progress:





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**Patient Education (continued)**

**Education (continued)**

**Point: Inotropes (Resolved)**

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 (Resolved)**

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:

**Point: Antibiotics (Resolved)**

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.

Learner Not documented in this visit.  
 Progress:

**User Key**

Initials	Effective Dates	Name	Provider Type	Discipline
MT	04/02/14 - 02/02/17	Marie Thomas-Stanley, RN	Registered Nurse	Nurse
KH	04/02/14 - 02/02/17	Kate M Hand, RN	Registered Nurse	Nurse

**Education Notes**

Marie Thomas-Stanley, RN 05/27/15 1210

Pt eating lunch post PCI today. Booklet at bedside. F/u in am.

**Discharge Instructions**

**Discharge Instructions**

Maurice, Eugene George (MR # 561253820)

Date	Status	User	User Type	Discharge Note
05/28/15 1253	Pended	Kate M Hand, RN	Registered Nurse	Original
<b>Note:</b>				

# Heart Catheterization/Intervention

## Discharge Instructions

Performed by \*\*\*

You have recovered for a short time in the hospital. You should be careful at home for the next 48 hours. Please abide by the following rules:



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**Discharge Instructions (continued)**

1. **Rest and relax today and tomorrow.** To lessen the risk of bleeding from the puncture site, do the following:

- Limit activity for the next two days. Do not do any unnecessary bending, heavy lifting (greater than 10 pounds, including infants and pets), straining or stair climbing.
- Keep your leg as straight as possible over the next 12 hours.
- Hold pressure on the site any time you cough, sneeze, laugh, or strain.
- You may resume sexual relations when you are able to climb one flight of stairs or walk for 10 minutes without shortness of breath or chest pain.

2. Due to medications you received, **do not drive, drink alcohol, or make important decisions for the next 48 hours.**

**Have someone stay with you tonight.**

3. **Observe your puncture site.** You may have a small knot (no larger than an olive) or bruise in the cath site.

- Report any bleeding, swelling, severe pain, or numbness at the puncture site.
- If bleeding does occur, press down hard on the site. Lie down and have someone hold pressure for five minutes without letting up. **If bleeding or swelling is rapid or does not stop after holding for 5 minutes, continue to hold pressure and call 911.**
- If you experience signs that the circulation in your leg, foot, arm or hand is blocked, such as pain, coolness, tingling or loss of feeling, or change of color of the skin, **call your doctor immediately.**

4. **Stent Medication Instructions:**

I have been informed that my physician has inserted a coronary stent which will require me to take certain medications for a prolonged period of time to reduce the risk of postoperative clotting. I understand that the failure to fill these prescriptions and take the medication as ordered places me at risk for potential serious complications, including but not limited to blood clots, heart attack, and death.

**I acknowledge that I have had the opportunity to ask questions about the stent and required medications, and have had them answered to my satisfaction.** \_\_\_\_\_ (patient initials)

5. **Resume your normal diet, unless otherwise instructed by your doctor.**

- Continue to drink lots of liquids unless instructed otherwise by the doctor.
- If you take water pills, insulin, blood thinners, or aspirin, ask your doctor for instructions.
- **If you take Glucophage, do not take for 48 hours.**
- If you have heart disease, take nitroglycerin as prescribed for angina. Decrease your heart disease risk by stopping all use of tobacco products.
- See discharge medication list.

6. **Call you doctor if:**

- You develop a painful lump in your groin or a lump that is getting larger.
- You feel lightheaded, faint or clammy.
- You are unable to urinate.
- The puncture site looks red or has any discharge (signs of infection).
- You begin running a fever.

7. If you received **Artery Closure Devices**, please follow these written instructions:



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**Discharge Instructions (continued)**

- Keep the bandage on for 24 hours. Do not remove bandage until after you shower. May shower the morning following procedure.
- Cover puncture site with a Band-Aid after you shower; change the Band-Aid daily after bathing until the site is healed.
- **DO NOT** sit in a hot tub, bathtub, sauna, whirlpool, or swimming pool for 7 days following your procedure.
- If the puncture site looks red or has any discharge, call your doctor. If you have questions or concerns about your procedure, call you doctor.
- If you had an interventional procedure, be sure to keep your stent card in your wallet.
- Inform your regular doctor that you have had a stent placed.

Follow up with your doctor for complete test results.

**I have received a copy of this form and understand the instructions.**

_____	_____	_____
Responsible Person Signature	Date	Relationship to Patient

_____	_____
RN Signature	Date/Time

## Cilostazol Oral tablet

### What is this medicine?

CILOSTAZOL (sil OH sta zol) is used to treat the symptoms of intermittent claudication. This condition causes pain in the legs during walking, and goes away with rest. By improving blood flow, this medicine helps people with this condition walk longer distances without pain.

This medicine may be used for other purposes; ask your health care provider or pharmacist if you have questions.

### What should I tell my health care provider before I take this medicine?

They need to know if you have any of the following conditions:

- bleeding disorder or hemophilia
- history of heart failure, heart attack, or other heart disease



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#### Discharge Instructions (continued)

- an unusual or allergic reaction to cilostazol, other medicines, foods, dyes, or preservatives
- pregnant or trying to get pregnant
- breast-feeding

## How should I use this medicine?

Take this medicine by mouth with a full glass of water. Follow the directions on the prescription label. Take this medicine on an empty stomach, at least 30 minutes before or 2 hours after food. Do not take with food. Take your doses at regular intervals. Do not take your medicine more often than directed.

Talk to your pediatrician regarding the use of this medicine in children. Special care may be needed.

Overdosage: If you think you have taken too much of this medicine contact a poison control center or emergency room at once.

NOTE: This medicine is only for you. Do not share this medicine with others.

## What if I miss a dose?

If you miss a dose, take it as soon as you can. If it is almost time for your next dose, take only that dose. Do not take double or extra doses.

## What may interact with this medicine?

Do not take this medicine with any of the following medications:

- grapefruit juice

This medicine may also interact with the following medications:

- agents that prevent or treat blood clots like enoxaparin or warfarin
- aspirin
- diltiazem
- erythromycin or clarithromycin
- omeprazole
- some medications for treating depression like fluoxetine, fluvoxamine, nefazodone
- some medications for treating fungal infections like ketoconazole, fluconazole, itraconazole

This list may not describe all possible interactions. Give your health care provider a list of all the medicines, herbs, non-prescription drugs, or dietary supplements you use. Also tell them if you smoke, drink alcohol, or use illegal drugs. Some items may interact with your medicine.

## What should I watch for while using this medicine?

Visit your doctor or health care professional for regular checks on your progress. It may take 2 to 4 weeks for your condition to start to get better once you begin taking this medicine. In some people, it can take as long as 3 months for the condition to get better.



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#### Discharge Instructions (continued)

You may get drowsy or dizzy. Do not drive, use machinery, or do anything that needs mental alertness until you know how this drug affects you. Do not stand or sit up quickly, especially if you are an older patient. This reduces the risk of dizzy or fainting spells. Alcohol can make you more drowsy and dizzy. Avoid alcoholic drinks.

Smoking may have effects on the circulation that may limit the benefits you receive from this medicine. You may wish to discuss how to stop smoking with your doctor or health care professional.

If you are going to have surgery, tell your doctor or health care professional that you are taking this medicine.

## What side effects may I notice from receiving this medicine?

Side effects that you should report to your doctor or health care professional as soon as possible:

- allergic reactions like skin rash, itching or hives, swelling of the face, lips, or tongue
- black, tarry stools
- blood in urine or stools
- chest pain
- fast, slow, or irregular heartbeat
- swelling in the legs or ankles
- unusual bleeding, bruising

Side effects that usually do not require medical attention (report to your doctor or health care professional if they continue or are bothersome):

- diarrhea
- headache
- nausea, or upset stomach

This list may not describe all possible side effects. Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.

## Where should I keep my medicine?

Keep out of the reach of children.

Store at room temperature between 15 and 30 degrees C (59 and 86 degrees F). Throw away any unused medicine after the expiration date.

NOTE: This sheet is a summary. It may not cover all possible information. If you have questions about this medicine, talk to your doctor, pharmacist, or health care provider. Copyright© 2013 Gold Standard



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**Discharge Instructions (continued)**



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Flowsheets (all recorded)

Custom Formula Data

Row Name	05/28/15 11:23:35	05/28/15 08:18:59	05/28/15 03:26:44	05/27/15 23:10:46	05/27/15 20:37:56
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OTHER

Weight Change (kg)	---	---	0 kg -DI (r) CB (t)	---	---
Visit Weight	---	---	221 lb -DI (r) CB (t)	---	---
% Weight Change Since Birth	---	---	0 -DI (r) CB (t)	---	---

Relevant Labs and Vitals

Temp (in Celsius)	36.7 -MG	36.7 -MG	36.6 -CB	36.7 -CB	36.7 -CB
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Row Name	05/27/15 1300	05/27/15 12:00:07	05/27/15 10:22:14	05/27/15 08:11:01	05/27/15 07:14
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OTHER

Weight Change (kg)	---	---	---	---	0 kg -FD
Ideal Body Weight	---	---	---	---	160 lb -FD
Visit Weight	---	---	---	---	215 lb -FD
BMI (Calculated)	---	---	---	---	33.7 -FD
IBW/kg (Calculated)	---	---	---	---	66.1 kg -FD
Male	---	---	---	---	61.6 kg -FD
IBW/kg (Calculated)	---	---	---	---	61.6 kg -FD
FEMALE	---	---	---	---	159.3 -FD
Weight in (lb) to have BMI = 25	---	---	---	---	159.3 -FD
% Weight Change Since Birth	---	---	---	---	0 -FD

Relevant Labs and Vitals

Temp (in Celsius)	---	36.5 -RB	---	---	36.4 -FD
-------------------	-----	----------	-----	-----	----------

Adult IBW/VT Calculations

IBW/kg (Calculated)	---	---	---	---	66.1 -FD
Range Vt 4mL/kg	---	---	---	---	264.4 mL/kg -FD
Low Range Vt 6mL/kg	---	---	---	---	396.6 mL/kg -FD
Adult Moderate Range Vt 8mL/kg	---	---	---	---	528.8 mL/kg -FD
Adult High Range Vt 10mL/kg	---	---	---	---	661 mL/kg -FD

Case Log

BSA x (CI @3.0)= CO	---	---	---	---	6.42 CO -FD
---------------------	-----	-----	-----	-----	-------------

Aldrete

Aldrete Score	---	---	10 -MC	10 -MC	---
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(RETIRED) Score 5 for each factor

VTE Total Risk Factor Score	2 -KH	---	---	---	---
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Flowsheets (all recorded)

Care Handoff

Row Name	05/28/15 0731	05/27/15 1910	05/27/15 1047		
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Care Handoff

Report Given to	Given to next shift RN -LB	Given to next shift RN -KH	Given to floor -LR		
Name of person receiving report	Kate, RN -LB	Leslie, RN -KH	Kate, RN -LR		
Name of person giving report	Leslie, RN -LB	Kate, RN -KH	L.Richardson, RN -LR		





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**Flowsheets (all recorded)**

**Travel Information**

Row Name	05/27/15 0713				
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RETIRED - Travel outside the U.S.

RETIRED - Has the patient or a household member traveled outside the U.S. in the past 21 days? No -FD



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**Flowsheets (all recorded)**

**Aldrete Score**

Row Name	05/27/15 10:22:14	05/27/15 08:11:01
Aldrete		
Activity	2 -MC	2 -MC
Respiration	2 -MC	2 -MC
Circulation	2 -MC	2 -MC
Consciousness	2 -MC	2 -MC
Color	2 -MC	2 -MC



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3950 Austell Road SW  
Austell GA 30106  
Inpatient Record

Maurice, Eugene George  
MRN: 561253820, DOB: 1/2/1949, Sex: M  
Adm: 5/27/2015, D/C: 5/28/2015

Flowsheets (all recorded)

Vital Signs

Row Name	05/28/15 11:23:35	05/28/15 08:18:59	05/28/15 07:30	05/28/15 03:26:44	05/27/15 23:10:46
Vital Signs					
Temp	98 °F (36.7 °C) -DI (r) MG (t)	98 °F (36.7 °C) -DI (r) MG (t)	---	97.8 °F (36.6 °C) -DI (r) CB (t)	98 °F (36.7 °C) -DI (r) CB (t)
Temp src	Oral -MG	Oral -MG	---	Oral -CB	Oral -CB
Pulse	61 -DI (r) MG (t)	63 -DI (r) MG (t)	---	56 -DI (r) CB (t)	59 -DI (r) CB (t)
Heart Rate Source	Monitor -MG	Monitor -MG	---	Monitor -CB	Monitor -CB
Resp	18 -DI (r) MG (t)	18 -DI (r) MG (t)	---	18 -DI (r) CB (t)	18 -DI (r) CB (t)
Respiration Source	visual -MG	visual -MG	---	visual -CB	visual -CB
BP	133/62 -DI (r) MG (t)	137/75 -DI (r) MG (t)	---	119/63 -DI (r) CB (t)	103/51 -DI (r) CB (t)
BP Location	Right arm -MG	Right arm -MG	---	Right arm -CB	Right arm -CB
BP Method	Portable -MG	Portable -MG	---	Portable -CB	Portable -CB
Patient Position	Lying -MG	Lying -MG	---	Lying -CB	Lying -CB

Oxygen Therapy

SpO2	93 % -DI (r) MG (t)	94 % -DI (r) MG (t)	---	95 % -DI (r) CB (t)	93 % -DI (r) CB (t)
O2 Device	None (Room air) -MG	None (Room air) -MG	---	---	---

Pain Assessment

Currently in Pain	---	---	No -KH	---	---
Which Pain	---	---	Numeric (0-10) -KH	---	---
Assessment Tool ?	---	---	---	---	---

Numeric Pain Intensity Scale

Numeric Pain Intensity Score 1	---	---	0 -KH	---	5 -LB
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Height and Weight

Weight	---	---	---	100.2 kg (220 lb 14.4 oz) -DI (r) CB (t)	---
Weight Method	---	---	---	Actual -CB	---

[REMOVED] Peripheral IV 05/27/15 22 G Left Hand

IV Properties	Placement Date: 05/27/15 -FD Placement Time: 0730 -FD Present on arrival to hospital?: No -FD Type of Catheter: Straight -FD Size (Gauge): 22 G -FD Orientation: Left -FD Location: Hand -FD Site Prep: Chlorhexidine -FD Insertion attempts: 1 -FD Successful IV Attempt?: Yes -FD Patient Tolerance: Tolerated well -FD IV Access Problem: No -FD Removal Date: 05/28/15 -KH Removal Time: 1738 -KH (Retired) Inserted by: dawes RN -FD				
Site Assessment	---	---	Asymptomatic,Clean,Dry;Intact -KH	---	---
Phlebitis Scale	---	---	0 -KH	---	---
Infiltration/Extravasation Scale	---	---	0 -KH	---	---
Line Assessment	---	---	Patent,Saline locked -KH	---	---
Dressing Assessment	---	---	Transparent;Intact;Dry,Clean -KH	---	---
IV Interventions	---	---	Flushed -KH	---	---

Row Name	05/27/15 20:37:56	05/27/15 15:25:49	05/27/15 15:24:40	05/27/15 14:48:16	05/27/15 13:48:17
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Vital Signs

Temp	98.1 °F (36.7 °C) -DI (r) CB (t)	---	---	---	---
Temp src	Oral -CB	---	---	---	---
Pulse	62 -DI (r) CB (t)	60 -DI (r) KH (t)	60 -DI (r) KH (t)	57 -DI (r) KH (t)	56 -DI (r) KH (t)
Heart Rate Source	Monitor -CB	Monitor -RB	Monitor -RB	Monitor -RB	Monitor -RB
Resp	18 -DI (r) CB (t)	18 -RB	18 -RB	18 -RB	18 -RB
Respiration Source	visual -CB	visual -RB	visual -RB	visual -RB	visual -RB
BP	132/73 -DI (r) CB (t)	126/54 -DI (r) KH (t)	121/57 -DI (r) KH (t)	119/61 -DI (r) KH (t)	120/62 -DI (r) KH (t)
BP Location	Right arm -CB	Right arm -RB	Right arm -RB	Right arm -RB	Right arm -RB
BP Method	Portable -CB	Portable -RB	Portable -RB	---	---
Patient Position	Lying -CB	Standing -RB	Sitting -RB	---	---

Oxygen Therapy

SpO2	92 % -DI (r) CB (t)	---	---	---	---
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[REMOVED] Peripheral IV 05/27/15 22 G Left Hand

IV Properties	Placement Date: 05/27/15 -FD Placement Time: 0730 -FD Present on arrival to hospital?: No -FD Type of Catheter: Straight -FD Size (Gauge): 22 G -FD Orientation: Left -FD Location: Hand -FD Site Prep: Chlorhexidine -FD Insertion attempts: 1 -FD Successful IV Attempt?: Yes -FD Patient Tolerance: Tolerated well -FD IV Access Problem: No -FD Removal Date: 05/28/15 -KH Removal Time: 1738 -KH (Retired) Inserted by: dawes RN -FD				
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[REMOVED] Peripheral IV 05/27/15 20 G Right Forearm



WS Cobb Hospital  
3950 Austell Road SW  
Austell GA 30106  
Inpatient Record

Maurice, Eugene George  
MRN: 561253820, DOB: 1/2/1949, Sex: M  
Adm: 5/27/2015, D/C: 5/28/2015

Flowsheets (all recorded) (continued)

Vital Signs (continued)

Row Name	05/27/15 20:37:56	05/27/15 15:25:49	05/27/15 15:24:40	05/27/15 14:48:18	05/27/15 13:48:17
IV Properties	Placement Date: 05/27/15 -FD Placement Time: 0735 -FD Present on arrival to hospital?: No -FD Type of Catheter: Straight -FD Size (Gauge): 20 G -FD Orientation: Right -FD Location: Forearm -FD Site Prep: Chlorhexidine -FD Insertion attempts: 1 -FD Successful IV Attempt?: Yes -FD Patient Tolerance: Tolerated well -FD IV Access Problem: No -FD Removal Date: 05/27/15 -KH Removal Time: 1910 -KH (Retired) Inserted by: Dawes Rn -FD				

Row Name	05/27/15 13:18:18	05/27/15 12:33:20	05/27/15 12:04	05/27/15 12:00:07	05/27/15 11:49:11
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Vital Signs

Temp	—	—	—	97.7 °F (36.5 °C) -DI (r) KH (t)	—
Temp src	—	—	—	Oral -RB	—
Pulse	52 -DI (r) KH (t)	51 -DI (r) KH (t)	50 -RB	(l) 47 -DI (r) KH (t)	53 -DI (r) KH (t)
Heart Rate Source	Monitor -RB	Monitor -RB	Monitor -RB	Monitor -RB	—
Resp	18 -RB	18 -RB	—	—	—
Respiration Source	visual -RB	visual -RB	—	visual -RB	—
BP	131/61 -DI (r) KH (t)	125/69 -DI (r) KH (t)	—	135/63 -DI (r) KH (t)	135/63 -DI (r) KH (t)
BP Location	Right arm -RB	Right arm -RB	—	Right arm -RB	—
BP Method	—	—	—	Portable -RB	—
Patient Position	—	—	—	Lying -RB	—
Oxygen Therapy					
SpO2	—	—	—	94 % -DI (r) KH (t)	93 % -DI (r) KH (t)
O2 Device	—	—	—	None (Room air) -RB	—

[REMOVED] Peripheral IV 05/27/15 22 G Left Hand

IV Properties	Placement Date: 05/27/15 -FD Placement Time: 0730 -FD Present on arrival to hospital?: No -FD Type of Catheter: Straight -FD Size (Gauge): 22 G -FD Orientation: Left -FD Location: Hand -FD Site Prep: Chlorhexidine -FD Insertion attempts: 1 -FD Successful IV Attempt?: Yes -FD Patient Tolerance: Tolerated well -FD IV Access Problem: No -FD Removal Date: 05/28/15 -KH Removal Time: 1738 -KH (Retired) Inserted by: dawes RN -FD				
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[REMOVED] Peripheral IV 05/27/15 20 G Right Forearm

IV Properties	Placement Date: 05/27/15 -FD Placement Time: 0735 -FD Present on arrival to hospital?: No -FD Type of Catheter: Straight -FD Size (Gauge): 20 G -FD Orientation: Right -FD Location: Forearm -FD Site Prep: Chlorhexidine -FD Insertion attempts: 1 -FD Successful IV Attempt?: Yes -FD Patient Tolerance: Tolerated well -FD IV Access Problem: No -FD Removal Date: 05/27/15 -KH Removal Time: 1910 -KH (Retired) Inserted by: Dawes Rn -FD				
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Row Name	05/27/15 11:34:20	05/27/15 11:19:16	05/27/15 11:00	05/27/15 10:50:05	05/27/15 10:48:24
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Vital Signs

Temp	—	—	—	97.6 °F (36.4 °C) -DI (r) KH (t)	—
Pulse	(l) 49 -DI (r) KH (t)	(l) 48 -DI (r) KH (t)	—	(l) 49 -DI (r) KH (t)	(l) 46 -DI (r) KH (t)
BP	122/65 -DI (r) KH (t)	125/69 -DI (r) KH (t)	—	—	123/67 -DI (r) KH (t)
BP Location	Right arm -RB	—	—	—	—
BP Method	Portable -RB	—	—	—	—
Patient Position	Lying -RB	—	—	—	—
Oxygen Therapy					
SpO2	93 % -DI (r) KH (t)	94 % -DI (r) KH (t)	—	95 % -DI (r) KH (t)	96 % -DI (r) KH (t)
O2 Device	None (Room air) -RB	—	—	—	—

Pain Assessment History

Patient's Stated Pain Goal	—	—	0 (No Pain) -KH	—	—
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[REMOVED] Peripheral IV 05/27/15 22 G Left Hand

IV Properties	Placement Date: 05/27/15 -FD Placement Time: 0730 -FD Present on arrival to hospital?: No -FD Type of Catheter: Straight -FD Size (Gauge): 22 G -FD Orientation: Left -FD Location: Hand -FD Site Prep: Chlorhexidine -FD Insertion attempts: 1 -FD Successful IV Attempt?: Yes -FD Patient Tolerance: Tolerated well -FD IV Access Problem: No -FD Removal Date: 05/28/15 -KH Removal Time: 1738 -KH (Retired) Inserted by: dawes RN -FD				
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Site Assessment	—	—	Asymptomatic;Clean;Dry;Intact -KH	—	—
Phlebitis Scale	—	—	0 -KH	—	—
Infiltration/Extravasation Scale	—	—	0 -KH	—	—
Line Assessment	—	—	Patent;Saline locked -KH	—	—
Dressing Assessment	—	—	Transparent;Intact;Dry;Clean -KH	—	—
IV Interventions	—	—	Flushed -KH	—	—

[REMOVED] Peripheral IV 05/27/15 20 G Right Forearm

IV Properties	Placement Date: 05/27/15 -FD Placement Time: 0735 -FD Present on arrival to hospital?: No -FD Type of Catheter: Straight -FD Size (Gauge): 20 G -FD Orientation: Right -FD Location: Forearm -FD Site Prep: Chlorhexidine -FD Insertion attempts: 1 -FD Successful IV				
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Flowsheets (all recorded) (continued)

Vital Signs (continued)

Row Name	05/27/15 11:34:20	05/27/15 11:19:16	05/27/15 11:00	05/27/15 10:50:05	05/27/15 10:48:24
Attempt?: Yes -FD Patient Tolerance: Tolerated well -FD IV Access Problem: No -FD Removal Date: 05/27/15 -KH Removal Time: 1910 -KH (Retired) Inserted by: Dawes Rn -FD					
Site Assessment	---	---	Asymptomatic;Clean;Dry;Intact -KH	---	---
Phlebitis Scale	---	---	0 -KH	---	---
Infiltration/Extravasation Scale	---	---	0 -KH	---	---
Line Assessment	---	---	Patent;Saline locked -KH	---	---
Dressing Assessment	---	---	Transparent;Intact;Dry;Clean -KH	---	---
IV Interventions	---	---	Flushed -KH	---	---

Row Name	05/27/15 08:10:42	05/27/15 0740	05/27/15 0735	05/27/15 0714
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Vital Signs

Temp	---	---	---	97.6 °F (36.4 °C) -FD
Temp src	---	---	---	Oral -FD
Pulse	---	---	---	(I) 49 -FD
Resp	---	---	---	18 -FD
BP	---	---	---	118/74 -FD

Oxygen Therapy

SpO2	---	---	---	95 % -FD
O2 Device	Nasal cannula -MC	---	---	---
O2 Flow Rate (L/min)	3 L/min -MC	---	---	---

Numeric Pain Intensity Scale

Numeric Pain Intensity Score 1	---	---	---	0 -FD
--------------------------------	-----	-----	-----	-------

Height and Weight

Height	---	---	---	67" (1.702 m) -FD
Weight	---	---	---	97.5 kg (215 lb) -FD
Weight Method	---	---	---	Stated -FD
BSA (Calculated - sq m)	---	---	---	2.14 sq meters -FD
BMI (Calculated)	---	---	---	33.7 -FD
Weight in (lb) to have BMI = 25	---	---	---	159.3 -FD

[REMOVED] Peripheral IV 05/27/15 22 G Left Hand

IV Properties	Placement Date: 05/27/15 -FD Placement Time: 0730 -FD Present on arrival to hospital?: No -FD Type of Catheter: Straight -FD Size (Gauge): 22 G -FD Orientation: Left -FD Location: Hand -FD Site Prep: Chlorhexidine -FD Insertion attempts: 1 -FD Successful IV Attempt?: Yes -FD Patient Tolerance: Tolerated well -FD IV Access Problem: No -FD Removal Date: 05/28/15 -KH Removal Time: 1738 -KH (Retired) Inserted by: dawes RN -FD				
Site Assessment	---	Asymptomatic -FD	---	---	---
Line Assessment	---	Blood return noted -FD	---	---	---
Dressing Assessment	---	Dry;Clean;Intact -FD	---	---	---
IV Interventions	---	Flushed -FD	---	---	---

[REMOVED] Peripheral IV 05/27/15 20 G Right Forearm

IV Properties	Placement Date: 05/27/15 -FD Placement Time: 0735 -FD Present on arrival to hospital?: No -FD Type of Catheter: Straight -FD Size (Gauge): 20 G -FD Orientation: Right -FD Location: Forearm -FD Site Prep: Chlorhexidine -FD Insertion attempts: 1 -FD Successful IV Attempt?: Yes -FD Patient Tolerance: Tolerated well -FD IV Access Problem: No -FD Removal Date: 05/27/15 -KH Removal Time: 1910 -KH (Retired) Inserted by: Dawes Rn -FD				
Site Assessment	---	Asymptomatic -FD	---	---	---
Line Assessment	---	Blood return noted -FD	---	---	---
Dressing Assessment	---	Clean;Dry;Intact -FD	---	---	---
IV Interventions	---	Flushed -FD	---	---	---



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Flowsheets (all recorded)

IV Assessment

Row Name	05/28/15 0730	05/27/15 1200	05/27/15 1100	05/27/15 0740	05/27/15 0735
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Blood Specimen Collection Status

Blood Specimen Collection	Lab -KH	---	Lab -KH	---	---
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Dominant Hand

Which is your dominant hand?	---	Right -KH	---	---	---
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[REMOVED] Peripheral IV 05/27/15 22 G Left Hand

IV Properties	Placement Date: 05/27/15 -FD Placement Time: 0730 -FD Present on arrival to hospital?: No -FD Type of Catheter: Straight -FD Size (Gauge): 22 G -FD Orientation: Left -FD Location: Hand -FD Site Prep: Chlorhexidine -FD Insertion attempts: 1 -FD Successful IV Attempt?: Yes -FD Patient Tolerance: Tolerated well -FD IV Access Problem: No -FD Removal Date: 05/28/15 -KH Removal Time: 1738 -KH (Retired) Inserted by: dawes RN -FD				
Site Assessment	---	---	Asymptomatic;Clean;Dry;Intact -KH	Asymptomatic -FD	---
Phlebitis Scale	0 -KH	---	0 -KH	---	---
Infiltration/Extravasation Scale	0 -KH	---	0 -KH	---	---
Line Assessment	Patent;Saline locked -KH	---	Patent;Saline locked -KH	Blood return noted -FD	---
Dressing Assessment	---	---	Transparent;Intact;Dry;Clean -KH	Dry;Clean;Intact -FD	---
IV Interventions	Flushed -KH	---	Flushed -KH	Flushed -FD	---

[REMOVED] Peripheral IV 05/27/15 20 G Right Forearm

IV Properties	Placement Date: 05/27/15 -FD Placement Time: 0735 -FD Present on arrival to hospital?: No -FD Type of Catheter: Straight -FD Size (Gauge): 20 G -FD Orientation: Right -FD Location: Forearm -FD Site Prep: Chlorhexidine -FD Insertion attempts: 1 -FD Successful IV Attempt?: Yes -FD Patient Tolerance: Tolerated well -FD IV Access Problem: No -FD Removal Date: 05/27/15 -KH Removal Time: 1910 -KH (Retired) Inserted by: Dawes Rn -FD				
Site Assessment	---	---	Asymptomatic;Clean;Dry;Intact -KH	---	Asymptomatic -FD
Phlebitis Scale	---	---	0 -KH	---	---
Infiltration/Extravasation Scale	---	---	0 -KH	---	---
Line Assessment	---	---	Patent;Saline locked -KH	---	Blood return noted -FD
Dressing Assessment	---	---	Transparent;Intact;Dry;Clean -KH	---	Clean;Dry;Intact -FD
IV Interventions	---	---	Flushed -KH	---	Flushed -FD



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Flowsheets (all recorded)

Assessment

Row Name	05/28/15 11:23:35	05/28/15 08:18:59	05/28/15 07:30	05/28/15 03:26:44	05/27/15 23:10:46
<b>Neurological</b>					
Neuro (WDL)	---	---	WDL -KH	---	---
Orientation Level	---	---	Oriented X4 -KH	---	---
Speech	---	---	Clear -KH	---	---
Level of Consciousness (Retired)	---	---	Alert -KH	---	---
<b>tPA Time out</b>					
Weight	---	---	---	100.2 kg (220 lb 14.4 oz) -DI (r) CB (t)	---
<b>HEENT</b>					
HEENT (WDL)	---	---	WDL -KH	---	---
<b>Respiratory</b>					
Respiratory (WDL)	---	---	WDL -KH	---	---
<b>Oxygen Therapy</b>					
SpO2	93 % -DI (r) MG (t)	94 % -DI (r) MG (t)	---	95 % -DI (r) CB (t)	93 % -DI (r) CB (t)
O2 Device	None (Room air) -MG	None (Room air) -MG	---	---	---
<b>Cardiac</b>					
Cardiac (WDL)	---	---	X -KH	---	---
Heart Sounds	---	---	S1, S2 -KH	---	---
<b>Cardiac</b>					
Cardiac Regularity	---	---	Regular -KH	---	---
Telemetry Monitor On	---	---	Yes -KH	---	---
Telemetry Box Number	---	---	MX51 -KH	---	---
<b>Peripheral Vascular</b>					
Peripheral Vascular (WDL)	---	---	WDL -KH	---	---
RLE Capillary Refill	---	---	Less than/equal to 3 seconds -KH	---	---
Pulses	---	---	L radial;R radial;L pedal;R pedal -KH	---	---
<b>RUE Neurovascular Assessment</b>					
R Radial Pulse	---	---	+2 -KH	---	---
<b>LUE Neurovascular Assessment</b>					
L Radial Pulse	---	---	+2 -KH	---	---
<b>RLE Neurovascular Assessment</b>					
RLE Color	---	---	Appropriate for ethnicity -KH	---	---
RLE Temperature/Moisture	---	---	Warm;Dry -KH	---	---
RLE Sensation	---	---	Present -KH	---	---
R Pedal Pulse	---	---	+2 -KH	---	---
<b>LLE Neurovascular Assessment</b>					
L Pedal Pulse	---	---	+2 -KH	---	---
<b>Integumentary</b>					
Integumentary (WDL)	---	---	WDL -KH	---	---
<b>Braden Scale</b>					
Sensory Perceptions	---	---	4 -KH	---	---
Moisture	---	---	4 -KH	---	---
Activity	---	---	3 -KH	---	---
Mobility	---	---	3 -KH	---	---
Nutrition	---	---	4 -KH	---	---
Friction and Shear	---	---	3 -KH	---	---
Braden Scale Score	---	---	21 -KH	---	---
<b>[REMOVED] Surgical 05/27/15 Groin Right</b>					
Incision Properties	Date Documented: 05/27/15 -KH Time Documented: 1100 -KH Location: Groin -KH Wound Location Orientation: Right -KH Final Assessment Date: 10/10/19 -CR (r) EI (t), automated removal, RA 1205 Final Assessment Time: 1608 -CR (r) EI (t), automated removal, RA 1205				
Drainage Amount	---	---	None -KH	---	---



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Flowsheets (all recorded) (continued)

Assessment (continued)

Row Name	05/28/15 11:23:35	05/28/15 08:18:59	05/28/15 07:30	05/28/15 03:28:44	05/27/15 23:10:46
Dressing Assesment	---	---	Intact,Dry,Clean -KH	---	---
<b>Musculoskeletal</b>					
Musculoskeletal (WDL)	---	---	WDL -KH	---	---
<b>Get-Up-And-Go Test</b>					
Get-Up-And-Go Test: "Rising from Chair"	---	---	1 -KH	---	---
<b>Gastrointestinal</b>					
Gastrointestinal (WDL)	---	---	WDL -KH	---	---
Bowel Sounds (All Quadrants)	---	---	Active -KH	---	---
<b>Genitourinary</b>					
Genitourinary (WDL)	---	---	WDL -KH	---	---
Urinary Source	---	---	Voiding -KH	---	---
<b>Psychosocial</b>					
Psychosocial (WDL)	---	---	WDL -KH	---	---
Needs Expressed	---	---	Denies -KH	---	---
<b>Charting Type</b>					
Charting Type	---	---	Shift assessment -KH	---	---
<b>Cardiac</b>					
Cardiac Rhythm	---	---	Normal sinus rhythm -KH	---	---
Heart Block Type	---	---	Bundle branch block -KH	---	---
<b>Hendrich II Fall Risk Model (View Only)</b>					
Confusion/Disorientation/Impulsivity (View Only)	---	---	0 -KH	---	---
Symptomatic Depression (View Only)	---	---	0 -KH	---	---
Altered Elimination (View Only)	---	---	0 -KH	---	---
Dizziness/Vertigo (View Only)	---	---	0 -KH	---	---
Gender (Male) View Only	---	---	1 -KH	---	---
Any Administered Benzodiazepines (View Only)	---	---	0 -KH	---	---
Hendrich II Total Score (Calculated) View Only	---	---	2 -KH	---	---
<b>OTHER</b>					
Any Administered Antiepileptics (Anticonvulsants) View Only	---	---	0 -KH	---	---

Row Name	05/27/15 20:37:56	05/27/15 20:00	05/27/15 18:00	05/27/15 16:00	05/27/15 14:00
<b>Neurological</b>					
Neuro (WDL)	---	WDL -LB	---	---	---
Orientation Level	---	Oriented X4 -LB	---	---	---
Speech	---	Clear -LB	---	---	---
Level of Consciousness (Retired)	---	Alert -LB	---	---	---
<b>HEENT</b>					
HEENT (WDL)	---	WDL -LB	---	---	---
<b>Respiratory</b>					
Respiratory (WDL)	---	WDL -LB	---	---	---
<b>Oxygen Therapy</b>					
SpO2	92 % -DI (r) CB (t)	---	---	---	---
<b>Cardiac</b>					





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Flowsheets (all recorded) (continued)

Assessment (continued)

Row Name	05/27/15 20:37:56	05/27/15 2000	05/27/15 1800	05/27/15 1600	05/27/15 1400
Cardiac (WDL)	---	X -LB	---	---	---
<b>Cardiac</b>					
Cardiac Regularity	---	Regular -LB	---	---	---
Telemetry Monitor On	---	Yes -LB	Yes -RB	Yes -RB	Yes -RB
Telemetry Audible	---	Yes -LB	Yes -RB	Yes -RB	---
Telemetry Alarms Set	---	Yes -LB	---	---	---
Telemetry Box Number	---	mx51 -LB	mx51 -RB	mx51 -RB	mx51 -RB
<b>Peripheral Vascular</b>					
Peripheral Vascular (WDL)	---	WDL -LB	---	---	---
RLE Capillary Refill	---	Less than/equal to 3 seconds -LB	---	---	---
Pulses	---	R radial;L radial;R pedal;L pedal -LB	---	---	---
<b>RUE Neurovascular Assessment</b>					
R Radial Pulse	---	+2 -LB	---	---	---
<b>LUE Neurovascular Assessment</b>					
L Radial Pulse	---	+2 -LB	---	---	---
<b>RLE Neurovascular Assessment</b>					
RLE Color	---	Appropriate for ethnicity -LB	---	---	---
RLE Temperature/Moisture	---	Warm;Dry -LB	---	---	---
RLE Sensation	---	Present -LB	---	---	---
R Pedal Pulse	---	+2 -LB	---	---	---
<b>LLE Neurovascular Assessment</b>					
L Pedal Pulse	---	+2 -LB	---	---	---
<b>Integumentary</b>					
Integumentary (WDL)	---	WDL -LB	---	---	---
<b>Braden Scale</b>					
Sensory Perceptions	---	4 -LB	---	---	---
Moisture	---	4 -LB	---	---	---
Activity	---	3 -LB	---	---	---
Mobility	---	4 -LB	---	---	---
Nutrition	---	4 -LB	---	---	---
Friction and Shear	---	3 -LB	---	---	---
Braden Scale Score	---	22 -LB	---	---	---
<b>[REMOVED] Surgical 05/27/15 Groin Right</b>					
Incision Properties	Date Documented: 05/27/15 -KH Time Documented: 1100 -KH Location: Groin -KH Wound Location Orientation: Right -KH Final Assessment Date: 10/10/19 -CR (r) EI (t), automated removal, RA 1205 Final Assessment Time: 1608 -CR (r) EI (t), automated removal, RA 1205				
Site Assessment	---	---	---	Other (Comment) Area soft. No hematoma noted -KH	Other (Comment) CDI dressing. Area soft -KH
Drainage Amount	---	---	None -KH	None -KH	None -KH
Dressing Assesment	---	---	Intact;Dry;Clean -KH	Intact;Dry;Clean -KH	Intact;Dry;Clean -KH
<b>Musculoskeletal</b>					
Musculoskeletal (WDL)	---	WDL -LB	---	---	---
RUE	---	Full movement -LB	---	---	---
LUE	---	Full movement -LB	---	---	---
RLE	---	Full movement -LB	---	---	---
LLE	---	Full movement -LB	---	---	---
<b>Get-Up-And-Go Test</b>					
Get-Up-And-Go Test: "Rising from Chair"	---	1 -LB	---	---	---
<b>Gastrointestinal</b>					
Gastrointestinal (WDL)	---	WDL -LB	---	---	---
<b>Genitourinary</b>					
Genitourinary (WDL)	---	WDL -LB	---	---	---



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Flowsheets (all recorded) (continued)

Assessment (continued)

Row Name	05/27/15 20:37:56	05/27/15 2000	05/27/15 1800	05/27/15 1600	05/27/15 1400
<b>Psychosocial</b>					
Psychosocial (WDL)	---	WDL -LB	---	---	---
Needs Expressed	---	Denies -LB	---	---	---
<b>Charting Type</b>					
Charting Type	---	Shift assessment -LB	---	---	---
<b>Cardiac</b>					
Cardiac Rhythm	---	Normal sinus rhythm -LB	---	---	---
Heart Block Type	---	Bundle branch block -LB	---	---	---
<b>Hendrich II Fall Risk Model (View Only)</b>					
Confusion/Disorientation/Impulsivity (View Only)	---	4 -LB	---	---	---
Symptomatic Depression (View Only)	---	2 -LB	---	---	---
Altered Elimination (View Only)	---	1 -LB	---	---	---
Dizziness/Vertigo (View Only)	---	0 -LB	---	---	---
Gender (Male) View Only	---	0 -LB	---	---	---
Any Administered Benzodiazepines (View Only)	---	0 -LB	---	---	---
Hendrich II Total Score (Calculated) View Only	---	8 -LB	---	---	---
<b>OTHER</b>					
Any Administered Antiepileptics (Anticonvulsants) View Only	---	0 -LB	---	---	---

Row Name	05/27/15 1325	05/27/15 12:00:07	05/27/15 1200	05/27/15 11:49:11	05/27/15 11:34:20
<b>Oxygen Therapy</b>					
SpO2	---	94 % -DI (r) KH (t)	---	93 % -DI (r) KH (t)	93 % -DI (r) KH (t)
O2 Device	---	None (Room air) -RB	---	---	None (Room air) -RB
<b>Cardiac</b>					
Telemetry Monitor On	---	---	Yes -RB	---	---
Telemetry Box Number	---	---	mx51 -RB	---	---
<b>[REMOVED] Surgical 05/27/15 Groin Right</b>					
Incision Properties	Date Documented: 05/27/15 -KH Time Documented: 1100 -KH Location: Groin -KH Wound Location Orientation: Right -KH Final Assessment Date: 10/10/19 -CR (r) EI (t), automated removal, RA 1205 Final Assessment Time: 1608 -CR (r) EI (t), automated removal, RA 1205				
Site Assessment	Bleeding -KH	---	---	---	---
Dressing	Pressure dressing -KH	---	---	---	---
Dressing Changed	New -KH	---	---	---	---
Dressing Assessment	Intact;Dry;Clean -KH	---	---	---	---
<b>Provider Notification</b>					
Reason for Communication (View Only)	Other (comment) Right groin site started bleeding. Pressure held for 20min. -KH				
Notification Time	1325 -KH	---	---	---	---
Provider Name	Gina Haden, RN -KH	---	---	---	---
Provider Role	Nurse -KH	---	---	---	---
Method of Communication	Call -KH	---	---	---	---

Row Name	05/27/15 11:19:16	05/27/15 1100	05/27/15 10:50:05	05/27/15 10:48:24	05/27/15 08:10:42
<b>Neurological</b>					
Neuro (WDL)	---	WDL -KH	---	---	---
Orientation Level	---	Oriented X4 -KH	---	---	---
Speech	---	Clear -KH	---	---	---
Level of	---	Alert -KH	---	---	---



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Flowsheets (all recorded) (continued)

Assessment (continued)

Row Name	05/27/15 11:19:16	05/27/15 1100	05/27/15 10:50:05	05/27/15 10:48:24	05/27/15 08:10:42
Consciousness (Retired)					
<b>HEENT</b>					
HEENT (WDL)	---	WDL -KH	---	---	---
<b>Respiratory</b>					
Respiratory (WDL)	---	WDL -KH	---	---	---
<b>Oxygen Therapy</b>					
SpO2	94 % -DI (r) KH (t)	---	95 % -DI (r) KH (t)	96 % -DI (r) KH (t)	---
O2 Device	---	---	---	---	Nasal cannula -MC
O2 Flow Rate (L/min)	---	---	---	---	3 L/min -MC
<b>Cardiac</b>					
Cardiac (WDL)	---	X -KH	---	---	---
Heart Sounds	---	S1, S2 -KH	---	---	---
<b>Cardiac</b>					
Cardiac Regularity	---	Regular -KH	---	---	---
Telemetry Monitor On	---	Yes -KH	---	---	---
Telemetry Box Number	---	MX51 -KH	---	---	---
<b>Peripheral Vascular</b>					
Peripheral Vascular (WDL)	---	WDL -KH	---	---	---
RLE Capillary Refill	---	Less than/equal to 3 seconds -KH	---	---	---
Pulses	---	L radial;R radial;L pedal;R pedal -KH	---	---	---
<b>RUE Neurovascular Assessment</b>					
R Radial Pulse	---	+2 -KH	---	---	---
<b>LUE Neurovascular Assessment</b>					
L Radial Pulse	---	+2 -KH	---	---	---
<b>RLE Neurovascular Assessment</b>					
RLE Color	---	Appropriate for ethnicity -KH	---	---	---
RLE Temperature/Moisture	---	Warm;Dry -KH	---	---	---
RLE Sensation	---	Present -KH	---	---	---
R Pedal Pulse	---	+1 -KH	---	---	---
<b>LLE Neurovascular Assessment</b>					
L Pedal Pulse	---	+2 -KH	---	---	---
<b>Integumentary</b>					
Integumentary (WDL)	---	WDL -KH	---	---	---
<b>Braden Scale</b>					
Sensory Perceptions	---	4 -KH	---	---	---
Moisture	---	4 -KH	---	---	---
Activity	---	1 S/P PCI -KH	---	---	---
Mobility	---	3 -KH	---	---	---
Nutrition	---	3 -KH	---	---	---
Friction and Shear	---	3 -KH	---	---	---
Braden Scale Score	---	18 -KH	---	---	---
<b>Wound</b>					
Type of Wound (LDA)	---	Surgical -KH	---	---	---
[REMOVED] Surgical 05/27/15 Groin Right					
Incision Properties	Date Documented: 05/27/15 -KH Time Documented: 1100 -KH Location: Groin -KH Wound Location Orientation: Right -KH Final Assessment Date: 10/10/19 -CR (r) EI (t), automated removal, RA 1205 Final Assessment Time: 1608 -CR (r) EI (t), automated removal, RA 1205				
Site Assessment	---	Other (Comment) CDI dressing over site -KH	---	---	---
Surrounding Skin Assessment	---	Clean;Dry;Intact -KH	---	---	---
Drainage Amount Dressing	---	None -KH Dry dressing -KH	---	---	---



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Flowsheets (all recorded) (continued)

Assessment (continued)

Row Name	05/27/15 11:19:16	05/27/15 1100	05/27/15 10:50:05	05/27/15 10:48:24	05/27/15 08:10:42
Dressing Assesment	---	Intact;Dry;Clean -KH	---	---	---
<b>Musculoskeletal</b>					
Musculoskeletal (WDL)	---	X -KH	---	---	---
RUE	---	Full movement -KH	---	---	---
LUE	---	Full movement -KH	---	---	---
RLE	---	Limited movement S/P PCI -KH	---	---	---
LLE	---	Full movement -KH	---	---	---
<b>Get-Up-And-Go Test</b>					
Get-Up-And-Go Test: "Rising from Chair"	---	4.3 - Ordered bed rest -KH	---	---	---
<b>Gastrointestinal</b>					
Gastrointestinal (WDL)	---	WDL -KH	---	---	---
Bowel Sounds (All Quadrants)	---	Active -KH	---	---	---
<b>Genitourinary</b>					
Genitourinary (WDL)	---	WDL -KH	---	---	---
Urinary Source	---	Voiding -KH	---	---	---
<b>Psychosocial</b>					
Psychosocial (WDL)	---	WDL -KH	---	---	---
Needs Expressed	---	Denies -KH	---	---	---
<b>Charting Type</b>					
Charting Type	---	Admission -KH	---	---	---
<b>Cardiac</b>					
Cardiac Rhythm	---	Sinus bradycardia -KH	---	---	---
<b>Hendrich II Fall Risk Model (View Only)</b>					
Confusion/Disorientation/Impulsivity (View Only)	---	0 -KH	---	---	---
Symptomatic Depression (View Only)	---	0 -KH	---	---	---
Altered Elimination (View Only)	---	0 -KH	---	---	---
Dizziness/Vertigo (View Only)	---	0 -KH	---	---	---
Gender (Male) View Only	---	1 -KH	---	---	---
Any Administered Benzodiazepines (View Only)	---	0 -KH	---	---	---
Hendrich II Total Score (Calculated) View Only	---	5 -KH	---	---	---
<b>OTHER</b>					
Any Administered Antiepileptics (Anticonvulsants) View Only	---	0 -KH	---	---	---

Row Name	05/27/15 0747	05/27/15 0717	05/27/15 0714
<b>tPA Time out</b>			
Weight	---	---	97.5 kg (215 lb) -FD
<b>Oxygen Therapy</b>			
SpO2	---	---	95 % -FD
<b>Peripheral Vascular</b>			
Peripheral Vascular (WDL)	X -FD	---	---
Pulses	R pedal;L pedal -FD	---	---
<b>RLE Neurovascular Assessment</b>			
R Pedal Pulse	+2 -FD	---	---



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**Flowsheets (all recorded) (continued)**

**Assessment (continued)**

Row Name	05/27/15 0747	05/27/15 0717	05/27/15 0714
<b>LLE Neurovascular Assessment</b>			
L Pedal Pulse	+2 -FD	---	---
<b>Braden Scale</b>			
Sensory Perceptions	---	4 -FD	---
Moisture	---	4 -FD	---
Activity	---	4 -FD	---
Mobility	---	4 -FD	---
Nutrition	---	4 -FD	---
Friction and Shear	---	3 -FD	---
Braden Scale Score	---	23 -FD	---



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Flowsheets (all recorded)

CCP Vitals, Intake and Output

Row Name	05/28/15 11:23:35	05/28/15 1000	05/28/15 08:18:59	05/28/15 0500	05/28/15 03:26:44
<b>Vitals</b>					
Temp	98 °F (36.7 °C) -DI (r) MG (t)	---	98 °F (36.7 °C) -DI (r) MG (t)	---	97.8 °F (36.6 °C) -DI (r) CB (t)
Temp src	Oral -MG	---	Oral -MG	---	Oral -CB
Pulse	61 -DI (r) MG (t)	---	63 -DI (r) MG (t)	---	56 -DI (r) CB (t)
Heart Rate Source	Monitor -MG	---	Monitor -MG	---	Monitor -CB
Resp	18 -DI (r) MG (t)	---	18 -DI (r) MG (t)	---	18 -DI (r) CB (t)
Respiration Source	visual -MG	---	visual -MG	---	visual -CB
BP	133/62 -DI (r) MG (t)	---	137/75 -DI (r) MG (t)	---	119/63 -DI (r) CB (t)
BP Location	Right arm -MG	---	Right arm -MG	---	Right arm -CB
BP Method	Portable -MG	---	Portable -MG	---	Portable -CB
Patient Position	Lying -MG	---	Lying -MG	---	Lying -CB
SpO2	93 % -DI (r) MG (t)	---	94 % -DI (r) MG (t)	---	95 % -DI (r) CB (t)
O2 Device	None (Room air) -MG	---	None (Room air) -MG	---	---
Weight	---	---	---	---	100.2 kg (220 lb 14.4 oz) -DI (r) CB (t)
Weight Method	---	---	---	---	Actual -CB
<b>Intake (mL)</b>					
P.O.	---	120 mL -MG	240 mL -MG	---	240 mL -CB
<b>Unmeasured Output</b>					
Urine Occurrence	---	1 -MG	---	1 -CB	---

Row Name	05/27/15 23:10:46	05/27/15 20:37:56	05/27/15 1834	05/27/15 15:25:49	05/27/15 15:24:40
<b>Vitals</b>					
Temp	98 °F (36.7 °C) -DI (r) CB (t)	98.1 °F (36.7 °C) -DI (r) CB (t)	---	---	---
Temp src	Oral -CB	Oral -CB	---	---	---
Pulse	59 -DI (r) CB (t)	62 -DI (r) CB (t)	---	60 -DI (r) KH (t)	60 -DI (r) KH (t)
Heart Rate Source	Monitor -CB	Monitor -CB	---	Monitor -RB	Monitor -RB
Resp	18 -DI (r) CB (t)	18 -DI (r) CB (t)	---	18 -RB	18 -RB
Respiration Source	visual -CB	visual -CB	---	visual -RB	visual -RB
BP	103/51 -DI (r) CB (t)	132/73 -DI (r) CB (t)	---	126/54 -DI (r) KH (t)	121/57 -DI (r) KH (t)
BP Location	Right arm -CB	Right arm -CB	---	Right arm -RB	Right arm -RB
BP Method	Portable -CB	Portable -CB	---	Portable -RB	Portable -RB
Patient Position	Lying -CB	Lying -CB	---	Standing -RB	Sitting -RB
SpO2	93 % -DI (r) CB (t)	92 % -DI (r) CB (t)	---	---	---
<b>Intake (mL)</b>					
P.O.	120 mL -CB	240 mL -CB	350 mL -RB	---	---
<b>Unmeasured Output</b>					
Urine Occurrence	1 pt did not used urina -CB	---	1 -RB	---	---

Row Name	05/27/15 14:48:16	05/27/15 13:48:17	05/27/15 13:18:18	05/27/15 12:33:20	05/27/15 1204
<b>Vitals</b>					
Pulse	57 -DI (r) KH (t)	56 -DI (r) KH (t)	52 -DI (r) KH (t)	51 -DI (r) KH (t)	50 -RB
Heart Rate Source	Monitor -RB	Monitor -RB	Monitor -RB	Monitor -RB	Monitor -RB
Resp	18 -RB	18 -RB	18 -RB	18 -RB	---
Respiration Source	visual -RB	visual -RB	visual -RB	visual -RB	---
BP	119/61 -DI (r) KH (t)	120/62 -DI (r) KH (t)	131/61 -DI (r) KH (t)	125/69 -DI (r) KH (t)	---
BP Location	Right arm -RB	Right arm -RB	Right arm -RB	Right arm -RB	---
<b>Intake (mL)</b>					
P.O.	320 mL -RB	---	---	---	---
<b>Unmeasured Output</b>					
Urine Occurrence	1 -RB	---	---	---	---

Row Name	05/27/15 12:00:07	05/27/15 11:49:11	05/27/15 11:34:20	05/27/15 11:19:16	05/27/15 1051
<b>Vitals</b>					
Temp	97.7 °F (36.5 °C) -DI (r) KH (t)	---	---	---	---
Temp src	Oral -RB	---	---	---	---
Pulse	(t) 47 -DI (r) KH (t)	53 -DI (r) KH (t)	(t) 49 -DI (r) KH (t)	(t) 48 -DI (r) KH (t)	---
Heart Rate Source	Monitor -RB	---	---	---	---
Respiration Source	visual -RB	---	---	---	---
BP	135/63 -DI (r) KH (t)	135/63 -DI (r) KH (t)	122/65 -DI (r) KH (t)	125/69 -DI (r) KH (t)	---



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Flowsheets (all recorded) (continued)

CCP Vitals, Intake and Output (continued)

Row Name	05/27/15 12:00:07	05/27/15 11:49:11	05/27/15 11:34:20	05/27/15 11:19:18	05/27/15 1051
BP Location	Right arm -RB	---	Right arm -RB	---	---
BP Method	Portable -RB	---	Portable -RB	---	---
Patient Position	Lying -RB	---	Lying -RB	---	---
SpO2	94 % -DI (r) KH (t)	93 % -DI (r) KH (t)	93 % -DI (r) KH (t)	94 % -DI (r) KH (t)	---
O2 Device	None (Room air) -RB	---	None (Room air) -RB	---	---
Unmeasured Output					
Urine Occurrence	1 -RB	---	---	---	---
sodium chloride 0.9% (NS) infusion Start: 05/27/15 0800					
Rate	---	---	---	---	0 mL/hr -KH
Row Name	05/27/15 10:50:05	05/27/15 10:48:24	05/27/15 08:10:42	05/27/15 0743	05/27/15 0714
Vitals					
Temp	97.6 °F (36.4 °C) -DI (r) KH (t)	---	---	---	97.6 °F (36.4 °C) -FD
Temp src	---	---	---	---	Oral -FD
Pulse	(t) 49 -DI (r) KH (t)	(t) 46 -DI (r) KH (t)	---	---	(t) 49 -FD
Resp	---	---	---	---	18 -FD
BP	---	123/67 -DI (r) KH (t)	---	---	118/74 -FD
SpO2	95 % -DI (r) KH (t)	96 % -DI (r) KH (t)	---	---	95 % -FD
O2 Device	---	---	Nasal cannula -MC	---	---
Height	---	---	---	---	67" (1.702 m) -FD
Weight	---	---	---	---	97.5 kg (215 lb) -FD
Weight Method	---	---	---	---	Stated -FD
sodium chloride 0.9% (NS) infusion Start: 05/27/15 0800					
Rate	---	---	---	75 mL/hr -FD	---



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Flowsheets (all recorded)

Screenings

Row Name	05/28/15 1252	05/28/15 0730	05/27/15 2000	05/27/15 1200	05/27/15 1100
<b>Advance Directives (For Healthcare)</b>					
Have you reviewed your Advance Directive and is it valid for this stay?	---	---	---	Not applicable -KH	---
Advance Directive	---	---	---	Patient does not have advance directive; Patient would not like information -KH	---
Healthcare Agent Appointed	---	---	---	No -KH	---
Pre-existing Allow Natural Death Order Information Provided on Healthcare Directives	---	---	---	No -KH	---
Patient Requests Assistance (Retired)	---	---	---	No -KH	---
<b>Nutrition Screen Scoring</b>					
Weight Loss in the past 3 months	---	---	---	1 -KH	---
BMI (Body Mass Index)	---	---	---	0 -KH	---
Appetite	---	---	---	0 -KH	---
Ability to eat/retain food	---	---	---	0 -KH	---
Stress factors	---	---	---	1 -KH	---
Total Nutrition Screen Score	---	---	---	2 -KH	---
<b>ADL Screening</b>					
Patient's Vision Adequate to Safely Complete Daily Activities	---	---	---	Yes -KH	---
Patient's Judgement Adequate to Safely Complete Daily Activities	---	---	---	Yes -KH	---
Patient's Memory Adequate to Safely Complete Daily Activities	---	---	---	Yes -KH	---
Patient Able to Express Needs/Desires	---	---	---	Yes -KH	---
Which is your dominant hand?	---	---	---	Right -KH	---
Dressing	---	---	---	Independent -KH	---
Grooming	---	---	---	Independent -KH	---
Feeding	---	---	---	Independent -KH	---
Bathing	---	---	---	Independent -KH	---
Toileting	---	---	---	Independent -KH	---
In/Out Bed	---	---	---	Independent -KH	---
Walks in Home	---	---	---	Independent -KH	---
Weakness of Legs	---	---	---	None -KH	---
Weakness of Arms/Hands	---	---	---	None -KH	---
Hearing - Right Ear	---	---	---	Functional -KH	---
Hearing - Left Ear	---	---	---	Functional -KH	---
<b>Patient Belongings at Bedside</b>					
(RETIRED)Belongings Sent Home	Yes -KH	---	---	---	---
<b>Braden Scale</b>					
Sensory Perceptions	---	4 -KH	4 -LB	---	4 -KH
Moisture	---	4 -KH	4 -LB	---	4 -KH
Activity	---	3 -KH	3 -LB	---	1 S/P PCI -KH
Mobility	---	3 -KH	4 -LB	---	3 -KH





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Flowsheets (all recorded) (continued)

Screenings (continued)

Row Name	05/28/15 1252	05/28/15 0730	05/27/15 2000	05/27/15 1200	05/27/15 1100
Nutrition	---	4 -KH	4 -LB	---	3 -KH
Friction and Shear	---	3 -KH	3 -LB	---	3 -KH
Braden Scale Score	---	21 -KH	22 -LB	---	18 -KH

Nurse-Driven Mobility Guidelines

Get-Up-And-Go Test: "Rising from Chair"	---	1 -KH	1 -LB	---	4.3 - Ordered bed rest -KH
--	-----	-------	-------	-----	-------------------------------

Row Name	05/27/15 1000	05/27/15 0718	05/27/15 0717	05/27/15 0715	
----------	---------------	---------------	---------------	---------------	--

Advance Directives (For Healthcare)

Advance Directive	---	Patient does not have advance directive; Patient would like information -FD		---	---
Healthcare Agent's Name	---	---	---	Shirley Maurice (wife) -FD	---
Healthcare Agent's Phone Number	---	---	---	678 910 2476 -FD	---

Assistive Devices

Assistive Devices	Eyeglasses -KH	---	---	---	---
-------------------	----------------	-----	-----	-----	-----

Therapy Consults (RETIRED)

PT Evaluation Needed (RETIRED)	2 -KH	---	---	---	---
OT Evaluation Needed (RETIRED)	2 -KH	---	---	---	---
SLP Evaluation Needed (RETIRED)	2 -KH	---	---	---	---

Values/Beliefs

Cultural Preferences Affecting Hospitalization	No -KH	---	---	---	---
Spiritual Preferences Affecting Hospitalization	No -KH	---	---	---	---

Nursing Referrals

Spiritual Health Consult	No -KH	---	---	---	---
Social Services Consult	No -KH	---	---	---	---

Patient Belongings at Bedside

Belongings at Bedside	---	---	---	Clothing -FD	---
Belongings sent to security (Retired)	---	---	---	No -FD	---
(RETIRED)Belongings Sent Home	---	---	---	No -FD	---

Patient Medications

Medications brought by patient?	---	---	---	No -FD	---
------------------------------------	-----	-----	-----	--------	-----

Suicide/Harm Risk

Ever harm self (Retired)	---	No -FD	---	---	---
Current thoughts (Retired)	---	No -FD	---	---	---
Self harm plan (Retired)	---	No -FD	---	---	---
Patient information obtained from	---	Patient -FD	---	---	---

Braden Scale

Sensory Perceptions	---	---	4 -FD	---	---
Moisture	---	---	4 -FD	---	---
Activity	---	---	4 -FD	---	---
Mobility	---	---	4 -FD	---	---
Nutrition	---	---	4 -FD	---	---
Friction and Shear	---	---	3 -FD	---	---
Braden Scale Score	---	---	23 -FD	---	---



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**Flowsheets (all recorded) (continued)**

**Screenings (continued)**

Row Name	05/27/15 1000	05/27/15 0718	05/27/15 0717	05/27/15 0715
Pressure Ulcer Present on Admission (IF YES, DOCUMENT BY GOING TO: 1) NOTES ACTIVITY 2) PROGRESS NOTES 3) TYPE "PRESSURE ULCER ON ADMISSION" IN SMART TEXT BOX 4) CLICK CO-SIGN WITH MD SIGNATURE)				
Pressure ulcer present on admission	—	—	No -FD	—
<b>Discharge Planning</b>				
Living Situation Prior to Admission	Home; Lives with significant other -KH	—	—	—
Primary Caregiver	Family (relationship) spouse -KH	—	—	—
Anticipated assistance needed at discharge	Yes -KH	—	—	—
Barriers to discharge	No Barriers -KH	—	—	—
Discharge plan consult/Discharge referrals needed	no -KH	—	—	—
<b>Abuse Assessment</b>				
Safe in Home	Yes -KH	—	—	—
Do you feel threatened or unsafe in a relationship?	No -KH	—	—	—
Are you in immediate danger?	No -KH	—	—	—
Do you feel neglected?	No -KH	—	—	—
Physical harm?	No -KH	—	—	—
Verbal harm	No -KH	—	—	—



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**Flowsheets (all recorded)**

**Suicide Risk**

Row Name	05/27/15 0718				
----------	---------------	--	--	--	--

Suicide/Harm Risk

Ever harm self (Retired)	No -FD
Current thoughts (Retired)	No -FD
Self harm plan (Retired)	No -FD
Patient information obtained from	Patient -FD
Suicide Risk (Retired)	
Is patient at risk for suicide? (Retired)	No -FD



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Flowsheets (all recorded)

Daily Cares/Safety

Row Name	05/28/15 1200	05/28/15 1000	05/28/15 0800	05/28/15 0730	05/28/15 0500
<b>Safe Environment</b>					
Arm Bands On	ID;Allergies -MG	ID;Allergies -MG	ID;Allergies -MG	---	ID;Allergies -CB
Safety Checks	Call light in reach -MG	Call light in reach -MG	Call light in reach -MG	---	Call light in reach;Overbed table in reach;Bed in lowest position;Wheels on bed locked;Wheels on chair locked;NonSkid Footwear on -CB
Bed type	Hillrom Clinitron Rite Hite -MG	Hillrom Clinitron Rite Hite -MG	Hillrom Clinitron Rite Hite -MG	---	---
Safety Alarm Verified	No alarm -MG	No alarm -MG	No alarm -MG	---	---
Side Rails/Bed Safety	3/4 -MG	3/4 -MG	3/4 -MG	---	4/4 -CB
<b>Fall Risk Interventions</b>					
Fall Prevention Interventions	---	---	---	Yellow Armband, Socks;"Call, Don't Fall" Doorsign;Frequent Visual Checks/Rounding;Needed items within reach;Medications reviewed;Adequate room lighting;Room decluttered -KH	---
Fall Prevention Education Reviewed with :	---	---	---	Patient -KH	---
<b>Mobility</b>					
Mobility Intervention	Resting in bed -MG	Resting in bed -MG	Resting in bed -MG	---	Resting in bed -CB
Level of Assistance	Independent -MG	Independent -MG	Independent -MG	---	Independent -CB
Active Range of Motion	---	---	Active;All extremities -MG	---	---
<b>Patient Position</b>					
Head of Bed Elevated > / = 30 degrees	---	---	Self regulated -MG	---	---
Repositioned	Turns self -MG	Turns self -MG	Turns self -MG	---	---
<b>Anti-Embolism Devices</b>					
Anti-Embolism Devices (View Only)	---	---	---	Not Ordered -KH	---
<b>Nutrition</b>					
Feeding	---	---	---	Able to feed self -KH	---
Appetite	---	---	---	Good -KH	---
<b>Hygiene</b>					
Hygiene Performed	---	---	---	Hand hygiene -KH	Hand hygiene -CB
Performed by	---	---	---	Self -KH	---
<b>Telemetry Details</b>					
Telemetry Monitor On	---	---	---	Yes -KH	---
Telemetry Box Number	---	---	---	MX51 -KH	---

Row Name	05/27/15 2300	05/27/15 2100	05/27/15 2000	05/27/15 1800	05/27/15 1600
<b>Safe Environment</b>					
Arm Bands On	ID;Allergies -CB	ID;Allergies -CB	---	ID;Allergies -RB	ID;Allergies -RB
Safety Checks	Call light in reach;Overbed table in reach;Bed in lowest position;Wheels on bed locked;Wheels on chair locked;NonSkid Footwear on -CB	Call light in reach;Overbed table in reach;Bed in lowest position;Wheels on bed locked;Wheels on chair locked;NonSkid Footwear on -CB	---	Call light in reach;Overbed table in reach;Bed in lowest position;Wheels on bed locked;Wheels on chair locked -RB	Call light in reach;Overbed table in reach;Bed in lowest position;Wheels on bed locked;Wheels on chair locked;NonSkid Footwear on -RB
Bed type	---	---	---	Hillrom Clinitron Rite Hite -RB	Hillrom Clinitron Rite Hite -RB
Safety Alarm Verified	---	---	---	No alarm -RB	No alarm -RB
Side Rails/Bed Safety	3/4 -CB	3/4 -CB	---	3/4 -RB	3/4 -RB
<b>Mobility</b>					
Mobility Intervention	Resting in bed -CB	Resting in bed -CB	---	Resting in bed -RB	Resting in bed -RB



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Flowsheets (all recorded) (continued)

Daily Cares/Safety (continued)

Row Name	05/27/15 2300	05/27/15 2100	05/27/15 2000	05/27/15 1800	05/27/15 1600
Level of Assistance	Independent -CB	Independent -CB	---	Independent -RB	Independent -RB
Active Range of Motion	---	---	---	Active;All extremities -RB	Active;All extremities -RB
Patient Position					
Head of Bed Elevated > / = 30 degrees	---	---	---	Self regulated -RB	Self regulated -RB
Repositioned	Turns self -CB	---	---	Turns self -RB	Turns self -RB
Anti-Embolism Devices					
Anti-Embolism Devices (View Only)	---	---	Not Ordered -LB	Not Ordered -RB	Not Ordered -RB
Hygiene					
Hygiene Performed	Hand hygiene -CB	Hand hygiene -CB	---	Hand hygiene -RB	---
Performed by	---	---	---	Self -RB	---
Family/Significant Other Communication					
Family/Significant Other Update	---	---	---	---	Visiting -KH
Telemetry Details					
Telemetry Monitor On	---	---	Yes -LB	Yes -RB	Yes -RB
Telemetry Audible	---	---	Yes -LB	Yes -RB	Yes -RB
Telemetry Box Number	---	---	mx51 -LB	mx51 -RB	mx51 -RB
Telemetry Alarms Set	---	---	Yes -LB	---	---
Row Name	05/27/15 1400	05/27/15 1200	05/27/15 1100		

Safe Environment

Arm Bands On	ID;Allergies -RB	ID;Allergies -RB	---
Safety Checks	Call light in reach;Overbed table in reach;Bed in lowest position;Wheels on bed locked;Wheels on chair locked;NonSkid Footwear on -RB	Call light in reach;Overbed table in reach;Bed in lowest position;Wheels on bed locked;Wheels on chair locked;NonSkid Footwear on -RB	---
Bed type	Hillrom Clinitron Rite Hite -RB	Hillrom Clinitron Rite Hite -RB	---
Safety Alarm Verified	No alarm -RB	No alarm -RB	---
Side Rails/Bed Safety	3/4 -RB	3/4 -RB	---

Mobility

Mobility Intervention	Resting in bed -RB	Resting in bed -RB	---
Level of Assistance	Independent -RB	Independent -RB	---
Active Range of Motion	Active;All extremities -RB	Active;All extremities -RB	---
Patient Position			
Head of Bed Elevated > / = 30 degrees	Self regulated -RB	Self regulated -RB	---
Repositioned	Turns self -RB	Turns self -RB	---
Anti-Embolism Devices			
Anti-Embolism Devices (View Only)	---	Not Ordered -RB	Not Ordered -KH
Hygiene			
Hygiene Performed	---	Hand hygiene -RB	---
Performed by	---	Self -RB	---
Telemetry Details			
Telemetry Monitor On	Yes -RB	Yes -RB	Yes -KH
Telemetry Box Number	mx51 -RB	mx51 -RB	MX51 -KH



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Flowsheets (all recorded)

Fall Risk Assessment

Row Name	05/28/15 1200	05/28/15 1000	05/28/15 0800	05/28/15 0730	05/28/15 0500
<b>Fall Risk Interventions</b>					
Fall Prevention Interventions	---	---	---	Yellow Armband, Socks;"Call, Don't Fall" Doorsign;Frequent Visual Checks/Rounding;Needed items within reach;Medications reviewed;Adequate room lighting;Room decluttered -KH	---
Fall Prevention Education Reviewed with :	---	---	---	Patient -KH	---
Side Rails/Bed Safety	3/4 -MG	3/4 -MG	3/4 -MG	---	4/4 -CB
<b>Hendrich II Fall Risk Model (View Only)</b>					
Confusion/Disorientation/Impulsivity (View Only)	---	---	---	0 -KH	---
Symptomatic Depression (View Only)	---	---	---	0 -KH	---
Altered Elimination (View Only)	---	---	---	0 -KH	---
Dizziness/Vertigo (View Only)	---	---	---	0 -KH	---
Gender (Male) View Only	---	---	---	1 -KH	---
Any Administered Benzodiazepines (View Only)	---	---	---	0 -KH	---
Hendrich II Total Score (Calculated) View Only	---	---	---	2 -KH	---
<b>OTHER</b>					
Any Administered Antiepileptics (Anticonvulsants) View Only	---	---	---	0 -KH	---
<b>Get-Up-And-Go Test</b>					
Get-Up-And-Go Test: "Rising from Chair"	---	---	---	1 -KH	---

Row Name	05/27/15 2300	05/27/15 2100	05/27/15 2000	05/27/15 1800	05/27/15 1600
<b>Fall Risk Interventions</b>					
Side Rails/Bed Safety	3/4 -CB	3/4 -CB	---	3/4 -RB	3/4 -RB
<b>Hendrich II Fall Risk Model (View Only)</b>					
Confusion/Disorientation/Impulsivity (View Only)	---	---	4 -LB	---	---
Symptomatic Depression (View Only)	---	---	2 -LB	---	---
Altered Elimination (View Only)	---	---	1 -LB	---	---
Dizziness/Vertigo (View Only)	---	---	0 -LB	---	---
Gender (Male) View Only	---	---	0 -LB	---	---
Any Administered Benzodiazepines (View Only)	---	---	0 -LB	---	---
Hendrich II Total Score (Calculated) View Only	---	---	8 -LB	---	---
<b>OTHER</b>					
Any Administered Antiepileptics (Anticonvulsants) View Only	---	---	0 -LB	---	---



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**Flowsheets (all recorded) (continued)**

**Fall Risk Assessment (continued)**

Row Name	05/27/15 2300	05/27/15 2100	05/27/15 2000	05/27/15 1800	05/27/15 1600
Only					
Get-Up-And-Go Test					
Get-Up-And-Go Test: "Rising from Chair"	—	—	1 -LB	—	—
Row Name	05/27/15 1400	05/27/15 1200	05/27/15 1100		
Fall Risk Interventions					
Side Rails/Bed Safety	3/4 -RB	3/4 -RB	—		
Hendrich II Fall Risk Model (View Only)					
Confusion/Disorientation/Impulsivity (View Only)	—	—	0 -KH		
Symptomatic Depression (View Only)	—	—	0 -KH		
Altered Elimination (View Only)	—	—	0 -KH		
Dizziness/Vertigo (View Only)	—	—	0 -KH		
Gender (Male) View Only	—	—	1 -KH		
Any Administered Benzodiazepines (View Only)	—	—	0 -KH		
Hendrich II Total Score (Calculated) View Only	—	—	5 -KH		
OTHER					
Any Administered Antiepileptics (Anticonvulsants) View Only	—	—	0 -KH		
Get-Up-And-Go Test					
Get-Up-And-Go Test: "Rising from Chair"	—	—	4.3 - Ordered bed rest -KH		



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Flowsheets (all recorded)

Vital Signs

Row Name	05/28/15 11:23:35	05/28/15 08:18:59	05/28/15 03:26:44	05/27/15 23:10:46	05/27/15 20:37:56
Vital Signs					
Automatic Restart	Yes -DI (r) MG (t)	Yes -DI (r) MG (t)	Yes -DI (r) CB (t)	Yes -DI (r) CB (t)	Yes -DI (r) CB (t)
Vitals Timer					
Pulse	61 -DI (r) MG (t)	63 -DI (r) MG (t)	56 -DI (r) CB (t)	59 -DI (r) CB (t)	62 -DI (r) CB (t)
Heart Rate Source	Monitor -MG	Monitor -MG	Monitor -CB	Monitor -CB	Monitor -CB
Resp	18 -DI (r) MG (t)	18 -DI (r) MG (t)	18 -DI (r) CB (t)	18 -DI (r) CB (t)	18 -DI (r) CB (t)
Respiration Source	visual -MG	visual -MG	visual -CB	visual -CB	visual -CB
BP	133/62 -DI (r) MG (t)	137/75 -DI (r) MG (t)	119/63 -DI (r) CB (t)	103/51 -DI (r) CB (t)	132/73 -DI (r) CB (t)
BP Location	Right arm -MG	Right arm -MG	Right arm -CB	Right arm -CB	Right arm -CB
BP Method	Portable -MG	Portable -MG	Portable -CB	Portable -CB	Portable -CB
Patient Position	Lying -MG	Lying -MG	Lying -CB	Lying -CB	Lying -CB
Temp	98 °F (36.7 °C) -DI (r) MG (t)	98 °F (36.7 °C) -DI (r) MG (t)	97.8 °F (36.6 °C) -DI (r) CB (t)	98 °F (36.7 °C) -DI (r) CB (t)	98.1 °F (36.7 °C) -DI (r) CB (t)
Temp src	Oral -MG	Oral -MG	Oral -CB	Oral -CB	Oral -CB

Oxygen Therapy

SpO2	93 % -DI (r) MG (t)	94 % -DI (r) MG (t)	95 % -DI (r) CB (t)	93 % -DI (r) CB (t)	92 % -DI (r) CB (t)
O2 Device	None (Room air) -MG	None (Room air) -MG	—	—	—

Row Name	05/27/15 15:25:49	05/27/15 15:24:40	05/27/15 14:48:16	05/27/15 13:48:17	05/27/15 13:18:18
Vital Signs					
Automatic Restart	Yes -RB	Yes -RB	Yes -RB	Yes -RB	Yes -RB
Vitals Timer					
Pulse	60 -DI (r) KH (t)	60 -DI (r) KH (t)	57 -DI (r) KH (t)	56 -DI (r) KH (t)	52 -DI (r) KH (t)
Heart Rate Source	Monitor -RB	Monitor -RB	Monitor -RB	Monitor -RB	Monitor -RB
Resp	18 -RB	18 -RB	18 -RB	18 -RB	18 -RB
Respiration Source	visual -RB	visual -RB	visual -RB	visual -RB	visual -RB
BP	126/54 -DI (r) KH (t)	121/57 -DI (r) KH (t)	119/61 -DI (r) KH (t)	120/62 -DI (r) KH (t)	131/61 -DI (r) KH (t)
BP Location	Right arm -RB	Right arm -RB	Right arm -RB	Right arm -RB	Right arm -RB
BP Method	Portable -RB	Portable -RB	—	—	—
Patient Position	Standing -RB	Sitting -RB	—	—	—

Row Name	05/27/15 12:33:20	05/27/15 12:04	05/27/15 12:00:07	05/27/15 11:49:11	05/27/15 11:34:20
Vital Signs					
Automatic Restart	Yes -RB	—	—	—	—
Vitals Timer					
Pulse	51 -DI (r) KH (t)	50 -RB	(t) 47 -DI (r) KH (t)	53 -DI (r) KH (t)	(t) 49 -DI (r) KH (t)
Heart Rate Source	Monitor -RB	Monitor -RB	Monitor -RB	—	—
Resp	18 -RB	—	—	—	—
Respiration Source	visual -RB	—	visual -RB	—	—
BP	125/69 -DI (r) KH (t)	—	135/63 -DI (r) KH (t)	135/63 -DI (r) KH (t)	122/65 -DI (r) KH (t)
BP Location	Right arm -RB	—	Right arm -RB	—	Right arm -RB
BP Method	—	—	Portable -RB	—	Portable -RB
Patient Position	—	—	Lying -RB	—	Lying -RB
Temp	—	—	97.7 °F (36.5 °C) -DI (r) KH (t)	—	—
Temp src	—	—	Oral -RB	—	—

Oxygen Therapy

SpO2	—	—	94 % -DI (r) KH (t)	93 % -DI (r) KH (t)	93 % -DI (r) KH (t)
O2 Device	—	—	None (Room air) -RB	—	None (Room air) -RB

Row Name	05/27/15 11:19:16	05/27/15 10:50:05	05/27/15 10:48:24	05/27/15 08:10:42	05/27/15 07:14
Vital Signs					
Automatic Restart	—	—	—	—	Yes -FD
Vitals Timer					
Pulse	(t) 48 -DI (r) KH (t)	(t) 49 -DI (r) KH (t)	(t) 46 -DI (r) KH (t)	—	(t) 49 -FD
Resp	—	—	—	—	18 -FD
BP	125/69 -DI (r) KH (t)	—	123/67 -DI (r) KH (t)	—	118/74 -FD
Temp	—	97.6 °F (36.4 °C) -DI (r) KH (t)	—	—	97.6 °F (36.4 °C) -FD
Temp src	—	—	—	—	Oral -FD
Oxygen Therapy					
SpO2	94 % -DI (r) KH (t)	95 % -DI (r) KH (t)	96 % -DI (r) KH (t)	—	95 % -FD
O2 Device	—	—	—	Nasal cannula -MC	—
O2 Flow Rate (L/min)	—	—	—	3 L/min -MC	—





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**Flowsheets (all recorded)**

**O2 Therapy**

Row Name	05/28/15 11:23:35	05/28/15 08:18:59	05/28/15 03:26:44	05/27/15 23:10:46	05/27/15 20:37:56
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Oxygen Therapy

O2 Device	None (Room air) -MG	None (Room air) -MG	---	---	---
SpO2	93 % -DI (r) MG (t)	94 % -DI (r) MG (t)	95 % -DI (r) CB (t)	93 % -DI (r) CB (t)	92 % -DI (r) CB (t)

Row Name	05/27/15 12:00:07	05/27/15 11:49:11	05/27/15 11:34:20	05/27/15 11:19:16	05/27/15 10:50:05
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Oxygen Therapy

O2 Device	None (Room air) -RB	---	None (Room air) -RB	---	---
SpO2	94 % -DI (r) KH (t)	93 % -DI (r) KH (t)	93 % -DI (r) KH (t)	94 % -DI (r) KH (t)	95 % -DI (r) KH (t)

Row Name	05/27/15 10:48:24	05/27/15 08:10:42	05/27/15 07:14		
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Oxygen Therapy

O2 Delivery	---	Oxygen -MC	---		
O2 Device	---	Nasal cannula -MC	---		
O2 Flow Rate (L/min)	---	3 L/min -MC	---		
SpO2	96 % -DI (r) KH (t)	---	95 % -FD		



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Flowsheets (all recorded)

OR Lines/Drains/Airways

Row Name	05/28/15 0730	05/27/15 1100	05/27/15 0740	05/27/15 0735
[REMOVED] Peripheral IV 05/27/15 22 G Left Hand				
IV Properties	Placement Date: 05/27/15 -FD Placement Time: 0730 -FD Present on arrival to hospital?: No -FD Type of Catheter: Straight -FD Size (Gauge): 22 G -FD Orientation: Left -FD Location: Hand -FD Site Prep: Chlorhexidine -FD Insertion attempts: 1 -FD Successful IV Attempt?: Yes -FD Patient Tolerance: Tolerated well -FD IV Access Problem: No -FD Removal Date: 05/28/15 -KH Removal Time: 1738 -KH (Retired) Inserted by: dawes RN -FD			
Site Assessment	Asymptomatic;Clean;Dry;Intact -KH	Asymptomatic;Clean;Dry;Intact -KH	Asymptomatic -FD	---
Phlebitis Scale	0 -KH	0 -KH	---	---
Infiltration/Extravasation Scale	0 -KH	0 -KH	---	---
Line Assessment	Patent;Saline locked -KH	Patent;Saline locked -KH	Blood return noted -FD	---
Dressing Assessment	Transparent;Intact;Dry;Clean -KH	Transparent;Intact;Dry;Clean -KH	Dry;Clean;Intact -FD	---
IV Interventions	Flushed -KH	Flushed -KH	Flushed -FD	---
[REMOVED] Peripheral IV 05/27/15 20 G Right Forearm				
IV Properties	Placement Date: 05/27/15 -FD Placement Time: 0735 -FD Present on arrival to hospital?: No -FD Type of Catheter: Straight -FD Size (Gauge): 20 G -FD Orientation: Right -FD Location: Forearm -FD Site Prep: Chlorhexidine -FD Insertion attempts: 1 -FD Successful IV Attempt?: Yes -FD Patient Tolerance: Tolerated well -FD IV Access Problem: No -FD Removal Date: 05/27/15 -KH Removal Time: 1910 -KH (Retired) Inserted by: Dawes Rn -FD			
Site Assessment	---	Asymptomatic;Clean;Dry;Intact -KH	---	Asymptomatic -FD
Phlebitis Scale	---	0 -KH	---	---
Infiltration/Extravasation Scale	---	0 -KH	---	---
Line Assessment	---	Patent;Saline locked -KH	---	Blood return noted -FD
Dressing Assessment	---	Transparent;Intact;Dry;Clean -KH	---	Clean;Dry;Intact -FD
IV Interventions	---	Flushed -KH	---	Flushed -FD



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Flowsheets (all recorded)

VTE Screening

Row Name	05/27/15 1300
(RETIRED) Score 2 for each factor	
(RETIRED) Major surgery (greater than 60 minutes, current admission)	0 -KH
(RETIRED) Laproscopic surgery (greater than 60 minutes)	0 -KH
(RETIRED) Arthroscopic surgery (greater than 60 minutes)	0 -KH
(RETIRED) Age 60 - 74 years	2 -KH
(RETIRED) Morbid Obesity (BMI greater than 40 to 50)	0 -KH
(RETIRED) Immobilizing cast or splint	0 -KH
(RETIRED) Central venous catheter	0 -KH
(RETIRED) Malignancy (previous)	0 -KH
(RETIRED) Total Score	2 -KH
Total Risk Factor Score	
VTE Total Risk Factor Score	2 -KH



WS Cobb Hospital  
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Austell GA 30106  
Inpatient Record

Maurice, Eugene George  
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Adm: 5/27/2015, D/C: 5/28/2015

**Flowsheets (all recorded)**

**Anthropometrics**

Row Name	05/28/15 03:26:44	05/27/15 07:14			
Anthropometrics					
Height	---	67" (1.702 m) -FD			
Weight	100.2 kg (220 lb 14.4 oz) -DI (r) CB (t)	97.5 kg (215 lb) -FD			
Weight Method	Actual -CB	Stated -FD			
Weight Change	2.74 -DI (r) CB (t)	0 -FD			
BMI (Calculated)	---	33.7 -FD			



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Flowsheets (all recorded)

Severe Sepsis Screen

Row Name	05/28/15 0700	05/27/15 2000	05/27/15 1325	05/27/15 1100
<b>Severe Sepsis Screening Tool</b>				
Current Sepsis Treatment AND On IV Pressors?	No - Continue Screening -KH	Yes - Stop Screening -LB	---	No - Continue Screening -KH
Antibiotic Therapy (Non-Prophylactic) (View Only)	No- Stop screen if no to both suspected infection and antibiotic -KH	No- Stop screen if no to both suspected infection and antibiotic -LB	---	No- Stop screen if no to both suspected infection and antibiotic -KH
<b>Infection</b>				
Suspected / Documented Infection?	No- Screen for antibiotic therapy -KH	No- Screen for antibiotic therapy -LB	---	No- Screen for antibiotic therapy -KH
<b>Screening Results</b>				
Positive For Severe Sepsis ?	No- Negative for Severe Sepsis -KH	No- Negative for Severe Sepsis -LB	---	No- Negative for Severe Sepsis -KH
<b>Provider Notification</b>				
Reason for Communication (View Only)	---	---	Other (comment) Right groin site started bleeding. Pressure held for 20min. -KH	---
Notification Time	---	---	1325 -KH	---
Provider Name	---	---	Gina Haden, RN -KH	---
Provider Role	---	---	Nurse -KH	---
Method of Communication	---	---	Call -KH	---



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Flowsheets (all recorded)

Vitals/Pain

Row Name	05/28/15 11:23:35	05/28/15 08:18:59	05/28/15 07:30	05/28/15 03:26:44	05/27/15 23:10:46
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OTHER

Patient Position	Lying -MG	Lying -MG	---	Lying -CB	Lying -CB
Weight Method	---	---	---	Actual -CB	---

Vitals

BP	133/62 -DI (r) MG (t)	137/75 -DI (r) MG (t)	---	119/63 -DI (r) CB (t)	103/51 -DI (r) CB (t)
Temp	98 °F (36.7 °C) -DI (r) MG (t)	98 °F (36.7 °C) -DI (r) MG (t)	---	97.8 °F (36.6 °C) -DI (r) CB (t)	98 °F (36.7 °C) -DI (r) CB (t)
Temp src	Oral -MG	Oral -MG	---	Oral -CB	Oral -CB
Pulse	61 -DI (r) MG (t)	63 -DI (r) MG (t)	---	56 -DI (r) CB (t)	59 -DI (r) CB (t)
Resp	18 -DI (r) MG (t)	18 -DI (r) MG (t)	---	18 -DI (r) CB (t)	18 -DI (r) CB (t)
SpO2	93 % -DI (r) MG (t)	94 % -DI (r) MG (t)	---	95 % -DI (r) CB (t)	93 % -DI (r) CB (t)
Weight	---	---	---	100.2 kg (220 lb 14.4 oz) -DI (r) CB (t)	---

Vital Signs

Heart Rate Source	Monitor -MG	Monitor -MG	---	Monitor -CB	Monitor -CB
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Numeric Pain Intensity Scale 1

Numeric Pain Intensity Score 1	---	---	0 -KH	---	5 -LB
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Row Name	05/27/15 20:37:56	05/27/15 15:25:49	05/27/15 15:24:40	05/27/15 14:48:16	05/27/15 13:48:17
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OTHER

Patient Position	Lying -CB	Standing -RB	Sitting -RB	---	---
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Vitals

BP	132/73 -DI (r) CB (t)	126/54 -DI (r) KH (t)	121/57 -DI (r) KH (t)	119/61 -DI (r) KH (t)	120/62 -DI (r) KH (t)
Temp	98.1 °F (36.7 °C) -DI (r) CB (t)	---	---	---	---
Temp src	Oral -CB	---	---	---	---
Pulse	62 -DI (r) CB (t)	60 -DI (r) KH (t)	60 -DI (r) KH (t)	57 -DI (r) KH (t)	56 -DI (r) KH (t)
Resp	18 -DI (r) CB (t)	18 -RB	18 -RB	18 -RB	18 -RB
SpO2	92 % -DI (r) CB (t)	---	---	---	---

Vital Signs

Heart Rate Source	Monitor -CB	Monitor -RB	Monitor -RB	Monitor -RB	Monitor -RB
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Row Name	05/27/15 13:18:18	05/27/15 12:33:20	05/27/15 12:04	05/27/15 12:00:07	05/27/15 11:49:11
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OTHER

Patient Position	---	---	---	Lying -RB	---
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Vitals

BP	131/61 -DI (r) KH (t)	125/69 -DI (r) KH (t)	---	135/63 -DI (r) KH (t)	135/63 -DI (r) KH (t)
Temp	---	---	---	97.7 °F (36.5 °C) -DI (r) KH (t)	---
Temp src	---	---	---	Oral -RB	---
Pulse	52 -DI (r) KH (t)	51 -DI (r) KH (t)	50 -RB	(t) 47 -DI (r) KH (t)	53 -DI (r) KH (t)
Resp	18 -RB	18 -RB	---	---	---
SpO2	---	---	---	94 % -DI (r) KH (t)	93 % -DI (r) KH (t)

Vital Signs

Heart Rate Source	Monitor -RB	Monitor -RB	Monitor -RB	Monitor -RB	---
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Row Name	05/27/15 11:34:20	05/27/15 11:19:16	05/27/15 10:50:05	05/27/15 10:48:24	05/27/15 07:14
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OTHER

Patient Position	Lying -RB	---	---	---	---
Height Method	---	---	---	---	Stated -FD
Weight Method	---	---	---	---	Stated -FD
BMI (Calculated)	---	---	---	---	33.7 -FD
BSA (Calculated - sq m)	---	---	---	---	2.14 sq meters -FD
Pain Assessment	---	---	---	---	0-10 -FD

Vitals

BP	122/65 -DI (r) KH (t)	125/69 -DI (r) KH (t)	---	123/67 -DI (r) KH (t)	118/74 -FD
Temp	---	---	97.6 °F (36.4 °C) -DI (r) KH (t)	---	97.6 °F (36.4 °C) -FD
Temp src	---	---	---	---	Oral -FD
Pulse	(t) 49 -DI (r) KH (t)	(t) 48 -DI (r) KH (t)	(t) 49 -DI (r) KH (t)	(t) 46 -DI (r) KH (t)	(t) 49 -FD
Resp	---	---	---	---	18 -FD



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Flowsheets (all recorded) (continued)

Vitals/Pain (continued)

Row Name	05/27/15 11:34:20	05/27/15 11:19:16	05/27/15 10:50:05	05/27/15 10:48:24	05/27/15 07:14
SpO2	93 % -DI (r) KH (t)	94 % -DI (r) KH (t)	95 % -DI (r) KH (t)	96 % -DI (r) KH (t)	95 % -FD
Height	—	—	—	—	67" (1.702 m) -FD
Weight	—	—	—	—	97.5 kg (215 lb) -FD
Numeric Pain Intensity Scale 1					
Numeric Pain Intensity Score 1	—	—	—	—	0 -FD



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**Flowsheets (all recorded)**

**Fall Risk**

Row Name	05/27/15 0717				
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Fall Assessment

Patient Receiving Sedation	Yes -FD
Fall Risk	Yes -FD
Fall Band Applied	Yes -FD
Yellow socks	Yes -FD





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Flowsheets (all recorded)

Pre-op Checklist

Row Name	05/27/15 1200	05/27/15 0718
<b>Patient Verification</b>		
Consents Confirmed	---	Informed -FD
Advance Directive	Patient does not have advance directive; Patient would not like information -KH	Patient does not have advance directive; Patient would like information -FD
Patient ID and Procedure Verified	---	Yes -FD
Correct Procedure	---	Yes -FD
Documents Match	---	Yes -FD
Pacemaker	---	No -FD
Patient has an ICD?	---	No -FD
<b>Prep Verification</b>		
Allergy Band Applied	---	Yes -FD
Date of last liquid	---	05/26/15 -FD
Time of last liquid	---	2200 -FD
Date of last solid	---	05/26/15 -FD
Time of last solid	---	2200 -FD
Disposition of belongings:	---	Remain in room -FD
Transport To	---	Procedure Area -FD
Mode of Transport	---	Stretcher -FD
Transport By	---	RN -FD
Metal Implant Present?	---	No -FD
<b>Pre-op Checklist Completion</b>		
Checklist Completed/Verified?	---	Yes -FD
Location completed at:	---	ARU -FD



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Flowsheets (all recorded)

CARDNT HEMODYNAMIC

Row Name	05/28/15 11:23:35	05/28/15 08:18:59	05/28/15 03:26:44	05/27/15 23:10:46	05/27/15 20:37:56
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Vitals

SpO2	93 % -DI (r) MG (t)	94 % -DI (r) MG (t)	95 % -DI (r) CB (t)	93 % -DI (r) CB (t)	92 % -DI (r) CB (t)
Pulse	61 -DI (r) MG (t)	63 -DI (r) MG (t)	56 -DI (r) CB (t)	59 -DI (r) CB (t)	62 -DI (r) CB (t)
Resp	18 -DI (r) MG (t)	18 -DI (r) MG (t)	18 -DI (r) CB (t)	18 -DI (r) CB (t)	18 -DI (r) CB (t)

Row Name	05/27/15 15:25:49	05/27/15 15:24:40	05/27/15 14:48:16	05/27/15 13:48:17	05/27/15 13:18:18
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Vitals

Pulse	60 -DI (r) KH (t)	60 -DI (r) KH (t)	57 -DI (r) KH (t)	56 -DI (r) KH (t)	52 -DI (r) KH (t)
Resp	18 -RB	18 -RB	18 -RB	18 -RB	18 -RB

Row Name	05/27/15 12:33:20	05/27/15 12:04	05/27/15 12:00:07	05/27/15 11:49:11	05/27/15 11:34:20
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Vitals

SpO2	—	—	94 % -DI (r) KH (t)	93 % -DI (r) KH (t)	93 % -DI (r) KH (t)
Pulse	51 -DI (r) KH (t)	50 -RB	(t) 47 -DI (r) KH (t)	53 -DI (r) KH (t)	(t) 49 -DI (r) KH (t)
Resp	18 -RB	—	—	—	—

Row Name	05/27/15 11:19:16	05/27/15 10:50:05	05/27/15 10:48:24	05/27/15 10:23:08	05/27/15 10:19:51
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Vitals

SpO2	—	—	—	100 % -VI	100 % -VI
Heart Rate	—	—	—	50 bpm -VI	44 bpm -VI
Systolic Pressure	—	—	—	—	144 mmHg -VI
Diastolic Pressure	—	—	—	—	67 mmHg -VI
Mean Pressure	—	—	—	—	98 mmHg -VI
Respiration Rate	—	—	—	—	17 breaths/min -VI
SpO2	94 % -DI (r) KH (t)	95 % -DI (r) KH (t)	96 % -DI (r) KH (t)	—	—
Pulse	(t) 48 -DI (r) KH (t)	(t) 49 -DI (r) KH (t)	(t) 46 -DI (r) KH (t)	—	—

Row Name	05/27/15 10:18:08	05/27/15 10:14:33	05/27/15 10:13:08	05/27/15 10:09:33	05/27/15 10:08:08
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Vitals

SpO2	100 % -VI	100 % -VI	99 % -VI	99 % -VI	99 % -VI
Heart Rate	47 bpm -VI	49 bpm -VI	49 bpm -VI	45 bpm -VI	44 bpm -VI
Systolic Pressure	—	163 mmHg -VI	—	143 mmHg -VI	—
Diastolic Pressure	—	76 mmHg -VI	—	69 mmHg -VI	—
Mean Pressure	—	109 mmHg -VI	—	88 mmHg -VI	—
Respiration Rate	20 breaths/min -VI	20 breaths/min -VI	19 breaths/min -VI	16 breaths/min -VI	15 breaths/min -VI

Row Name	05/27/15 10:04:31	05/27/15 10:03:08	05/27/15 09:59:29	05/27/15 09:58:08	05/27/15 09:54:30
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Vitals

SpO2	99 % -VI	99 % -VI	98 % -VI	98 % -VI	98 % -VI
Heart Rate	45 bpm -VI	43 bpm -VI	45 bpm -VI	45 bpm -VI	44 bpm -VI
Systolic Pressure	137 mmHg -VI	—	128 mmHg -VI	—	128 mmHg -VI
Diastolic Pressure	68 mmHg -VI	—	68 mmHg -VI	—	66 mmHg -VI
Mean Pressure	88 mmHg -VI	—	93 mmHg -VI	—	96 mmHg -VI
Respiration Rate	16 breaths/min -VI	18 breaths/min -VI	16 breaths/min -VI	14 breaths/min -VI	14 breaths/min -VI

Row Name	05/27/15 09:53:08	05/27/15 09:51:13	05/27/15 09:49:23	05/27/15 09:48:08	05/27/15 09:44:34
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Vitals

SpO2	98 % -VI	—	98 % -VI	98 % -VI	97 % -VI
Heart Rate	44 bpm -VI	—	45 bpm -VI	47 bpm -VI	46 bpm -VI
Systolic Pressure	—	—	135 mmHg -VI	—	107 mmHg -VI
Diastolic Pressure	—	—	68 mmHg -VI	—	54 mmHg -VI
Mean Pressure	—	—	91 mmHg -VI	—	70 mmHg -VI
Respiration Rate	15 breaths/min -VI	—	16 breaths/min -VI	17 breaths/min -VI	13 breaths/min -VI

Pressure Summary

AO Systolic Cath Pressure	—	102 mmHg -VI	—	—	—
AO Diastolic Cath Pressure	—	38 mmHg -VI	—	—	—
AO Mean Cath Pressure	—	60 mmHg -VI	—	—	—
AO Heart Rate	—	45 bpm -VI	—	—	—

Row Name	05/27/15 09:43:08	05/27/15 09:42:55	05/27/15 09:39:28	05/27/15 09:38:08	05/27/15 09:35:37
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Vitals

SpO2	98 % -VI	—	98 % -VI	97 % -VI	—
Heart Rate	46 bpm -VI	—	45 bpm -VI	44 bpm -VI	—
Systolic Pressure	—	—	120 mmHg -VI	—	—
Diastolic Pressure	—	—	62 mmHg -VI	—	—



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Flowsheets (all recorded) (continued)

CARDNT HEMODYNAMIC (continued)

Row Name	05/27/15 09:43:08	05/27/15 09:42:55	05/27/15 09:39:28	05/27/15 09:38:08	05/27/15 09:35:37
Mean Pressure	---	---	81 mmHg -VI	---	---
Respiration Rate	14 breaths/min -VI	---	14 breaths/min -VI	19 breaths/min -VI	---
Pressure Summary					
AO Systolic Cath Pressure	---	120 mmHg -VI	---	---	113 mmHg -VI
AO Diastolic Cath Pressure	---	53 mmHg -VI	---	---	49 mmHg -VI
AO Mean Cath Pressure	---	76 mmHg -VI	---	---	72 mmHg -VI
AO Heart Rate	---	44 bpm -VI	---	---	46 bpm -VI
Row Name	05/27/15 09:34:28	05/27/15 09:33:08	05/27/15 09:32:15	05/27/15 09:29:29	05/27/15 09:28:08

Vitals

SpO2	98 % -VI	97 % -VI	---	96 % -VI	97 % -VI
Heart Rate	46 bpm -VI	45 bpm -VI	---	46 bpm -VI	51 bpm -VI
Systolic Pressure	122 mmHg -VI	---	---	120 mmHg -VI	---
Diastolic Pressure	63 mmHg -VI	---	---	64 mmHg -VI	---
Mean Pressure	84 mmHg -VI	---	---	99 mmHg -VI	---
Respiration Rate	15 breaths/min -VI	14 breaths/min -VI	---	18 breaths/min -VI	15 breaths/min -VI
Pressure Summary					
AO Systolic Cath Pressure	---	---	118 mmHg -VI	---	---
AO Diastolic Cath Pressure	---	---	53 mmHg -VI	---	---
AO Mean Cath Pressure	---	---	77 mmHg -VI	---	---
AO Heart Rate	---	---	45 bpm -VI	---	---
Row Name	05/27/15 09:24:37	05/27/15 09:23:08	05/27/15 09:19:39	05/27/15 09:19:25	05/27/15 09:18:08

Vitals

SpO2	100 % -VI	99 % -VI	---	99 % -VI	98 % -VI
Heart Rate	41 bpm -VI	45 bpm -VI	---	48 bpm -VI	50 bpm -VI
Systolic Pressure	120 mmHg -VI	---	---	124 mmHg -VI	---
Diastolic Pressure	61 mmHg -VI	---	---	65 mmHg -VI	---
Mean Pressure	94 mmHg -VI	---	---	94 mmHg -VI	---
Respiration Rate	12 breaths/min -VI	13 breaths/min -VI	---	14 breaths/min -VI	16 breaths/min -VI
Pressure Summary					
AO Systolic Cath Pressure	---	---	127 mmHg -VI	---	---
AO Diastolic Cath Pressure	---	---	54 mmHg -VI	---	---
AO Mean Cath Pressure	---	---	82 mmHg -VI	---	---
AO Heart Rate	---	---	48 bpm -VI	---	---
Row Name	05/27/15 09:14:24	05/27/15 09:13:08	05/27/15 09:09:32	05/27/15 09:08:51	05/27/15 09:08:08

Vitals

SpO2	98 % -VI	98 % -VI	99 % -VI	---	98 % -VI
Heart Rate	44 bpm -VI	46 bpm -VI	45 bpm -VI	---	46 bpm -VI
Systolic Pressure	131 mmHg -VI	---	121 mmHg -VI	---	---
Diastolic Pressure	63 mmHg -VI	---	63 mmHg -VI	---	---
Mean Pressure	88 mmHg -VI	---	86 mmHg -VI	---	---
Respiration Rate	11 breaths/min -VI	15 breaths/min -VI	15 breaths/min -VI	---	16 breaths/min -VI
Pressure Summary					
AO Systolic Cath Pressure	---	---	---	112 mmHg -VI	---
AO Diastolic Cath Pressure	---	---	---	53 mmHg -VI	---
AO Mean Cath Pressure	---	---	---	76 mmHg -VI	---
AO Heart Rate	---	---	---	41 bpm -VI	---
Row Name	05/27/15 09:04:23	05/27/15 08:59:29	05/27/15 08:58:08	05/27/15 08:54:29	05/27/15 08:53:08

Vitals

SpO2	99 % -VI	99 % -VI	99 % -VI	99 % -VI	99 % -VI
Heart Rate	48 bpm -VI	46 bpm -VI	44 bpm -VI	48 bpm -VI	48 bpm -VI
Systolic Pressure	131 mmHg -VI	124 mmHg -VI	---	145 mmHg -VI	---



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Flowsheets (all recorded) (continued)

CARDNT HEMODYNAMIC (continued)

Row Name	05/27/15 09:04:23	05/27/15 08:59:29	05/27/15 08:58:08	05/27/15 08:54:29	05/27/15 08:53:08
Diastolic Pressure	66 mmHg -VI	65 mmHg -VI	---	72 mmHg -VI	---
Mean Pressure	91 mmHg -VI	97 mmHg -VI	---	84 mmHg -VI	---
Respiration Rate	15 breaths/min -VI	15 breaths/min -VI	14 breaths/min -VI	15 breaths/min -VI	16 breaths/min -VI
Row Name	05/27/15 08:49:28	05/27/15 08:48:08	05/27/15 08:44:28	05/27/15 08:43:08	05/27/15 08:40:39

Vitals

SpO2	98 % -VI	99 % -VI	98 % -VI	98 % -VI	---
Heart Rate	44 bpm -VI	49 bpm -VI	45 bpm -VI	47 bpm -VI	---
Systolic Pressure	119 mmHg -VI	---	122 mmHg -VI	---	---
Diastolic Pressure	59 mmHg -VI	---	67 mmHg -VI	---	---
Mean Pressure	77 mmHg -VI	---	84 mmHg -VI	---	---
Respiration Rate	14 breaths/min -VI	14 breaths/min -VI	14 breaths/min -VI	14 breaths/min -VI	---

Pressure Summary

AO Systolic Cath Pressure	---	---	---	---	106 mmHg -VI
AO Diastolic Cath Pressure	---	---	---	---	43 mmHg -VI
AO Mean Cath Pressure	---	---	---	---	65 mmHg -VI
AO Heart Rate	---	---	---	---	30 bpm -VI

Row Name	05/27/15 08:40:31	05/27/15 08:40:19	05/27/15 08:40:13	05/27/15 08:39:39	05/27/15 08:39:27
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Vitals

SpO2	---	---	---	---	98 % -VI
Heart Rate	---	---	---	---	47 bpm -VI
Systolic Pressure	---	---	---	---	104 mmHg -VI
Diastolic Pressure	---	---	---	---	58 mmHg -VI
Mean Pressure	---	---	---	---	81 mmHg -VI
Respiration Rate	---	---	---	---	13 breaths/min -VI

Pressure Summary

LV Systolic Cath Pressure	111 mmHg -VI	110 mmHg -VI	104 mmHg -VI	---	---
LV Diastolic Cath Pressure	-1 mmHg -VI	3 mmHg -VI	3 mmHg -VI	---	---
LV Heart Rate	45 bpm -VI	45 bpm -VI	50 bpm -VI	---	---
AO Systolic Cath Pressure	---	---	---	103 mmHg -VI	---
AO Diastolic Cath Pressure	---	---	---	46 mmHg -VI	---
AO Mean Cath Pressure	---	---	---	66 mmHg -VI	---
AO Heart Rate	---	---	---	45 bpm -VI	---
LV End Diastolic	15 mmHg -VI	16 mmHg -VI	14 mmHg -VI	---	---

Row Name	05/27/15 08:38:08	05/27/15 08:34:22	05/27/15 08:33:08	05/27/15 08:29:27	05/27/15 08:28:08
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Vitals

SpO2	99 % -VI	97 % -VI	96 % -VI	96 % -VI	97 % -VI
Heart Rate	44 bpm -VI	45 bpm -VI	47 bpm -VI	47 bpm -VI	46 bpm -VI
Systolic Pressure	---	107 mmHg -VI	---	111 mmHg -VI	---
Diastolic Pressure	---	56 mmHg -VI	---	58 mmHg -VI	---
Mean Pressure	---	80 mmHg -VI	---	83 mmHg -VI	---
Respiration Rate	12 breaths/min -VI	14 breaths/min -VI	16 breaths/min -VI	14 breaths/min -VI	14 breaths/min -VI

Row Name	05/27/15 08:24:23	05/27/15 08:23:08	05/27/15 08:19:25	05/27/15 08:18:08	05/27/15 08:14:28
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Vitals

SpO2	100 % -VI	100 % -VI	100 % -VI	100 % -VI	99 % -VI
Heart Rate	48 bpm -VI	44 bpm -VI	44 bpm -VI	45 bpm -VI	46 bpm -VI
Systolic Pressure	128 mmHg -VI	---	134 mmHg -VI	---	128 mmHg -VI
Diastolic Pressure	64 mmHg -VI	---	65 mmHg -VI	---	63 mmHg -VI
Mean Pressure	87 mmHg -VI	---	96 mmHg -VI	---	88 mmHg -VI
Respiration Rate	10 breaths/min -VI	12 breaths/min -VI	13 breaths/min -VI	14 breaths/min -VI	14 breaths/min -VI

Row Name	05/27/15 08:13:08	05/27/15 08:09:31	05/27/15 08:08:11	05/27/15 07:14	
----------	-------------------	-------------------	-------------------	----------------	--

Vitals

SpO2	99 % -VI	100 % -VI	---	---	---
Heart Rate	45 bpm -VI	47 bpm -VI	---	---	---
Systolic Pressure	---	130 mmHg -VI	---	---	---
Diastolic Pressure	---	65 mmHg -VI	---	---	---



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**Flowsheets (all recorded) (continued)**

**CARDNT HEMODYNAMIC (continued)**

Row Name	05/27/15 08:13:08	05/27/15 08:09:31	05/27/15 08:08:11	05/27/15 07:14
Mean Pressure	—	96 mmHg -VI	—	—
Respiration Rate	12 breaths/min -VI	14 breaths/min -VI	—	—
SpO2	—	—	—	95 % -FD
Pulse	—	—	—	(I) 49 -FD
Resp	—	—	—	18 -FD
<b>AO Pressures</b>				
AO Systolic	—	—	102 mmHg -VI	—
AO Diastolic	—	—	38 mmHg -VI	—
AO Mean	—	—	60 mmHg -VI	—
AO Heart Rate	—	—	45 bpm -VI	—
<b>LV Pressures</b>				
LV Systolic	—	—	111 mmHg -VI	—
LV End Diastolic	—	—	15 mmHg -VI	—
LV dP/dt	—	—	1104 -VI	—
<b>Data Collected</b>				
Hemodynamic Phase	—	—	Phase: Baseline -VI	—



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**Flowsheets (all recorded)**

**Cath Lab Pain Assessment**

Row Name	05/27/15 10:22:27	05/27/15 08:10:36			
Pain					
Pain	No -MC	No -MC			



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**Flowsheets (all recorded)**

**Preop Nurse**

Row Name	05/27/15 0712				
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Pre-op Nurse

Pre Procedure Nurse    dawes-rust -FD



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Flowsheets (all recorded)

Patient Belongings Sent Home

Row Name	05/28/15 1252	05/27/15 0715			
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Patient Belongings Sent Home

(RETIRED)Belongings Yes -KH No -FD  
Sent Home

Medications Sent Home

Medications Sent None to return -KH —  
Home





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**Flowsheets (all recorded)**

**Blood Specimen Collection Status**

Row Name	05/28/15 0730	05/27/15 1100			
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Blood Specimen Collection Status

Blood Specimen Collection	Lab -KH	Lab -KH			
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Flowsheets (all recorded)

Daily Cares

Row Name	05/28/15 1200	05/28/15 1000	05/28/15 0800	05/28/15 0730	05/28/15 0500
<b>Safe Environment</b>					
Arm Bands On	ID;Allergies -MG	ID;Allergies -MG	ID;Allergies -MG	---	ID;Allergies -CB
Safety Checks	Call light in reach -MG	Call light in reach -MG	Call light in reach -MG	---	Call light in reach;Overbed table in reach;Bed in lowest position;Wheels on bed locked;Wheels on chair locked;NonSkid Footwear on -CB
Bed type	Hillrom Clinitron Rite Hite -MG	Hillrom Clinitron Rite Hite -MG	Hillrom Clinitron Rite Hite -MG	---	---
Safety Alarm Verified	No alarm -MG	No alarm -MG	No alarm -MG	---	---
Side Rails/Bed Safety	3/4 -MG	3/4 -MG	3/4 -MG	---	4/4 -CB
<b>Fall Risk Interventions</b>					
Fall Prevention Interventions	---	---	---	Yellow Armband, Socks;"Call, Don't Fall" Doorsign;Frequent Visual Checks/Rounding;Needed items within reach;Medications reviewed;Adequate room lighting;Room decluttered -KH	---
Fall Prevention Education Reviewed with :	---	---	---	Patient -KH	---
<b>Mobility</b>					
Mobility Intervention	Resting in bed -MG	Resting in bed -MG	Resting in bed -MG	---	Resting in bed -CB
Level of Assistance	Independent -MG	Independent -MG	Independent -MG	---	Independent -CB
Active Range of Motion	---	---	Active;All extremities -MG	---	---
<b>Patient Position</b>					
Head of Bed Elevated > / = 30 degrees	---	---	Self regulated -MG	---	---
Repositioned	Turns self -MG	Turns self -MG	Turns self -MG	---	---
<b>Hygiene</b>					
Hygiene Performed	---	---	---	Hand hygiene -KH	Hand hygiene -CB
Performed by	---	---	---	Self -KH	---
<b>Anti-Embolism Devices</b>					
Anti-Embolism Devices (View Only)	---	---	---	Not Ordered -KH	---
<b>Nutrition</b>					
Feeding	---	---	---	Able to feed self -KH	---
Appetite	---	---	---	Good -KH	---
<b>Telemetry Details</b>					
Telemetry Monitor On	---	---	---	Yes -KH	---
Telemetry Box Number	---	---	---	MX51 -KH	---

Row Name	05/27/15 2300	05/27/15 2100	05/27/15 2000	05/27/15 1800	05/27/15 1600
<b>Safe Environment</b>					
Arm Bands On	ID;Allergies -CB	ID;Allergies -CB	---	ID;Allergies -RB	ID;Allergies -RB
Safety Checks	Call light in reach;Overbed table in reach;Bed in lowest position;Wheels on bed locked;Wheels on chair locked;NonSkid Footwear on -CB	Call light in reach;Overbed table in reach;Bed in lowest position;Wheels on bed locked;Wheels on chair locked;NonSkid Footwear on -CB	---	Call light in reach;Overbed table in reach;Bed in lowest position;Wheels on bed locked;Wheels on chair locked -RB	Call light in reach;Overbed table in reach;Bed in lowest position;Wheels on bed locked;Wheels on chair locked;NonSkid Footwear on -RB
Bed type	---	---	---	Hillrom Clinitron Rite Hite -RB	Hillrom Clinitron Rite Hite -RB
Safety Alarm Verified	---	---	---	No alarm -RB	No alarm -RB
Side Rails/Bed Safety	3/4 -CB	3/4 -CB	---	3/4 -RB	3/4 -RB
<b>Mobility</b>					
Mobility Intervention	Resting in bed -CB	Resting in bed -CB	---	Resting in bed -RB	Resting in bed -RB



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Flowsheets (all recorded) (continued)

Daily Cares (continued)

Row Name	05/27/15 2300	05/27/15 2100	05/27/15 2000	05/27/15 1800	05/27/15 1600
Level of Assistance	Independent -CB	Independent -CB	---	Independent -RB	Independent -RB
Active Range of Motion	---	---	---	Active;All extremities -RB	Active;All extremities -RB
Patient Position					
Head of Bed Elevated > / = 30 degrees	---	---	---	Self regulated -RB	Self regulated -RB
Repositioned	Turns self -CB	---	---	Turns self -RB	Turns self -RB
Hygiene					
Hygiene Performed	Hand hygiene -CB	Hand hygiene -CB	---	Hand hygiene -RB	---
Performed by	---	---	---	Self -RB	---
Anti-Embolism Devices					
Anti-Embolism Devices (View Only)	---	---	Not Ordered -LB	Not Ordered -RB	Not Ordered -RB
Family/Significant Other Communication					
Family/Significant Other Update	---	---	---	---	Visiting -KH
Telemetry Details					
Telemetry Monitor On	---	---	Yes -LB	Yes -RB	Yes -RB
Telemetry Audible	---	---	Yes -LB	Yes -RB	Yes -RB
Telemetry Box Number	---	---	mx51 -LB	mx51 -RB	mx51 -RB
Telemetry Alarms Set	---	---	Yes -LB	---	---
Row Name	05/27/15 1400	05/27/15 1200	05/27/15 1100		

Safe Environment

Arm Bands On	ID;Allergies -RB	ID;Allergies -RB	---
Safety Checks	Call light in reach;Overbed table in reach;Bed in lowest position;Wheels on bed locked;Wheels on chair locked;NonSkid Footwear on -RB	Call light in reach;Overbed table in reach;Bed in lowest position;Wheels on bed locked;Wheels on chair locked;NonSkid Footwear on -RB	---
Bed type	Hillrom Clinitron Rite Hite -RB	Hillrom Clinitron Rite Hite -RB	---
Safety Alarm Verified	No alarm -RB	No alarm -RB	---
Side Rails/Bed Safety	3/4 -RB	3/4 -RB	---

Mobility

Mobility Intervention	Resting in bed -RB	Resting in bed -RB	---
Level of Assistance	Independent -RB	Independent -RB	---
Active Range of Motion	Active;All extremities -RB	Active;All extremities -RB	---
Patient Position			
Head of Bed Elevated > / = 30 degrees	Self regulated -RB	Self regulated -RB	---
Repositioned	Turns self -RB	Turns self -RB	---
Hygiene			
Hygiene Performed	---	Hand hygiene -RB	---
Performed by	---	Self -RB	---
Anti-Embolism Devices			
Anti-Embolism Devices (View Only)	---	Not Ordered -RB	Not Ordered -KH
Telemetry Details			
Telemetry Monitor On	Yes -RB	Yes -RB	Yes -KH
Telemetry Box Number	mx51 -RB	mx51 -RB	MX51 -KH



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Flowsheets (all recorded)

Arterial/Venous Sheath Assessment

Row Name	05/28/15 11:23:35	05/28/15 08:18:59	05/28/15 07:30	05/28/15 03:26:44	05/27/15 23:10:46
Sheath Insertion Site Location - Assessment					
L Radial Pulse	---	---	+2 -KH	---	---
R Radial Pulse	---	---	+2 -KH	---	---
L Pedal Pulse	---	---	+2 -KH	---	---
RLE Neurovascular Assessment					
RLE Capillary Refill	---	---	Less than/equal to 3 seconds -KH	---	---
RLE Color	---	---	Appropriate for ethnicity -KH	---	---
RLE Temperature/Moisture	---	---	Warm;Dry -KH	---	---
RLE Sensation	---	---	Present -KH	---	---
R Pedal Pulse	---	---	+2 -KH	---	---
Vitals					
Temp	98 °F (36.7 °C) -DI (r) MG (t)	98 °F (36.7 °C) -DI (r) MG (t)	---	97.8 °F (36.6 °C) -DI (r) CB (t)	98 °F (36.7 °C) -DI (r) CB (t)
Temp src	Oral -MG	Oral -MG	---	Oral -CB	Oral -CB
Pulse	61 -DI (r) MG (t)	63 -DI (r) MG (t)	---	56 -DI (r) CB (t)	59 -DI (r) CB (t)
Heart Rate Source	Monitor -MG	Monitor -MG	---	Monitor -CB	Monitor -CB
Resp	18 -DI (r) MG (t)	18 -DI (r) MG (t)	---	18 -DI (r) CB (t)	18 -DI (r) CB (t)
BP	133/62 -DI (r) MG (t)	137/75 -DI (r) MG (t)	---	119/63 -DI (r) CB (t)	103/51 -DI (r) CB (t)
Patient Position	Lying -MG	Lying -MG	---	Lying -CB	Lying -CB
Oxygen Therapy					
SpO2	93 % -DI (r) MG (t)	94 % -DI (r) MG (t)	---	95 % -DI (r) CB (t)	93 % -DI (r) CB (t)
O2 Device	None (Room air) -MG	None (Room air) -MG	---	---	---

Row Name	05/27/15 20:37:56	05/27/15 20:00	05/27/15 15:25:49	05/27/15 15:24:40	05/27/15 14:48:16
Sheath Insertion Site Location - Assessment					
L Radial Pulse	---	+2 -LB	---	---	---
R Radial Pulse	---	+2 -LB	---	---	---
L Pedal Pulse	---	+2 -LB	---	---	---
RLE Neurovascular Assessment					
RLE Capillary Refill	---	Less than/equal to 3 seconds -LB	---	---	---
RLE Color	---	Appropriate for ethnicity -LB	---	---	---
RLE Temperature/Moisture	---	Warm;Dry -LB	---	---	---
RLE Sensation	---	Present -LB	---	---	---
R Pedal Pulse	---	+2 -LB	---	---	---
Vitals					
Temp	98.1 °F (36.7 °C) -DI (r) CB (t)	---	---	---	---
Temp src	Oral -CB	---	---	---	---
Pulse	62 -DI (r) CB (t)	---	60 -DI (r) KH (t)	60 -DI (r) KH (t)	57 -DI (r) KH (t)
Heart Rate Source	Monitor -CB	---	Monitor -RB	Monitor -RB	Monitor -RB
Resp	18 -DI (r) CB (t)	---	18 -RB	18 -RB	18 -RB
BP	132/73 -DI (r) CB (t)	---	126/54 -DI (r) KH (t)	121/57 -DI (r) KH (t)	119/61 -DI (r) KH (t)
Patient Position	Lying -CB	---	Standing -RB	Sitting -RB	---
Oxygen Therapy					
SpO2	92 % -DI (r) CB (t)	---	---	---	---

Row Name	05/27/15 13:48:17	05/27/15 13:18:18	05/27/15 12:33:20	05/27/15 12:04	05/27/15 12:00:07
Vitals					
Temp	---	---	---	---	97.7 °F (36.5 °C) -DI (r) KH (t)
Temp src	---	---	---	---	Oral -RB
Pulse	56 -DI (r) KH (t)	52 -DI (r) KH (t)	51 -DI (r) KH (t)	50 -RB	(t) 47 -DI (r) KH (t)
Heart Rate Source	Monitor -RB	Monitor -RB	Monitor -RB	Monitor -RB	Monitor -RB
Resp	18 -RB	18 -RB	18 -RB	---	---
BP	120/62 -DI (r) KH (t)	131/61 -DI (r) KH (t)	125/69 -DI (r) KH (t)	---	135/63 -DI (r) KH (t)
Patient Position	---	---	---	---	Lying -RB
Oxygen Therapy					
SpO2	---	---	---	---	94 % -DI (r) KH (t)



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Flowsheets (all recorded) (continued)

Arterial/Venous Sheath Assessment (continued)

Row Name	05/27/15 13:48:17	05/27/15 13:18:18	05/27/15 12:33:20	05/27/15 1204	05/27/15 12:00:07
O2 Device	---	---	---	---	None (Room air) -RB
Row Name	05/27/15 11:49:11	05/27/15 11:34:20	05/27/15 11:19:18	05/27/15 1100	05/27/15 10:50:05

Sheath Insertion Site Location - Assessment

Femoral	---	---	---	Rt -KH	---
L Radial Pulse	---	---	---	+2 -KH	---
R Radial Pulse	---	---	---	+2 -KH	---
L Pedal Pulse	---	---	---	+2 -KH	---

RLE Neurovascular Assessment

RLE Capillary Refill	---	---	---	Less than/equal to 3 seconds -KH	---
RLE Color	---	---	---	Appropriate for ethnicity -KH	---
RLE Temperature/Moisture	---	---	---	Warm;Dry -KH	---
RLE Sensation	---	---	---	Present -KH	---
R Pedal Pulse	---	---	---	+1 -KH	---

Vitals

Temp	---	---	---	---	97.6 °F (36.4 °C) -DI (r) KH (t)
Pulse	53 -DI (r) KH (t)	(t) 49 -DI (r) KH (t)	(t) 48 -DI (r) KH (t)	---	(t) 49 -DI (r) KH (t)
BP	135/63 -DI (r) KH (t)	122/65 -DI (r) KH (t)	125/69 -DI (r) KH (t)	---	---
Patient Position	---	Lying -RB	---	---	---

Oxygen Therapy

SpO2	93 % -DI (r) KH (t)	93 % -DI (r) KH (t)	94 % -DI (r) KH (t)	---	95 % -DI (r) KH (t)
O2 Device	---	None (Room air) -RB	---	---	---

Row Name	05/27/15 10:48:24	05/27/15 08:10:42	05/27/15 08:05:29	05/27/15 0747	05/27/15 0714
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Sheath Insertion Site Location - Assessment

L Pedal Pulse	---	---	---	+2 -FD	---
---------------	-----	-----	-----	--------	-----

RLE Neurovascular Assessment

R Pedal Pulse	---	---	---	+2 -FD	---
---------------	-----	-----	-----	--------	-----

Vitals

Temp	---	---	---	---	97.6 °F (36.4 °C) -FD
Temp src	---	---	---	---	Oral -FD
Pulse	(t) 46 -DI (r) KH (t)	---	---	---	(t) 49 -FD
Resp	---	---	---	---	18 -FD
BP	123/67 -DI (r) KH (t)	---	---	---	118/74 -FD

Oxygen Therapy

SpO2	96 % -DI (r) KH (t)	---	---	---	95 % -FD
O2 Device	---	Nasal cannula -MC	---	---	---
O2 Flow Rate (L/min)	---	3 L/min -MC	---	---	---

ACT (Activated Clotting Time) Ref

Dose (units/kg/hr) Heparin	---	---	*2 Bag back table/flush -LR	---	---
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Flowsheets (all recorded)

Patient Belongings

Row Name	05/28/15 1252	05/27/15 0715			
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Patient Belongings at Bedside

Belongings at Bedside	---	Clothing -FD
Belongings sent to security (Retired)	---	No -FD
(RETIRED)Belongings Sent Home	Yes -KH	No -FD

Patient Medications

Medications brought by patient?	---	No -FD
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**Flowsheets (all recorded)**

**Adult Immunization Screening**

<b>Row Name</b>	<b>05/27/15 1000</b>				
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**Influenza Vaccine (Sept - March 31st)**

Have you received the Influenza Vaccine during this Flu season? Not Flu Season -KH

**Meets Criteria for Influenza Vaccine?**

Patient Meets Criteria For Influenza Vaccine? Not Flu Season -KH

**OTHER**

Have you received the pneumococcal vaccine? Yes -KH

**Pneumococcal Vaccine Screening (Year Round)**

Last Immunization Greater than 5 years? No -KH

**Pneumococcal vaccine CONTRAINDICATIONS( RETIRED)**

Previous immunization (if patient received less than 5 years ago or "ONE TIME BOOSTER" already received) (VIEW ONLY) Yes -KH

**Patient Meets Criteria for Pneumococcal Vaccine? (VIEW ONLY)**

Patient Meets Criteria For Pneumococcal Vaccine? (VIEW ONLY) No -KH



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**Flowsheets (all recorded)**

**Cardiac Rehab Follow-up**

Row Name	05/28/15 0900	05/27/15 1200			
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Cardiac Rehab follow-up needed?

Cardiac Rehab Follow up needed?	No PCI review done 5/28 -MT	— PCI (book at bs eating/hx CABG and stents) -MT
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Flowsheets (all recorded)

Complex Assessment

Row Name	05/28/15 0730	05/27/15 2000	05/27/15 1800	05/27/15 1600	05/27/15 1400
<b>Neurological</b>					
Orientation Level	Oriented X4 -KH	Oriented X4 -LB	---	---	---
Speech	Clear -KH	Clear -LB	---	---	---
Level of Consciousness (Retired)	Alert -KH	Alert -LB	---	---	---
<b>HEENT</b>					
HEENT (WDL)	WDL -KH	WDL -LB	---	---	---
<b>Cardiac</b>					
Cardiac Regularity	Regular -KH	Regular -LB	---	---	---
Heart Sounds	S1, S2 -KH	---	---	---	---
Cardiac Rhythm	Normal sinus rhythm -KH	Normal sinus rhythm -LB	---	---	---
Heart Block Type	Bundle branch block -KH	Bundle branch block -LB	---	---	---
<b>Cardiac Monitor</b>					
Telemetry Monitor On	Yes -KH	Yes -LB	Yes -RB	Yes -RB	Yes -RB
Telemetry Audible	---	Yes -LB	Yes -RB	Yes -RB	---
Telemetry Alarms Set	---	Yes -LB	---	---	---
Telemetry Box Number	MX51 -KH	mx51 -LB	mx51 -RB	mx51 -RB	mx51 -RB
<b>Peripheral Vascular</b>					
Peripheral Vascular (WDL)	WDL -KH	WDL -LB	---	---	---
RLE Capillary Refill	Less than/equal to 3 seconds -KH	Less than/equal to 3 seconds -LB	---	---	---
Pulses	L radial;R radial;L pedal;R pedal -KH	R radial;L radial;R pedal;L pedal -LB	---	---	---
<b>RUE Neurovascular Assessment</b>					
R Radial Pulse	+2 -KH	+2 -LB	---	---	---
<b>LUE Neurovascular Assessment</b>					
L Radial Pulse	+2 -KH	+2 -LB	---	---	---
<b>RLE Neurovascular Assessment</b>					
RLE Color	Appropriate for ethnicity -KH	Appropriate for ethnicity -LB	---	---	---
RLE Temperature/Moisture	Warm;Dry -KH	Warm;Dry -LB	---	---	---
RLE Sensation	Present -KH	Present -LB	---	---	---
R Pedal Pulse	+2 -KH	+2 -LB	---	---	---
<b>LLE Neurovascular Assessment</b>					
L Pedal Pulse	+2 -KH	+2 -LB	---	---	---
<b>Integumentary</b>					
Integumentary (WDL)	WDL -KH	WDL -LB	---	---	---
<b>Braden Scale</b>					
Sensory Perceptions	4 -KH	4 -LB	---	---	---
Moisture	4 -KH	4 -LB	---	---	---
Activity	3 -KH	3 -LB	---	---	---
Mobility	3 -KH	4 -LB	---	---	---
Nutrition	4 -KH	4 -LB	---	---	---
Friction and Shear	3 -KH	3 -LB	---	---	---
Braden Scale Score	21 -KH	22 -LB	---	---	---
<b>[REMOVED] Surgical 05/27/15 Groin Right</b>					
Incision Properties	Date Documented: 05/27/15 -KH Time Documented: 1100 -KH Location: Groin -KH Wound Location Orientation: Right -KH Final Assessment Date: 10/10/19 -CR (r) EI (t), automated removal, RA 1205 Final Assessment Time: 1608 -CR (r) EI (t), automated removal, RA 1205				
Site Assessment	---	---	---	Other (Comment) Area soft. No hematoma noted -KH	Other (Comment) CDI dressing. Area soft -KH
Drainage Amount	None -KH	---	None -KH	None -KH	None -KH
Dressing Assesment	Intact;Dry;Clean -KH	---	Intact;Dry;Clean -KH	Intact;Dry;Clean -KH	Intact;Dry;Clean -KH
<b>Gastrointestinal</b>					
Gastrointestinal (WDL)	WDL -KH	WDL -LB	---	---	---
Bowel Sounds (All)	Active -KH	---	---	---	---



WS Cobb Hospital  
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Austell GA 30106  
Inpatient Record

Maurice, Eugene George  
MRN: 561253820, DOB: 1/2/1949, Sex: M  
Adm: 5/27/2015, D/C: 5/28/2015

Flowsheets (all recorded) (continued)

Complex Assessment (continued)

Row Name	05/28/15 0730	05/27/15 2000	05/27/15 1800	05/27/15 1600	05/27/15 1400
Quadrants)					
Psychosocial					
Psychosocial (WDL)	WDL -KH	WDL -LB	---	---	---
Needs Expressed	Denies -KH	Denies -LB	---	---	---
Charting Type					
Charting Type	Shift assessment -KH	Shift assessment -LB	---	---	---

Row Name	05/27/15 1325	05/27/15 1200	05/27/15 1100	05/27/15 0747	05/27/15 0717
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Neurological

Orientation Level	---	---	Oriented X4 -KH	---	---
Speech	---	---	Clear -KH	---	---
Level of Consciousness (Retired)	---	---	Alert -KH	---	---

HEENT

HEENT (WDL)	---	---	WDL -KH	---	---
-------------	-----	-----	---------	-----	-----

Cardiac

Cardiac Regularity	---	---	Regular -KH	---	---
Heart Sounds	---	---	S1, S2 -KH	---	---
Cardiac Rhythm	---	---	Sinus bradycardia -KH	---	---

Cardiac Monitor

Telemetry Monitor On	---	Yes -RB	Yes -KH	---	---
Telemetry Box Number	---	mx51 -RB	MX51 -KH	---	---

Peripheral Vascular

Peripheral Vascular (WDL)	---	---	WDL -KH	X -FD	---
RLE Capillary Refill	---	---	Less than/equal to 3 seconds -KH	---	---
Pulses	---	---	L radial;R radial;L pedal;R pedal -KH	R pedal;L pedal -FD	---

RUE Neurovascular Assessment

R Radial Pulse	---	---	+2 -KH	---	---
----------------	-----	-----	--------	-----	-----

LUE Neurovascular Assessment

L Radial Pulse	---	---	+2 -KH	---	---
----------------	-----	-----	--------	-----	-----

RLE Neurovascular Assessment

RLE Color	---	---	Appropriate for ethnicity -KH	---	---
RLE Temperature/Moisture	---	---	Warm;Dry -KH	---	---
RLE Sensation	---	---	Present -KH	---	---
R Pedal Pulse	---	---	+1 -KH	+2 -FD	---

LLE Neurovascular Assessment

L Pedal Pulse	---	---	+2 -KH	+2 -FD	---
---------------	-----	-----	--------	--------	-----

Integumentary

Integumentary (WDL)	---	---	WDL -KH	---	---
---------------------	-----	-----	---------	-----	-----

Braden Scale

Sensory Perceptions	---	---	4 -KH	---	4 -FD
Moisture	---	---	4 -KH	---	4 -FD
Activity	---	---	1 S/P PCI -KH	---	4 -FD
Mobility	---	---	3 -KH	---	4 -FD
Nutrition	---	---	3 -KH	---	4 -FD
Friction and Shear	---	---	3 -KH	---	3 -FD
Braden Scale Score	---	---	18 -KH	---	23 -FD

Wound

Type of Wound (LDA)	---	---	Surgical -KH	---	---
---------------------	-----	-----	--------------	-----	-----

[REMOVED] Surgical 05/27/15 Groin Right

Incision Properties	Date Documented: 05/27/15 -KH Time Documented: 1100 -KH Location: Groin -KH Wound Location Orientation: Right -KH Final Assessment Date: 10/10/19 -CR (r) EI (t), automated removal, RA 1205 Final Assessment Time: 1608 -CR (r) EI (t), automated removal, RA 1205				
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Site Assessment	Bleeding -KH	---	Other (Comment) CD1	---	---
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Flowsheets (all recorded) (continued)

Complex Assessment (continued)

Row Name	05/27/15 1325	05/27/15 1200	05/27/15 1100	05/27/15 0747	05/27/15 0717
Surrounding Skin Assessment	—	—	—	—	—
Drainage Amount	—	—	—	—	—
Dressing	Pressure dressing -KH	—	—	—	—
Dressing Changed	New -KH	—	—	—	—
Dressing Assesment	Intact;Dry;Clean -KH	—	—	—	—
Gastrointestinal					
Gastrointestinal (WDL)	—	—	—	—	—
Bowel Sounds (All Quadrants)	—	—	—	—	—
Psychosocial					
Psychosocial (WDL)	—	—	—	—	—
Needs Expressed	—	—	—	—	—
Provider Notification					
Reason for Communication (View Only)	Other (comment) Right groin site started bleeding. Pressure held for 20min. -KH	—	—	—	—
Notification Time	1325 -KH	—	—	—	—
Provider Name	Gina Haden, RN -KH	—	—	—	—
Provider Role	Nurse -KH	—	—	—	—
Method of Communication	Call -KH	—	—	—	—
Charting Type					
Charting Type	—	—	—	—	—



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**Flowsheets (all recorded)**

**Vital Signs**

Row Name	05/28/15 11:23:35	05/28/15 08:18:59	05/28/15 07:30	05/28/15 03:26:44	05/27/15 23:10:46
<b>Vital Signs</b>					
Temp	98 °F (36.7 °C) -DI (r) MG (t)	98 °F (36.7 °C) -DI (r) MG (t)	---	97.8 °F (36.6 °C) -DI (r) CB (t)	98 °F (36.7 °C) -DI (r) CB (t)
Temp src	Oral -MG	Oral -MG	---	Oral -CB	Oral -CB
Pulse	61 -DI (r) MG (t)	63 -DI (r) MG (t)	---	56 -DI (r) CB (t)	59 -DI (r) CB (t)
Heart Rate Source	Monitor -MG	Monitor -MG	---	Monitor -CB	Monitor -CB
Resp	18 -DI (r) MG (t)	18 -DI (r) MG (t)	---	18 -DI (r) CB (t)	18 -DI (r) CB (t)
Respiration Source	visual -MG	visual -MG	---	visual -CB	visual -CB
BP	133/62 -DI (r) MG (t)	137/75 -DI (r) MG (t)	---	119/63 -DI (r) CB (t)	103/51 -DI (r) CB (t)
BP Location	Right arm -MG	Right arm -MG	---	Right arm -CB	Right arm -CB
BP Method	Portable -MG	Portable -MG	---	Portable -CB	Portable -CB
Patient Position	Lying -MG	Lying -MG	---	Lying -CB	Lying -CB

**Oxygen Therapy**

SpO2	93 % -DI (r) MG (t)	94 % -DI (r) MG (t)	---	95 % -DI (r) CB (t)	93 % -DI (r) CB (t)
O2 Device	None (Room air) -MG	None (Room air) -MG	---	---	---

**Pain Assessment**

Currently in Pain	---	---	No -KH	---	---
Which Pain	---	---	Numeric (0-10) -KH	---	---
Assessment Tool ?	---	---	---	---	---

**Numeric Pain Intensity Scale**

Numeric Pain Intensity Score 1	---	---	0 -KH	---	5 -LB
--------------------------------	-----	-----	-------	-----	-------

**Height and Weight**

Weight	---	---	---	100.2 kg (220 lb 14.4 oz) -DI (r) CB (t)	---
Weight Method	---	---	---	Actual -CB	---

Row Name	05/27/15 20:37:56	05/27/15 15:25:49	05/27/15 15:24:40	05/27/15 14:48:16	05/27/15 13:48:17
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**Vital Signs**

Temp	98.1 °F (36.7 °C) -DI (r) CB (t)	---	---	---	---
Temp src	Oral -CB	---	---	---	---
Pulse	62 -DI (r) CB (t)	60 -DI (r) KH (t)	60 -DI (r) KH (t)	57 -DI (r) KH (t)	56 -DI (r) KH (t)
Heart Rate Source	Monitor -CB	Monitor -RB	Monitor -RB	Monitor -RB	Monitor -RB
Resp	18 -DI (r) CB (t)	18 -RB	18 -RB	18 -RB	18 -RB
Respiration Source	visual -CB	visual -RB	visual -RB	visual -RB	visual -RB
BP	132/73 -DI (r) CB (t)	126/54 -DI (r) KH (t)	121/57 -DI (r) KH (t)	119/61 -DI (r) KH (t)	120/62 -DI (r) KH (t)
BP Location	Right arm -CB	Right arm -RB	Right arm -RB	Right arm -RB	Right arm -RB
BP Method	Portable -CB	Portable -RB	Portable -RB	---	---
Patient Position	Lying -CB	Standing -RB	Sitting -RB	---	---

**Oxygen Therapy**

SpO2	92 % -DI (r) CB (t)	---	---	---	---
------	---------------------	-----	-----	-----	-----

Row Name	05/27/15 13:18:18	05/27/15 12:33:20	05/27/15 12:04	05/27/15 12:00:07	05/27/15 11:49:11
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**Vital Signs**

Temp	---	---	---	97.7 °F (36.5 °C) -DI (r) KH (t)	---
Temp src	---	---	---	Oral -RB	---
Pulse	52 -DI (r) KH (t)	51 -DI (r) KH (t)	50 -RB	(!) 47 -DI (r) KH (t)	53 -DI (r) KH (t)
Heart Rate Source	Monitor -RB	Monitor -RB	Monitor -RB	Monitor -RB	---
Resp	18 -RB	18 -RB	---	---	---
Respiration Source	visual -RB	visual -RB	---	visual -RB	---
BP	131/61 -DI (r) KH (t)	125/69 -DI (r) KH (t)	---	135/63 -DI (r) KH (t)	135/63 -DI (r) KH (t)
BP Location	Right arm -RB	Right arm -RB	---	Right arm -RB	---
BP Method	---	---	---	Portable -RB	---
Patient Position	---	---	---	Lying -RB	---

**Oxygen Therapy**

SpO2	---	---	---	94 % -DI (r) KH (t)	93 % -DI (r) KH (t)
O2 Device	---	---	---	None (Room air) -RB	---

Row Name	05/27/15 11:34:20	05/27/15 11:19:16	05/27/15 11:00	05/27/15 10:50:05	05/27/15 10:48:24
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**Vital Signs**

Temp	---	---	---	97.6 °F (36.4 °C) -DI (r) KH (t)	---
Pulse	(!) 49 -DI (r) KH (t)	(!) 48 -DI (r) KH (t)	---	(!) 49 -DI (r) KH (t)	(!) 46 -DI (r) KH (t)



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**Flowsheets (all recorded) (continued)**

**Vital Signs (continued)**

Row Name	05/27/15 11:34:20	05/27/15 11:19:16	05/27/15 11:00	05/27/15 10:50:05	05/27/15 10:48:24
BP	122/65 -DI (r) KH (t)	125/69 -DI (r) KH (t)	---	---	123/67 -DI (r) KH (t)
BP Location	Right arm -RB	---	---	---	---
BP Method	Portable -RB	---	---	---	---
Patient Position	Lying -RB	---	---	---	---
<b>Oxygen Therapy</b>					
SpO2	93 % -DI (r) KH (t)	94 % -DI (r) KH (t)	---	95 % -DI (r) KH (t)	96 % -DI (r) KH (t)
O2 Device	None (Room air) -RB	---	---	---	---
<b>Pain Goal</b>					
Patient's Stated Pain Goal	---	---	0 (No Pain) -KH	---	---

Row Name	05/27/15 08:10:42	05/27/15 07:14			
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**Vital Signs**

Temp	---	97.6 °F (36.4 °C) -FD
Temp src	---	Oral -FD
Pulse	---	(I) 49 -FD
Resp	---	18 -FD
BP	---	118/74 -FD

**Oxygen Therapy**

SpO2	---	95 % -FD
O2 Device	Nasal cannula -MC	---
O2 Flow Rate (L/min)	3 L/min -MC	---

**Numeric Pain Intensity Scale**

Numeric Pain Intensity Score 1	---	0 -FD
--------------------------------	-----	-------

**Height and Weight**

Height	---	67" (1.702 m) -FD
Weight	---	97.5 kg (215 lb) -FD
Weight Method	---	Stated -FD
BSA (Calculated - sq m)	---	2.14 sq meters -FD
BMI (Calculated)	---	33.7 -FD
Weight in (lb) to have BMI = 25	---	159.3 -FD

**User Key**

(r) = Recorded By, (t) = Taken By, (c) = Cosigned By

Initials	Name	Effective Dates
RB	Regina C Baker	05/27/14 - 02/02/17
MG	Marie O Germain	05/27/14 - 02/02/17
LR	Latesha J Richardson, RN	07/25/14 -
FD	Faith A Dawes-Rust, RN	09/03/14 - 02/02/17
CB	Christianise J Baptiste, CNA	04/05/14 - 09/08/16
MT	Marie Thomas-Stanley, RN	04/02/14 - 02/02/17
MC	Margaret C Carroll	09/03/14 - 01/12/17
KH	Kate M Hand, RN	04/02/14 - 02/02/17
LB	Leslie M Best, RN	12/22/14 - 02/02/17
CR	Chris Russell	---
DI	Interface, Doc Flowsheet In	---
VI	Interface, Vs Maclab Incoming	---
EI	Epicweb Interface	---

**Flowsheet Notes**

No notes of this type exist for this encounter.

**All Scans**



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**Encounter-Level Documents - 05/27/2015:**

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Scan on 5/30/2015 11:24 AM (below)



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Inpatient Record

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Scan on 5/30/2015 11:24 AM (below)



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Scan on 5/29/2015 4:43 PM (below)





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Inpatient Record

Maurice, Eugene George  
MRN: 561253820, DOB: 1/2/1949, Sex: M  
Adm: 5/27/2015, D/C: 5/28/2015

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Scan on 5/27/2015 6:48 AM by Jerri L Mills: ImageNow scan (below)

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**Encounter-Level E-Signatures:**

No documentation.



WS Cobb Hospital  
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MRN: 561253820, DOB: 1/2/1949, Sex: M  
Adm: 1/10/2017, D/C: 1/11/2017

### ENCOUNTER

Patient Class:	IP	Unit:	CH 2N TELE
Hospital Service:	Cardiology	Bed:	238/238-01
Admitting Provider:	Abdul M Sheikh, Md	Referring Physician:	
Attending Provider:	Abdul m sheikh	AD: N	Adm Diagnosis: Coronary arteriosclerosi*
Admission Date:	1/10/2017	Admission Time:	0637

### PATIENT

Name	Eugene George Maurice	Sex:	Male	DOB:	1/2/1949 (68 yrs)
Address:	61 SHOCKLEY WAY	Religion:	Catholic	Race:	White or caucasian
City:	DALLAS GA 30157-8973				
County:	PAULDING				
Email Address:	Gene.maurice@sgmservice.*				
Primary Care Provider:	Jeffrey L Tharp, MD	Primary Phone:	678-910-2298		

Contact Name	Legal Guardian?	Relationship to Patient	Home Phone	Work Phone	Mobile Phone
1. Maurice, Shirley		Spouse	(678)398-9479		678-910-2476
2. *No Contact Specified*					678-910-2476

### GUARANTOR

Guarantor:	MAURICE,EUGENE GEORGE	DOB:	1/2/1949
Address:	61 SHOCKLEY WAY	Sex:	Male
	DALLAS, GA 30157-8973	Home Phone:	678-398-9479
Relation to Patient:	Self	Work Phone:	
Guarantor ID:	123805	Mobile Phone:	678-910-2298

Employer	Phone	Status
		RETIRED

### COVERAGE

PRIMARY INSURANCE					
Payor:	COVENTRY ADVANTRA M*	Plan:	COVENTRY ADVANTRA /MDCR		
Group Number:	4916004101	Insurance Type:	INDEMNITY		
Subscriber Name:	MAURICE,EUGENE G	Subscriber DOB:	01/02/1949		
Coverage	P O BOX 7156	Subscriber ID:	80459609601		
	LONDON, KY 40742-7156	Pat. Rel. to Subscriber:	Self		
Phone:		Co-In:	Deductible:	Out of Pocket Max:	

SECONDARY INSURANCE					
Payor:		Plan:	N/A		
Group Number:		Insurance Type:			
Subscriber Name:		Subscriber DOB:			
Coverage		Subscriber ID:			
Phone:		Pat. Rel. to Subscriber:			

Contact Serial#



April 7, 2020

Chart ID





WS Cobb Hospital  
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Inpatient Record

Maurice, Eugene George  
MRN: 561253820, DOB: 1/2/1949, Sex: M  
Adm: 1/10/2017, D/C: 1/11/2017

**Admission Information**

Arrival Date/Time:		Admit Date/Time:	01/10/2017 0637	IP Adm. Date/Time:	01/10/2017 0905
Admission Type:	Elective	Point of Origin:	Physician Or Clinic Referral	Admit Category:	
Means of Arrival:	Car	Primary Service:	Cardiology	Secondary Service:	N/A
Transfer Source:		Service Area:	WS SERVICE AREA	Unit:	WellStar Cobb Hospital (CH 2N TELE (CARD))
Admit Provider:	Abdul M Sheikh, MD	Attending Provider:	Abdul M Sheikh, MD	Referring Provider:	

**Discharge Information**

Discharge Date/Time	Discharge Disposition	Discharge Destination	Discharge Provider	Unit
01/11/2017 1318	Home Or Self Care	None	None	WellStar Cobb Hospital (CH 2N TELE (CARD))

**Final Diagnoses (ICD-10-CM)**

Code	Description	POA	CC	HAC	Affects DRG
I25.719 [Principal]	Atherosclerosis of autologous vein coronary artery bypass graft(s) with unspecified angina pectoris	Yes	No		Yes
I10	Essential (primary) hypertension	Yes	No		No
I25.119	Atherosclerotic heart disease of native coronary artery with unspecified angina pectoris	Yes	No		No
I73.9	Peripheral vascular disease, unspecified	Yes	No		No
Z79.82	Long term (current) use of aspirin	Exempt from POA reporting	No		No
Z79.899	Other long term (current) drug therapy	Exempt from POA reporting	No		No
E78.5	Hyperlipidemia, unspecified	Yes	No		No
Z95.5	Presence of coronary angioplasty implant and graft	Exempt from POA reporting	No		No

**Events**

**Admission at 1/10/2017 0637**

Unit: WellStar Cobb Hospital (CH CATH/EP LAB) Room: CH CATH Pool Bed: CH Cath/EP Lab Pool  
Patient class: Hospital Outpatient Surgery Service: General Surgery

**Surgery at 1/10/2017 0805**

Unit: CH CARDIAC CATH LAB Room: CH CATH/EP LAB 1  
Patient class: Hospital Outpatient Surgery Service: Cardiovascular

**Patient Update at 1/10/2017 0905**

Unit: WellStar Cobb Hospital (CH CATH/EP LAB) Room: CH CATH Pool Bed: CH Cath/EP Lab Pool  
Patient class: Inpatient Service: Cardiology

**Transfer Out at 1/10/2017 0959**

Unit: WellStar Cobb Hospital (CH CATH/EP LAB) Room: CH CATH Pool Bed: CH Cath/EP Lab Pool  
Patient class: Inpatient Service: Cardiology

**Transfer In at 1/10/2017 0959**

Unit: WellStar Cobb Hospital (CH CARDIAC ARU) Room: CH Cardiac ARU Pool Bed: CH Cardiac ARU Pool  
Patient class: Inpatient Service: Cardiology

**Transfer Out at 1/10/2017 1118**

Unit: WellStar Cobb Hospital (CH CARDIAC ARU) Room: CH Cardiac ARU Pool Bed: CH Cardiac ARU Pool  
Patient class: Inpatient Service: Cardiology

**Transfer In at 1/10/2017 1118**

Unit: WellStar Cobb Hospital (CH 2N TELE (CARD)) Room: 238 Bed: 238-01  
Patient class: Inpatient Service: Cardiology

**Discharge at 1/11/2017 1318**

Unit: WellStar Cobb Hospital (CH 2N TELE) Room: 238 Bed: 238-01



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**All Scans (continued)**

**Events (continued)**

(CARD)

Patient class: Inpatient

Service: Cardiology

**Allergies as of 1/11/2017**

Reviewed on 1/10/2017

No Known Allergies

**Immunizations as of 1/11/2017**

Immunizations never marked as reviewed

**INFLUENZA HD, 65 YEARS AND ABOVE**

Administered by: Jade Westover, LPN  
Site: Left deltoid  
CVX code: 135  
Manufacturer: Sanofi Pasteur

Administered on: 9/26/2016  
Route: Intramuscular  
VIS date: 8/7/2015  
Lot number: UI700AA

Dose: 0.5 mL  
NDC: 49281-399-88

**Questionnaire**

Question	Answer
Have you ever had a serious reaction to eggs?	NO
Have you ever had Guillain Barre Syndrome?	No

**Pneumococcal Conjugate 13-Valent**

Administered by: Mary S Wray, MA  
Site: Left deltoid  
CVX code: 133  
Manufacturer: Wyeth-Ayerst

Administered on: 3/16/2016  
Route: Intramuscular  
VIS date: 031616  
Lot number: M51193

Dose: 0.5 mL  
NDC: 0005-1971-01

**Medical as of 1/11/2017**

**Past Medical History**

Diagnosis	Date	Comments	Source
CAD (coronary artery disease) [I25.10]	---	---	Provider
Coronary atherosclerosis of native coronary artery [I25.10]	---	---	Provider
Diabetes mellitus (HCC) [E11.9]	---	---	Provider
Essential hypertension, benign [I10]	---	---	Provider
Family history of ischemic heart disease [Z82.49]	---	---	Provider
Hyperlipidemia [E78.5]	---	---	Provider
Hypertension [I10]	---	---	Provider
Infectious viral hepatitis [B15.9]	---	as teen/cannot recall what type	Provider
Obesity [E66.9]	---	---	Provider
Other and unspecified hyperlipidemia [E78.5]	---	---	Provider
Other symptoms involving cardiovascular system [R09.89]	---	---	Provider
PVD (peripheral vascular disease) (HCC) [I73.9]	---	---	Provider

**Pertinent Negatives**

Diagnosis	Date Noted	Comments	Source
Abnormal ECG [R94.31]	04/07/2014	---	Provider
Aneurysm (HCC) [I72.9]	04/07/2014	---	Provider
Arrhythmia [I49.9]	04/07/2014	---	Provider
Asthma [J45.909]	04/07/2014	---	Provider
Cancer (HCC) [C80.1]	04/07/2014	---	Provider
Chronic kidney disease [N18.9]	04/07/2014	---	Provider
Clotting disorder (HCC) [D68.9]	04/07/2014	---	Provider
Congenital heart disease [Q24.9]	04/07/2014	---	Provider
Deep vein thrombosis (HCC) [I82.409]	04/07/2014	---	Provider
Heart failure (HCC) [I50.9]	04/07/2014	---	Provider
Heart murmur [R01.1]	04/07/2014	---	Provider
Mitral valve prolapse [I34.1]	04/07/2014	---	Provider
Myocardial infarction [I21.3]	04/07/2014	---	Provider
Pulmonary embolism (HCC) [I26.99]	04/07/2014	---	Provider
Sleep apnea [G47.30]	04/07/2014	---	Provider
Stroke (HCC) [I63.9]	04/07/2014	---	Provider
Valvular disease [I38]	04/07/2014	---	Provider



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**All Scans (continued)**

Medical as of 1/11/2017 (continued)

**ED Records**

**ED Arrival Information**

Patient not seen in ED

**ED Disposition**

None

**Discharge Summary - Encounter Notes**

**Discharge Summary by Michael S Hardee, MD at 1/11/2017 8:52 AM**

Author: Michael S Hardee, MD	Service: Cardiology	Author Type: Physician
Filed: 1/11/2017 9:32 AM	Date of Service: 1/11/2017 8:52 AM	Status: Signed
Editor: Michael S Hardee, MD (Physician)		
Related Notes: Original Note by Sandra Nerestil, NP (Nurse Practitioner) filed at 1/11/2017 9:15 AM		

**WellStar Cardiovascular Medicine**

**Patient Name:** Eugene G Maurice  
**Date of Birth:** 1/2/1949  
**MRN:** 561253820  
**LOS:** 1 day

**CARDIOVASCULAR MEDICINE DISCHARGE SUMMARY**

**Admit date:** 1/10/2017  
**Discharge date:** 1/11/2017  
**Primary Cardiologist:** Abdul Sheikh MD

**Discharged Condition:** good, stable  
**Disposition:** Discharged to: Home

**Discharge Diagnoses**

1. CAD, hx CABG in 1992 & PCI's.. LHC 5/15: LM 100%, RCA 100%. LIMA-D1-LAD patent, SVG-PDA 90% ISR, SVG-OM 100%. LHC 5/14: 4.0/15 Resolute DES to prox SVG-OM, 4.0/18 Resolute DES to SVG-PDA, 5/15: 4.0/16 Promus in SVG-PDA (distal to prior stent), 3.5/16, 3.5/38, and 3.0/38 Promus in SVG-OM

**1/10/17 LHC:**

- Severe native vessel disease.
- Patent LIMA-LAD. Severe ISR (DES) of SVGs to OMs and PDA.
- Preserved EF.
- **Successful POBA of SVGs to OM and PDA with NC/cutting balloons.** Continue long-term dual antiplatelet therapy. Aggressive risk factor modification.

2. PVD



WS Cobb Hospital  
3950 Austell Road SW  
Austell GA 30106  
Inpatient Record

Maurice, Eugene George  
MRN: 561253820, DOB: 1/2/1949, Sex: M  
Adm: 1/10/2017, D/C: 1/11/2017

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

Discharge Summary by Michael S Hardee, MD at 1/11/2017 8:52 AM (continued)

- 3. HTN-controlled
- 4.HLP- on statin
- 5.DM, hold Glucophage today, resume in am 1/12/17.

**Hospital Course**

Mr. Maurice is a 68 y.o. male with hx of CAD, hx CABG in 1992 & PCI's..LHC 5/15: LM 100%, RCA 100%. LIMA-D1-LAD patent, SVG-PDA 90% ISR, SVG-OM 100%. LHC 5/14: 4.0/15 Resolute DES to prox SVG-OM, 4.0/18 Resolute DES to SVG-PDA, 5/15: 4.0/16 Promus in SVG-PDA (distal to prior stent), 3.5/16, 3.5/38, and 3.0/38 Promus in SVG-OM. Hx of HTN, HLP, DM and PVD.

Admitted on 1/10/17 to undergo LHC. S/p LHC 1/10/17-Severe native vessel disease, patent LIMA-LAD. Severe ISR (DES) of SVGs to OM and PDA, Preserved EF. Successful POBA of SVGs to OM and PDA with NC/cutting balloons.Continue long-term dual antiplatelet therapy and Aggressive risk factor modification.

**Subjective Data**

Mr. Maurice denies chest pain, SOB or palpitations

**Physical Exam**

Temp: [97.5 °F (36.4 °C)-98.6 °F (37 °C)] 97.5 °F (36.4 °C)  
Heart Rate: [57-81] 64  
Resp: [14-18] 18  
BP: (117-158)/(53-74) 135/69

General: no acute distress  
Neck: no JVD, no carotid bruit  
Cardiovascular: regular rate and rhythm; sem  
Lungs: clear to auscultation, no wheezes, rales, or rhonchi; normal respiratory effort  
Extremities: no pedal edema. Extremities x4 warm, well-perfused. Right radial and right groin site benign.  
Psych: oriented, cooperative

**Post Procedure Hematoma**

- No Hematoma
- Hematoma present. Size:  <3 cm  3-5 cm  5-10 cm  >10cm

**Post PCI complications**

<b>No</b>	<b>Cardiogenic Shock, new onset or acute recurrence</b> Cardiogenic shock is defined as a sustained (>30 minutes) episode of systolic blood pressure <90 mm Hg, and/or cardiac index <2.2 L/min/m2 determined to be secondary to cardiac dysfunction, and/or the requirement for parenteral inotropic or vasopressor agents or mechanical support (e.g., IABP, extracorporeal circulation, ventricular assist devices) to maintain blood pressure and cardiac index above those specified levels.
<b>No</b>	<b>Heart Failure, new onset or acute recurrence</b> Requires new or increased pharmacologic therapy



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

Discharge Summary by Michael S Hardee, MD at 1/11/2017 8:52 AM (continued)

	Heart failure is defined as physician documentation or report of any of the following clinical symptoms of heart failure: unusual dyspnea on light exertion; recurrent dyspnea occurring in the supine position; fluid retention; the description of rales, jugular venous distension, pulmonary edema on physical exam; or pulmonary edema on chest x-ray. A low ejection fraction without clinical evidence of heart failure does not qualify as heart failure.
No	<b>CVA</b> CVA is defined as loss of neurological function caused by an ischemic or hemorrhagic event with residual symptoms lasting at least 24 hours after onset or leading to death.
No	<b>Tamponade</b> Tamponade is defined as fluid in the pericardial space compromising cardiac filling and requiring intervention and should be documented by either: 1. Echocardiogram showing pericardial fluid and signs of tamponade such as right heart compromise, or 2. Systemic Hypotension due to pericardial fluid compromising cardiac function.
No	<b>Vascular complication requiring intervention</b> Vascular complications can include, but are not limited to, access site occlusions, peripheral embolizations, dissections, pseudoaneurysms and/or AV fistulas. Any noted vascular complication must have had an intervention such as a fibrin injection, angioplasty, or surgical repair to qualify. Prolonged pressure does not qualify as an intervention, but ultrasonic guided compression after making a diagnosis of pseudoaneurysm does qualify.
No	<b>Bleeding within 72 hours of the procedure start.</b> If yes, specify if RP bleed, GI/GU bleed or Other. Must be associated with any of the following: · Hemoglobin drop of $\geq 3$ g/dL · Transfusion of whole blood or PRBC · Procedural intervention/surgery at the bleeding site to stop the bleeding

**Post Procedure Drop in Hemoglobin**

- No post procedure drop in hemoglobin > 3g/dl  
 Post PCI drop in hemoglobin related to hemodilution. No evidence of post-PCI bleeding.

**Diagnostics/Radiology**

**Echo: 3/29/16**

- Left ventricular systolic function is normal, ejection fraction is 50-55%.
- The left ventricle cavity is normal size. Mildly increased concentric left ventricle hypertrophy.
- Right ventricle has normal size and normal systolic function.
- There is mild mitral valve regurgitation present.



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

Discharge Summary by Michael S Hardee, MD at 1/11/2017 8:52 AM (continued)

**Ischemic Evaluation:  
Conclusion 1/10/17**

- Severe native vessel disease.
- Patent LIMA-LAD. Severe ISR (DES) of SVGs to OMs and PDA.
- Preserved EF.
- Successful POBA of SVGs to OM and PDA with NC/cutting balloons.

1. Continue long-term dual antiplatelet therapy.
2. Aggressive risk factor modification.

**Coronary Findings**

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

- 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, 80% stenosed. The lesion was previously treated with a drug eluting stent and stent (unknown type). The lesion is eccentric.
- PCI: Lesion length: 50mm. This is the culprit lesion. The pre-interventional distal flow is normal (TIMI 3). The lesion was treated by angioplasty only with a BALLOON NC EMERGE 3.00X30MM MR, FLEXTOME CUTTING 3.0 X 15 and BALLOON NC RX 3.50 X 20MM EUPHORA mm balloon(s). Post TIMI flow: 3. The intervention was successful. There were no complications.
- There is a 20% residual stenosis post intervention.

Vein Graft to RPDA

The conduit type is a SVG.

- Origin lesion, 99% stenosed. The lesion was previously treated with a drug eluting stent and stent (unknown type).
- PCI: Lesion length: 20mm. This is the culprit lesion. The pre-interventional distal flow is decreased (TIMI 2). The lesion was treated by angioplasty only with a BALLOON SC EUPHORA RX 2.50X15MM and BALLOON NC RX 3.50 X 20MM EUPHORA mm balloon(s). Post TIMI flow: 3. The intervention





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

Discharge Summary by Michael S Hardee, MD at 1/11/2017 8:52 AM (continued)

was successful. There were no complications.  
 •There is a 10% residual stenosis post intervention.

**Left Heart**

Left Ventricle

The left ventricular systolic function is normal. The ejection fraction is estimated to be 60%.

**Ancillary Data**

**Results from last 7 days**

Lab	Units	01/11/17 0428	01/06/17 0911
WBC COUNT	10E9/L	9.8	7.9
HGB	g/dL	11.9*	12.7*
HEMATOCRIT	%	36*	40
PLATELET	10E9/L	136*	160

**Results from last 7 days**

Lab	Units	01/11/17 0428	01/06/17 0911
SODIUM, S	mmol/L	142	138
CHLORIDE	mmol/L	104	100
CO2	mmol/L	22	23
BUN BLD	mg/dL	23	18
CREATININE, S	mg/dL	1.05	0.93
CALCIUM, TOTAL	mg/dL	9.2	9.3
GFR MDRD NON AF AMER	ml/min/1.73 m2	>60	>60

**Discharge Instructions/Medications**

**Current Discharge Medication List**

**CONTINUE these medications which have NOT CHANGED**

	Details
aspirin, buffered 81 mg Tab	Take 81 mg by mouth daily.
atorvastatin (LIPITOR) 80 MG tablet	Take 1 tablet (80 mg total) by mouth nightly.. Qty: 90 tablet, Refills: 1
carvedilol (COREG) 12.5 MG tablet	Take 1 tablet (12.5 mg total) by mouth 2 (two) times a day with meals.. Qty: 180 tablet, Refills: 1



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

Discharge Summary by Michael S Hardee, MD at 1/11/2017 8:52 AM (continued)

**chlorthalidone (HYGROTEN) 50 MG tablet** Take 1 tablet (50 mg total) by mouth daily..  
Qty: 90 tablet, Refills: 1  
*Associated Diagnoses:* Coronary arteriosclerosis

**cilostazol (PLETAL) 100 MG tablet** Take 100 mg by mouth 2 (two) times a day

**clopidogrel (PLAVIX) 75 mg tablet** TAKE 1 TABLET DAILY  
Qty: 90 tablet, Refills: 1  
*Associated Diagnoses:* Coronary artery disease involving native coronary artery without angina pectoris

**isosorbide mononitrate (IMDUR) 30 MG 24 hr tablet** Take 2 tablets (60 mg total) by mouth 2 (two) times a day..  
Qty: 360 tablet, Refills: 1  
*Associated Diagnoses:* Coronary artery disease involving native coronary artery of native heart without angina pectoris

**ramipril (ALTACE) 10 MG capsule** Take 1 capsule (10 mg total) by mouth 2 (two) times a day..  
Qty: 180 capsule, Refills: 1

**blood sugar diagnostic (GLUCOSE BLOOD) strip** cvs true test blood glucose strip; test blood sugar ac breakfast and then once more daily as needed..  
Qty: 100 strip, Refills: 2

**metFORMIN (GLUCOPHAGE) 500 MG tablet** Take 2 tablets (1,000 mg total) by mouth 2 (two) times a day with meals  
Qty: 360 tablet, Refills: 1

HOLD GLUCOPHAGE TODAY. RESUME 1/12/17

**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  
Qty: 30 tablet, Refills: 3

**Prescribed Post PCI Medications**

Check for Yes. Document if No.

- Antiplatelet - Brilinta/Effient/Plavix** If no, because  Hx of bleeding  Allergy  Other:
- Aspirin** If no, because  Hx of bleeding  Allergy  Other:
- ACEI** If no, because  On ARB  A/CKD  Hypotension  Allergy  Other:
- ARB** If no, because  On ACEI  A/CKD  Hypotension  Allergy  Other:
- Beta-blockers** If no, because  Bradycardia/AV block  Hypotension  Allergy  Other:
- Statin** If no, because  Intolerant  Liver Dysfunction  Allergy  Other:
- Non-Statin Lipid Agent** If no, because  On statin  Intolerant  Allergy  Other:

- Smoking cessation discussed (if current smoker)**
- Referred to cardiac rehab**

**Wound care:** Do not do any unnecessary bending, heavy lifting (greater than 10 pounds), straining for 1 week.



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

Discharge Summary by Michael S Hardee, MD at 1/11/2017 8:52 AM (continued)

Do not sit in a hot tub, bathtub, sauna, whirlpool, or swimming pool for 1 week. Report any bleeding, swelling, severe pain, or numbness at the puncture site. Avoid driving for at least 24 hours post discharge.

**Follow-up:**

Dr. Sheikh on 1/30/17 at 8 AM Hiram Office  
 Time Spent on Discharge: > 30 minutes

**Signed:**

Sandra Nerestil, NP  
 1/11/2017, 8:52 AM  
 Wellstar Cardiovascular Medicine  
 770-424-6893

68yo male s/p CABG admitted for angina. LHC yesterday with severe ISR of SVGs to OM and PDA s/p successful POBA of SVGs to OM and PDA.

S: no CP, SOB

EXAM: RRR w/ 2/6 systolic murmur (heard on adm). Stable rt groin, no edema

A/P

Stable cardiac status

Ok for discharge

F/u with Dr. Sheikh 1/30/17 at 8am

Electronically Signed by Michael S Hardee, MD on 1/11/2017 9:32 AM

**H&P - Encounter Notes**

H&P by Abdul M Sheikh, MD at 1/10/2017 10:04 AM

Author: Abdul M Sheikh, MD  
 Filed: 1/10/2017 10:05 AM  
 Editor: Abdul M Sheikh, MD (Physician)

Service: Cardiology  
 Date of Service: 1/10/2017 10:04 AM

Author Type: Physician  
 Status: Signed

H&P reviewed, patient examined prior to procedure, patient's condition unchanged. For LHC today for recurrence of his typical angina. Nature of procedure and risks/benefits d/w patient. Consent obtained. Full office note below.

Abdul M Sheikh, MD

**EUGENE G MAURICE**  
 1/2/1949  
 561253820

**HPI**

Eugene G Maurice is a 66 y.o. male seen in the office today for follow up of CAD. Has had progression of his symptoms angina. This occurs when he is walking on his treadmill and also when under stress. They have intensified in frequency, not severity. Go away promptly with rest or if he takes a single sublingual nitroglycerin.



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

H&P by Abdul M Sheikh, MD at 1/10/2017 10:04 AM (continued)

Could not continue with Ranexa do to cost issues.

**ROS**

General	denies c/o	Abdominal	denies c/o
Skin	denies c/o	Musculoskeletal	denies c/o
Eyes	denies c/o	Neuro	denies c/o
Ears/nose/throat	denies c/o	Psych	denies c/o
Resp	denies c/o	Endocrine	denies c/o
CV	see HPI	Heme	denies c/o

**DATA REVIEW**

Data Review

4/20/16

EKG 3/18/16: SR, IVCD

Echocardiogram 03/29/16 ejection fraction is 50-55%. Mildly increased concentric left ventricle hypertrophy. There is mild mitral valve regurgitation present.

LVEF 50-55% per echo 03/2016

Carotid Duplex 08/20/2014 Hemodynamically significant stenosis of 50-79% in the right internal carotid artery. Essentially normal post-carotid endarterectomy duplex evaluation of the left internal carotid artery. Normal antegrade right and left vertebral artery flow. There has been no significant change from the previous study.

Myocardial Perfusion Imaging, Exercise 5/15: Positive, high risk

Myocardial Perfusion Imaging, Lexiscan 1/08: negative for ischemia

Cardiac Catheterization 5/15: LM 100%, RCA 100%. LIMA-D1-LAD patent, SVG-PDA 90% ISR, SVG-OM 100%.

PCI 5/14: 4.0/15 Resolute DES to prox SVG-OM, 4.0/18 Resolute DES to SVG-PDA, 5/15: 4.0/16 Promus in SVG-PDA (distal to prior stent), 3.5/16, 3.5/38, and 3.0/38 Promus in SVG-OM

Cardiac Surgery 1992: CABG (in Nashville, TN)

Peripheral Vascular Procedures Right CEA January 2014

**PAST MEDICAL HX**

he has a past medical history of 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); Obesity; Hypertension; Hyperlipidemia; and CAD (coronary artery disease).

**SOCIAL HX**



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

H&P by Abdul M Sheikh, MD at 1/10/2017 10:04 AM (continued)

History	History	History	No
Smoking status	Alcohol Use	Drug Use	No
<ul style="list-style-type: none"> <li>Former Smoker -- 1.00 packs/day for 25 years</li> <li>Types: Cigarettes</li> <li>Quit date: 04/07/1992</li> </ul>	<ul style="list-style-type: none"> <li>Yes</li> </ul>		
Smokeless tobacco			
<ul style="list-style-type: none"> <li>Never Used</li> </ul>			

**FAMILY HX**

family history includes Coronary artery disease in his mother and Other in his brother and mother. There is no history of Anemia, and Arrhythmia, and Asthma, and Clotting disorder, and Fainting, and Heart attack, and Heart disease, and Heart failure, and Hyperlipidemia, and Hypertension, and Stroke, .

**ALLERGIES**

Allergies as of 04/07/2014

- (No Known Allergies)

**MEDICATIONS**

**Current Outpatient Prescriptions**

Medication	Sig	Dispense	Refill
• aspirin, buffered 81 mg Tab	Take 81 mg by mouth daily.		
• carvedilol (COREG) 12.5 MG tablet	Take 12.5 mg by mouth 2 (two) times a day with meals.		
• chlorthalidone (HYGROTEN) 50 MG tablet	Take 1 tablet (50 mg total) by mouth daily.	30 tablet	11
• ezetimibe-simvastatin (VYTORIN 10-80) 10-80 mg per tablet	Take 1 tablet by mouth 3 (three) times a week.		
• ramipril (ALTACE) 10 MG capsule	Take 10 mg by mouth 2 (two) times a day.		
• isosorbide mononitrate (IMDUR) 30 MG 24 hr tablet	Take 1 tablet (30 mg total) by mouth daily.	30 tablet	4

No current facility-administered medications for this visit.

**EXAM**

Vitals

Vitals:



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

H&P by Abdul M Sheikh, MD at 1/10/2017 10:04 AM (continued)

11/29/  
 16  
 0806  
 BP: 122/7  
 6  
 Pulse: 64  
 Weight: 96.2  
 kg  
 (212  
 lb)  
 Height: 67"  
 (1.702  
 m)

General	Alert, oriented, NAD	Extremities	No edema, normal pulses
Skin	Warm, no rashes	Abdomen	Soft, nt/nd, normal bowel sound
Neck	JVP normal, no bruit	Neuro	Grossly normal
Chest	clear bilaterally, normal effort	Psych	Grossly normal
Cardiac	Regular, 2/6 SEM, no r/g, PMI nl		

**LABS**

**Lab Results**

Component	Value	Date
POTASSIUM	4.7	2/21/2014
BUN	30*	2/21/2014
CREATININE	1.17	2/21/2014
GFRNONAA	>60	2/21/2014
ALT	30	2/17/2014
AST	26	2/17/2014

No results found for this basename: CHOL, TRIG, HDL, LDLCHOL

**Lab Results**

Component	Value	Date
HGB	11.1*	2/21/2014
HCT	34*	2/21/2014
PLT	146*	2/21/2014

No results found for this basename: BNP, TSH

**ASSESSMENT/PLAN**



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

H&P by Abdul M Sheikh, MD at 1/10/2017 10:04 AM (continued)

1. CAD (coronary artery disease)
2. Essential hypertension, benign
3. PVD (peripheral vascular disease)
4. Hyperlipidemia

Mr. Maurice is a pleasant 67 y.o. male with CAD. Symptoms of chronic stable angina, now progressin.

- Given progression of symptoms, will schedule LHC. He would like to wait until after the holidays.
- Followup in 2 months

Electronically Signed by Abdul M Sheikh, MD on 1/10/2017 10:05 AM

#### Progress Notes - Encounter Notes

Progress Notes by Dianne W Wehrle, RN at 1/10/2017 10:59 AM

Author: Dianne W Wehrle, RN	Service: —	Author Type: Registered Nurse
Filed: 1/10/2017 11:00 AM	Date of Service: 1/10/2017 10:59 AM	Status: Signed
Editor: Dianne W Wehrle, RN (Registered Nurse)		

Report called to floor

Electronically Signed by Dianne W Wehrle, RN on 1/10/2017 11:00 AM

Progress Notes by Jane Abey, RN at 1/11/2017 11:30 AM

Author: Jane Abey, RN	Service: —	Author Type: Registered Nurse
Filed: 1/11/2017 1:51 PM	Date of Service: 1/11/2017 11:30 AM	Status: Signed
Editor: Jane Abey, RN (Registered Nurse)		

Patient discharge home, discharge paper work and teaching were provided, dressing at both sites (right groin and left radial) are clean, dry and intact.

Electronically Signed by Jane Abey, RN on 1/11/2017 1:51 PM

#### Plan of Care - Encounter Notes

Plan of Care by Jane Abey, RN at 1/10/2017 3:59 PM

Author: Jane Abey, RN	Service: —	Author Type: Registered Nurse
Filed: 1/10/2017 3:59 PM	Date of Service: 1/10/2017 3:59 PM	Status: Signed
Editor: Jane Abey, 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



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

**Plan of Care by Jane Abey, RN at 1/10/2017 3:59 PM (continued)**

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

Electronically Signed by Jane Abey, RN on 1/10/2017 3:59 PM





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**Surgery Report**

**General Information**

Date: 1/10/2017	Time: 0800	Status: Posted
Location: CH CARDIAC CATH LAB	Room: Cath Lab 1	Service: Cardiovascular
Patient class: Hospital Outpatient Surgery	Case classification:	

**Diagnosis Information**

**Diagnosis**  
Coronary arteriosclerosis  
PVD (peripheral vascular disease) (HCC)  
Essential hypertension with goal blood pressure less than 130/85  
Hyperlipidemia, unspecified hyperlipidemia type

**Case Tracking Events**

Event	Time In
In Facility	0637
In ARU Prep	
ARU Prep Complete	0734
Out of ARU Prep	0805
Ready for Procedure	
In Room	0805
Moderate Sedation Begin	0816
Moderate Sedation End	0947
Out of Room	0959
In ARU Recovery	0959
ARU Recovery Complete	
Out of ARU Recovery	1130
Remove from Status Board	1131
In Phase I	
Phase I Criteria Met	
Out of Phase I	
In Phase II	
Phase II Care Complete	
Out of Phase II	
Anesthesia Ready	
Anesthesia Start	
Anesthesia Stop	
Anesthesia Follow-up Complete	
Anesthesia Follow-up Needed	

**Panel Information**

**Panel 1**

Provider	Role	Service
Abdul M Sheikh, MD	Primary	Cardiovascular

**Procedure: Left heart cath - bypass graft**

Laterality	Wound Class	Incision Closure	Anesthesia	Op Region
N/A			Local	

**Left heart cath - bypass graft (N/A) - Position 1**

Body:	Left Arm:	Right Arm:
Head:	Left Leg:	Right Leg:

**Procedure: Left ventriculography**

Laterality	Wound Class	Incision Closure	Anesthesia	Op Region

**Left ventriculography - Position 1**

Body:	Left Arm:	Right Arm:
Head:	Left Leg:	Right Leg:

**Procedure: Coronary angiography**

Laterality	Wound Class	Incision Closure	Anesthesia	Op Region



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**Surgery Report (continued)**

**Panel Information (continued)**

**Coronary angiography - Position 1**

Body: Left Arm: Right Arm:  
Head: Left Leg: Right Leg:

**Procedure: ~**

Laterality	Wound Class	Incision Closure	Anesthesia	Op Region
------------	-------------	------------------	------------	-----------

**~ - Position 1**

Body: Left Arm: Right Arm:  
Head: Left Leg: Right Leg:

**Procedure: ~**

Laterality	Wound Class	Incision Closure	Anesthesia	Op Region
------------	-------------	------------------	------------	-----------

N/A

**~ (N/A) - Position 1**

Body: Left Arm: Right Arm:  
Head: Left Leg: Right Leg:

**Procedure: PTCA Graft - SVG to OM1 & SVG to RPDA**

Laterality	Wound Class	Incision Closure	Anesthesia	Op Region
------------	-------------	------------------	------------	-----------

N/A

**PTCA Graft - SVG to OM1 & SVG to RPDA (N/A) - Position 1**

Body: Left Arm: Right Arm:  
Head: Left Leg: Right Leg:

**Procedure: ~**

Laterality	Wound Class	Incision Closure	Anesthesia	Op Region
------------	-------------	------------------	------------	-----------

**~ - Position 1**

Body: Left Arm: Right Arm:  
Head: Left Leg: Right Leg:

**Procedure: Cutting Balloon Angioplasty**

Laterality	Wound Class	Incision Closure	Anesthesia	Op Region
------------	-------------	------------------	------------	-----------

N/A

**Cutting Balloon Angioplasty (N/A) - Position 1**

Body: Left Arm: Right Arm:  
Head: Left Leg: Right Leg:

**Staff Info**

Staff Type	Staff Member	Start	End	OT
CV Monitor	Robert Beyerlein	0805	1000	
CV Scrub Person	Lauren W Kerns, ARRT	0805	1000	
CV Circulator	Julie Kraftzenk, RN	0805	1000	

**Questionnaire Data**

None

**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)
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**Surgery Report (continued)**

**PNDS Information (continued)**

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	Risk for infection (X28)
Yes	Risk for injury (X29)
Yes	Deficient knowledge (X30)
Yes	Acute pain (X38)
Yes	Anxiety (X4)
Yes	Risk for impaired skin integrity (X51)
Yes	Risk for imbalanced body temperature (X57)
Yes	Ineffective breathing pattern (X7)

**Log Completed By**

Erin Matthews	1/11/2017	1327
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**Log Verified By**

Robert Beyerlein	1/10/2017	0822
Julie Kraftzenk, RN	1/10/2017	0947
Robert Beyerlein	1/10/2017	1001
Abdul M Sheikh, MD	1/10/2017	1003
Erin Matthews	1/11/2017	1505

**Addendum Information**

**Addendum 1 : Erin Matthews - 1/11/17 1505**

Item	Line	Old Value	New Value	Description
Log				
1000 - Panel 1 - Procedure	0	7	8	
1000 - Panel 1 - Procedure	8			CUTTING BALLOON ANGIOPLASTY
1001 - Panel 1 - Procedure Event Key	0	7	8	
1003 - Panel 1 - Resources Source Preference Id	0	7	8	
1003 - Panel 1 - Resources Source Preference Id	8			CUTTING BALLOON ANGIOPLASTY
1004 - Panel 1 - Pick List Source Preference Id	0	7	8	
1004 - Panel 1 - Pick List Source Preference Id	8			CUTTING BALLOON ANGIOPLASTY
1005 - Panel 1 - Position	0	7	8	
1006 - Panel 1 - Anesthesia Type	0	7	8	
1008 - Panel 1 - Comments	0	7	8	
1010 - Panel 1 - Laterality (Lrb)	0	7	8	
1010 - Panel 1 - Laterality (Lrb)	8			N/A
1011 - Panel 1 - Selected Preference Id	0	7	8	
1011 - Panel 1 - Selected Preference Id	8			CUTTING BALLOON ANGIOPLASTY
1013 - Panel 1 - Procedure Dbc Episode	0	7	8	
1014 - Panel 1 - Ordered Procedure (Eap)	0	7	8	
1015 - Panel 1 - Operative Region	0	7	8	



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**Surgery Report (continued)**

**Addendum Information (continued)**

1017 - Panel 1 - Procedure Description	0	7	8
1017 - Panel 1 - Procedure Description	8		Cutting Balloon Atherectomy
1018 - Panel 1 - Defaulted Preference Id	0	7	8
1018 - Panel 1 - Defaulted Preference Id	8		CUTTING BALLOON ANGIOPLASTY
1019 - Panel 1 - Procedure Code	0	7	8
1020 - Panel 1 - Wound Class	0	7	8
1025 - Panel 1 - Wound Location	0	7	8
1028 - Panel 1 - Incision Closure	0	7	8
1030 - Panel 1 - Total Time	0	7	8
1035 - Panel 1 - Approach	0	7	8
1070 - Panel 1 - Timing Event	0	16	18
1070 - Panel 1 - Timing Event	17		
1070 - Panel 1 - Timing Event	18		
1075 - Panel 1 - Event Start Time	0	16	18
1080 - Panel 1 - Event End Time	0	16	18
1085 - Panel 1 - Event Time Elapsed	0	16	18
1086 - Panel 1 - Event Procedure	0	16	18
1086 - Panel 1 - Event Procedure	5	PTCA CORONARY	CUTTING BALLOON ANGIOPLASTY
1086 - Panel 1 - Event Procedure	6	PTCA CORONARY	CUTTING BALLOON ANGIOPLASTY
1086 - Panel 1 - Event Procedure	7	PTCA GRAFT	PTCA CORONARY
1086 - Panel 1 - Event Procedure	8	PTCA GRAFT	PTCA CORONARY
1086 - Panel 1 - Event Procedure	9	CORONARY ANGIOGRAPHY	PTCA GRAFT
1086 - Panel 1 - Event Procedure	10	CORONARY ANGIOGRAPHY	PTCA GRAFT
1086 - Panel 1 - Event Procedure	11	LEFT VENTRICULOGRAPHY	CORONARY ANGIOGRAPHY
1086 - Panel 1 - Event Procedure	12	LEFT VENTRICULOGRAPHY	CORONARY ANGIOGRAPHY
1086 - Panel 1 - Event Procedure	13	CORONARY INTERVENTION (PCI)	LEFT VENTRICULOGRAPHY
1086 - Panel 1 - Event Procedure	14	CORONARY INTERVENTION (PCI)	LEFT VENTRICULOGRAPHY
1086 - Panel 1 - Event Procedure	15	LEFT HEART CATHETERIZATION W/ GRAFTS	CORONARY INTERVENTION (PCI)
1086 - Panel 1 - Event Procedure	16	LEFT HEART CATHETERIZATION W/ GRAFTS	CORONARY INTERVENTION (PCI)
1086 - Panel 1 - Event Procedure	17		LEFT HEART CATHETERIZATION W/ GRAFTS
1086 - Panel 1 - Event Procedure	18		LEFT HEART CATHETERIZATION W/ GRAFTS

**Diagnosis/Procedure Info**

30 - Record Type	1	Diagnosis/Procedure Info
5100 - Diagnosis - Procedure	1	CUTTING BALLOON ANGIOPLASTY
5111 - Diagnosis - Procedure Panel	1	1.00

**Patient Positioning**

30 - Record Type	1	Patient Positioning
3045 - Positioning Procedure	1	CUTTING BALLOON ANGIOPLASTY
3050 - Procedure Ordinal	1	1.00
3099 - Panel # - Positioning	1	1.00

**Addendum 2 : Nellie H Saboura - 1/14/17 1351**

Item	Line	Old Value	New Value	Description
<b>Log</b>				
1017 - Panel 1 - Procedure Description	6	PTCA Graft	PTCA Graft - SVG to OM1 & SVG to RPDA	
1017 - Panel 1 - Procedure Description	7	PTCA Graft Additional	~	
1017 - Panel 1 - Procedure Description	8	Cutting Balloon Atherectomy	Cutting Balloon Angioplasty	



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**Surgery Report (continued)**

**Do Not Proceed History**

No information present

**Implants**

**Implants**

**STARCLOSE SE 6F CLOSURE - LOG328656**

Inventory Item: STARCLOSE SE 6F CLOSURE	Serial no.:	Model/Cat no.: 14679-05
Implant name: STARCLOSE SE 6F CLOSURE - LOG328656	Laterality:	Area: Arterial
Manufacturer: ABBOTT VASCULAR	Date of Manufacture:	
Action: Implanted	Number Used: 1	
Device Identifier:	Device Identifier Type:	

**Timeouts**

**Pre-Procedure Timeout**

Right Patient, Right Site, Right Procedure	Pre-Procedure Verification
Correct patient?: Yes	H&P note verified?: Yes
Correct site?: Yes	Consents verified?: Yes
Correct procedure?: Yes	Site marked?: N/A
Correct laterality?: Yes	Allergies reviewed?: Yes

Surgeons Present: Abdul M Sheikh, MD  
Staff Present: Robert Beyerlein, Lauren W Kerns, ARRT, Julie Kraftzenk, RN

Verification Date and Time: 1/10/2017 8:21 AM

**Procedures - Orders and Results**

**EKG SCAN [653604266]**

Electronically signed by: Interface, Transcription Incoming on 01/12/17 0817	Status: Completed
Ordering user: Interface, Transcription Incoming 01/12/17 0817	Ordering provider: Provider Scan
Authorized by: Provider Scan	Ordering mode: Standard
Frequency: -	Quantity: 1
Lab status: Final result	

Scan on 1/12/2017 8:17 AM (below)

**EKG SCAN [653604266]**

Resulted: 01/12/17 0817, Result status: Final result

Ordering provider: Provider Scan 01/12/17 0817	Order status: Completed
Filed by: Interface, Transcription Incoming 01/12/17 0820	Result details

**Nursing - Orders and Results**

**CLIP HAIR [645968801]**

Electronically signed by: Abdul M Sheikh, MD on 01/10/17 0755	Status: Discontinued
Mode: Ordering in Per protocol: cosign required mode	Communicated by: Dianne W Wehrle, RN
Ordering user: Dianne W Wehrle, RN 01/10/17 0702	Ordering provider: Abdul M Sheikh, MD
Authorized by: Abdul M Sheikh, MD	Ordering mode: Per protocol: cosign required
Quantity: 1	Instance released by: Dianne W Wehrle, RN (auto-released) 1/10/2017 7:02 AM
Discontinued by: Abdul M Sheikh, MD 01/10/17 1131 [Patient Transfer]	

**NURSING COMMUNICATION [653264215]**

Electronically signed by: Sandra Nerestil, NP on 01/10/17 0703	Status: Discontinued
Ordering user: Sandra Nerestil, NP 01/10/17 0703	Ordering provider: Sandra Nerestil, NP
Authorized by: Abdul M Sheikh, MD	Ordering mode: Standard



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**Nursing - Orders and Results (continued)**

**NURSING COMMUNICATION [653264215] (continued)**

Cosigning events  
Electronically cosigned by Abdul M Sheikh, MD 01/10/17 0755 for Ordering  
Quantity: 1  
Discontinued by: Automatic Transfer Provider 01/10/17 0959 [Patient Transfer]  
Order comments: This was discussed with the patient and/or patient representative.  
Instance released by: Dianne W Wehrle, RN (auto-released) 1/10/2017 7:04 AM

**NOTIFY PHYSICIAN (SPECIFY) [653264217]**

Electronically signed by: Sandra Nerestil, NP on 01/10/17 0703  
Ordering user: Sandra Nerestil, NP 01/10/17 0703  
Authorized by: Abdul M Sheikh, MD  
Cosigning events  
Electronically cosigned by Abdul M Sheikh, MD 01/10/17 0755 for Ordering  
Quantity: 1  
Discontinued by: Abdul M Sheikh, MD 01/10/17 1131  
Order comments: if BUN greater than 30, GFR less than 50, Potassium less than 3.5 or greater than 5.1, Platelet count less than 100,000, INR greater than 1.5  
Instance released by: Dianne W Wehrle, RN (auto-released) 1/10/2017 7:04 AM  
Status: Discontinued  
Ordering provider: Sandra Nerestil, NP  
Ordering mode: Standard

**VERIFY INFORMED CONSENT [653264218]**

Electronically signed by: Sandra Nerestil, NP on 01/10/17 0703  
Ordering user: Sandra Nerestil, NP 01/10/17 0703  
Authorized by: Abdul M Sheikh, MD  
Cosigning events  
Electronically cosigned by Abdul M Sheikh, MD 01/10/17 0755 for Ordering  
Quantity: 1  
Discontinued by: Automatic Transfer Provider 01/10/17 0959 [Patient Transfer]  
Order comments: Verify cardiac catheterization consent form is signed, dated, timed, and witnessed prior to start of procedure  
Instance released by: Dianne W Wehrle, RN (auto-released) 1/10/2017 7:04 AM  
Status: Discontinued  
Ordering provider: Sandra Nerestil, NP  
Ordering mode: Standard

**NURSING COMMUNICATION [653264219]**

Electronically signed by: Sandra Nerestil, NP on 01/10/17 0703  
Ordering user: Sandra Nerestil, NP 01/10/17 0703  
Authorized by: Abdul M Sheikh, MD  
Cosigning events  
Electronically cosigned by Abdul M Sheikh, MD 01/10/17 0755 for Ordering  
Quantity: 1  
Discontinued by: Abdul M Sheikh, MD 01/10/17 1131  
Instance released by: Dianne W Wehrle, RN (auto-released) 1/10/2017 7:04 AM  
Status: Discontinued  
Ordering provider: Sandra Nerestil, NP  
Ordering mode: Standard

**HEIGHT AND WEIGHT [653264220]**

Electronically signed by: Sandra Nerestil, NP on 01/10/17 0703  
Ordering user: Sandra Nerestil, NP 01/10/17 0703  
Authorized by: Abdul M Sheikh, MD  
Cosigning events  
Electronically cosigned by Abdul M Sheikh, MD 01/10/17 0755 for Ordering  
Quantity: 1  
Discontinued by: Automatic Transfer Provider 01/10/17 0959 [Patient Transfer]  
Instance released by: Dianne W Wehrle, RN (auto-released) 1/10/2017 7:04 AM  
Status: Discontinued  
Ordering provider: Sandra Nerestil, NP  
Ordering mode: Standard

**NURSING COMMUNICATION [653264221]**

Electronically signed by: Sandra Nerestil, NP on 01/10/17 0703  
Ordering user: Sandra Nerestil, NP 01/10/17 0703  
Authorized by: Abdul M Sheikh, MD  
Cosigning events  
Electronically cosigned by Abdul M Sheikh, MD 01/10/17 0755 for Ordering  
Quantity: 1  
Discontinued by: Abdul M Sheikh, MD 01/10/17 1131  
Order comments: Hold diuretics and oral hypoglycemic medications including metformin and sulfonylureas (e.g. glipizide, glyburide, glimepiride) the morning of the procedure.  
Instance released by: Dianne W Wehrle, RN (auto-released) 1/10/2017 7:04 AM  
Status: Discontinued  
Ordering provider: Sandra Nerestil, NP  
Ordering mode: Standard

**NURSING COMMUNICATION [653264222]**

Electronically signed by: Sandra Nerestil, NP on 01/10/17 0703  
Ordering user: Sandra Nerestil, NP 01/10/17 0703  
Authorized by: Abdul M Sheikh, MD  
Cosigning events  
Electronically cosigned by Abdul M Sheikh, MD 01/10/17 0755 for Ordering  
Quantity: 1  
Discontinued by: Abdul M Sheikh, MD 01/10/17 1131  
Instance released by: Dianne W Wehrle, RN (auto-released) 1/10/2017 7:04 AM  
Status: Discontinued  
Ordering provider: Sandra Nerestil, NP  
Ordering mode: Standard



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Maurice, Eugene George  
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**Nursing - Orders and Results (continued)**

**NURSING COMMUNICATION [653264222] (continued)**

Order comments: Obtain BBG on call to cath lab and document on pre-procedure checklist.

**NURSING COMMUNICATION [653264223]**

Electronically signed by: **Sandra Nerestil, NP on 01/10/17 0703**

Status: **Discontinued**

Ordering user: Sandra Nerestil, NP 01/10/17 0703

Ordering provider: Sandra Nerestil, NP

Authorized by: Abdul M Sheikh, MD

Ordering mode: Standard

Cosigning events

Electronically cosigned by Abdul M Sheikh, MD 01/10/17 0755 for Ordering

Instance released by: Dianne W Wehrle, RN (auto-released) 1/10/2017 7:04 AM

Quantity: 1

Discontinued by: Abdul M Sheikh, MD 01/10/17 1131

Order comments: Have patient void before transport, no metal snaps on gown, patient may wear dentures, glasses, hearing aids

**NURSING COMMUNICATION [653264225]**

Electronically signed by: **Sandra Nerestil, NP on 01/10/17 0703**

Status: **Discontinued**

Ordering user: Sandra Nerestil, NP 01/10/17 0703

Ordering provider: Sandra Nerestil, NP

Authorized by: Abdul M Sheikh, MD

Ordering mode: Standard

Cosigning events

Electronically cosigned by Abdul M Sheikh, MD 01/10/17 0755 for Ordering

Instance released by: Dianne W Wehrle, RN (auto-released) 1/10/2017 7:04 AM

Quantity: 1

Discontinued by: Abdul M Sheikh, MD 01/10/17 1131

**NURSING COMMUNICATION [653264226]**

Electronically signed by: **Sandra Nerestil, NP on 01/10/17 0703**

Status: **Discontinued**

Ordering user: Sandra Nerestil, NP 01/10/17 0703

Ordering provider: Sandra Nerestil, NP

Authorized by: Abdul M Sheikh, MD

Ordering mode: Standard

Cosigning events

Electronically cosigned by Abdul M Sheikh, MD 01/10/17 0755 for Ordering

Instance released by: Dianne W Wehrle, RN (auto-released) 1/10/2017 7:04 AM

Quantity: 1

Discontinued by: Abdul M Sheikh, MD 01/10/17 1131

**NURSING COMMUNICATION [653264227]**

Electronically signed by: **Sandra Nerestil, NP on 01/10/17 0703**

Status: **Discontinued**

Ordering user: Sandra Nerestil, NP 01/10/17 0703

Ordering provider: Sandra Nerestil, NP

Authorized by: Abdul M Sheikh, MD

Ordering mode: Standard

Cosigning events

Electronically cosigned by Abdul M Sheikh, MD 01/10/17 0755 for Ordering

Instance released by: Dianne W Wehrle, RN (auto-released) 1/10/2017 7:04 AM

Quantity: 1

Discontinued by: Abdul M Sheikh, MD 01/10/17 1131

**NURSING COMMUNICATION [653264228]**

Electronically signed by: **Sandra Nerestil, NP on 01/10/17 0703**

Status: **Discontinued**

Ordering user: Sandra Nerestil, NP 01/10/17 0703

Ordering provider: Sandra Nerestil, NP

Authorized by: Abdul M Sheikh, MD

Ordering mode: Standard

Cosigning events

Electronically cosigned by Abdul M Sheikh, MD 01/10/17 0755 for Ordering

Instance released by: Dianne W Wehrle, RN (auto-released) 1/10/2017 7:04 AM

Quantity: 1

Discontinued by: Abdul M Sheikh, MD 01/10/17 1131

**NURSING COMMUNICATION [653264229]**

Electronically signed by: **Sandra Nerestil, NP on 01/10/17 0703**

Status: **Discontinued**

Ordering user: Sandra Nerestil, NP 01/10/17 0703

Ordering provider: Sandra Nerestil, NP

Authorized by: Abdul M Sheikh, MD

Ordering mode: Standard

Cosigning events

Electronically cosigned by Abdul M Sheikh, MD 01/10/17 0755 for Ordering

Instance released by: Dianne W Wehrle, RN (auto-released) 1/10/2017 7:04 AM

Quantity: 1

Discontinued by: Abdul M Sheikh, MD 01/10/17 1131

**NURSING COMMUNICATION [653264230]**

Electronically signed by: **Sandra Nerestil, NP on 01/10/17 0703**

Status: **Discontinued**

Ordering user: Sandra Nerestil, NP 01/10/17 0703

Ordering provider: Sandra Nerestil, NP

Authorized by: Abdul M Sheikh, MD

Ordering mode: Standard



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**Nursing - Orders and Results (continued)**

**NURSING COMMUNICATION [653264230] (continued)**

Cosigning events  
Electronically cosigned by Abdul M Sheikh, MD 01/10/17 0755 for Ordering  
Quantity: 1  
Discontinued by: Abdul M Sheikh, MD 01/10/17 1131  
Instance released by: Dianne W Wehrle, RN (auto-released) 1/10/2017 7:04 AM

**NURSING COMMUNICATION [653264231]**

Electronically signed by: **Sandra Nerestil, NP on 01/10/17 0703** Status: **Discontinued**  
Ordering user: Sandra Nerestil, NP 01/10/17 0703  
Authorized by: Abdul M Sheikh, MD  
Ordering provider: Sandra Nerestil, NP  
Ordering mode: Standard  
Cosigning events  
Electronically cosigned by Abdul M Sheikh, MD 01/10/17 0755 for Ordering  
Quantity: 1  
Discontinued by: Abdul M Sheikh, MD 01/10/17 1131  
Instance released by: Dianne W Wehrle, RN (auto-released) 1/10/2017 7:04 AM

**NURSING COMMUNICATION [653264232]**

Electronically signed by: **Sandra Nerestil, NP on 01/10/17 0703** Status: **Discontinued**  
Ordering user: Sandra Nerestil, NP 01/10/17 0703  
Authorized by: Abdul M Sheikh, MD  
Ordering provider: Sandra Nerestil, NP  
Ordering mode: Standard  
Cosigning events  
Electronically cosigned by Abdul M Sheikh, MD 01/10/17 0755 for Ordering  
Quantity: 1  
Discontinued by: Abdul M Sheikh, MD 01/10/17 1131  
Instance released by: Dianne W Wehrle, RN (auto-released) 1/10/2017 7:04 AM

**MAINTAIN IV ACCESS [653264402]**

Electronically signed by: **Sandra Nerestil, NP on 01/10/17 0703** Status: **Discontinued**  
Ordering user: Sandra Nerestil, NP 01/10/17 0703  
Authorized by: Abdul M Sheikh, MD  
Ordering provider: Sandra Nerestil, NP  
Ordering mode: Standard  
Cosigning events  
Electronically cosigned by Abdul M Sheikh, MD 01/10/17 0755 for Ordering  
Quantity: 1  
Discontinued by: Abdul M Sheikh, MD 01/10/17 1131  
Instance released by: Dianne W Wehrle, RN (auto-released) 1/10/2017 7:04 AM

**VITAL SIGNS [653293464]**

Electronically signed by: **Abdul M Sheikh, MD on 01/10/17 0956** Status: **Discontinued**  
Ordering user: Abdul M Sheikh, MD 01/10/17 0956  
Authorized by: Abdul M Sheikh, MD  
Ordering provider: Abdul M Sheikh, MD  
Ordering mode: Standard  
Quantity: 1  
Discontinued by: Automatic Discharge Provider 01/11/17 1519 [Patient Discharge]  
Instance released by: Dianne W Wehrle, RN (auto-released) 1/10/2017 10:11 AM

**Questionnaire**

Question	Answer
Q15 minutes x	4
Q30 minutes x	4
Then:	Q2h

Order comments: Check while sheath is intact. Repeat immediately after sheath removal. If oozing check every hour.

**NURSING COMMUNICATION [653293465]**

Electronically signed by: **Abdul M Sheikh, MD on 01/10/17 0956** Status: **Discontinued**  
Ordering user: Abdul M Sheikh, MD 01/10/17 0956  
Authorized by: Abdul M Sheikh, MD  
Ordering provider: Abdul M Sheikh, MD  
Ordering mode: Standard  
Quantity: 1  
Discontinued by: Automatic Discharge Provider 01/11/17 1519 [Patient Discharge]  
Instance released by: Dianne W Wehrle, RN (auto-released) 1/10/2017 10:11 AM  
Order comments: Remove 5 cc of air at 10:45\*(time), if no bleeding occurs, remove remaining air at 5 min after (time), if no bleeding occurs remove band. If bleeding occurs during TR band removal, slowly inject air into the balloon until bleeding stops (up to a maximum inflation of 18cc), monitor radial pulse, wait 30 minutes, then remove 5cc of air, if no bleeding, remove remaining air, if not bleeding remove TR band.

**PUNCTURE SITE CARE [653293467]**

Electronically signed by: **Abdul M Sheikh, MD on 01/10/17 0956** Status: **Discontinued**  
Ordering user: Abdul M Sheikh, MD 01/10/17 0956  
Authorized by: Abdul M Sheikh, MD  
Ordering provider: Abdul M Sheikh, MD  
Ordering mode: Standard  
Quantity: 1  
Discontinued by: Automatic Discharge Provider 01/11/17 1519 [Patient Discharge]  
Instance released by: Jane Abey, RN (auto-released) 1/10/2017 11:31 AM





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**Nursing - Orders and Results (continued)**

**PUNCTURE SITE CARE [653293467] (continued)**

**Questionnaire**

Question	Answer
Q15 minutes x	4
Q30 minutes x	4
Then:	Q2h

Order comments: Check while sheath is intact. Repeat immediately after sheath removal. If oozing check every hour.

**POST PROCEDURE SITE ASSESSMENT [653293468]**

Electronically signed by: **Abdul M Sheikh, MD on 01/10/17 0956**  
Ordering user: Abdul M Sheikh, MD 01/10/17 0956  
Authorized by: Abdul M Sheikh, MD  
Quantity: 1  
Discontinued by: Automatic Discharge Provider 01/11/17 1519 [Patient Discharge]

Status: **Discontinued**

Ordering provider: Abdul M Sheikh, MD  
Ordering mode: Standard  
Instance released by: Jane Abey, RN (auto-released) 1/10/2017 11:31 AM

**Questionnaire**

Question	Answer
Q15 minutes x	4
Q30 minutes x	4
Then:	Q2h

Order comments: Check pulses while sheath is intact. Repeat immediately after sheath removal. If oozing check every hour.

**NEURO/VASCULAR CHECKS [653293469]**

Electronically signed by: **Abdul M Sheikh, MD on 01/10/17 0956**  
Ordering user: Abdul M Sheikh, MD 01/10/17 0956  
Authorized by: Abdul M Sheikh, MD  
Quantity: 1  
Discontinued by: Automatic Discharge Provider 01/11/17 1519 [Patient Discharge]

Status: **Discontinued**

Ordering provider: Abdul M Sheikh, MD  
Ordering mode: Standard  
Instance released by: Jane Abey, RN (auto-released) 1/10/2017 11:31 AM

**Questionnaire**

Question	Answer
Q15 minutes x	4
Q30 minutes x	4
Then:	Q2h

**ORTHOSTATIC BLOOD PRESSURE [653293470]**

Electronically signed by: **Abdul M Sheikh, MD on 01/10/17 0956**  
Ordering user: Abdul M Sheikh, MD 01/10/17 0956  
Authorized by: Abdul M Sheikh, MD  
Quantity: 1  
Discontinued by: Automatic Discharge Provider 01/11/17 1519 [Patient Discharge]

Status: **Discontinued**

Ordering provider: Abdul M Sheikh, MD  
Ordering mode: Standard  
Instance released by: Jane Abey, RN (auto-released) 1/10/2017 11:31 AM

Order comments: Check standing blood pressure post sheath removal when first allowed to stand.

**AMBULATE PATIENT [653293471]**

Electronically signed by: **Abdul M Sheikh, MD on 01/10/17 0956**  
Ordering user: Abdul M Sheikh, MD 01/10/17 0956  
Authorized by: Abdul M Sheikh, MD  
Quantity: 1  
Discontinued by: Automatic Discharge Provider 01/11/17 1519 [Patient Discharge]

Status: **Discontinued**

Ordering provider: Abdul M Sheikh, MD  
Ordering mode: Standard  
Instance released by: Jane Abey, RN (auto-released) 1/10/2017 11:31 AM

Order comments: With assistance after bedrest complete. If tolerated, may resume previously ordered activity level

**INTAKE AND OUTPUT [653293472]**

Electronically signed by: **Abdul M Sheikh, MD on 01/10/17 0956**  
Ordering user: Abdul M Sheikh, MD 01/10/17 0956  
Authorized by: Abdul M Sheikh, MD  
Quantity: 1  
Discontinued by: Automatic Discharge Provider 01/11/17 1519 [Patient Discharge]

Status: **Discontinued**

Ordering provider: Abdul M Sheikh, MD  
Ordering mode: Standard  
Instance released by: Jane Abey, RN (auto-released) 1/10/2017 11:31 AM

**STRAIGHT CATH [653293473]**



WS Cobb Hospital  
3950 Austell Road SW  
Austell GA 30106  
Inpatient Record

Maurice, Eugene George  
MRN: 561253820, DOB: 1/2/1949, Sex: M  
Adm: 1/10/2017, D/C: 1/11/2017

**Nursing - Orders and Results (continued)**

**STRAIGHT CATH [653293473] (continued)**

Electronically signed by: **Abdul M Sheikh, MD on 01/10/17 0956** Status: **Discontinued**  
Ordering user: Abdul M Sheikh, MD 01/10/17 0956  
Authorized by: Abdul M Sheikh, MD  
Quantity: 1  
Discontinued by: Automatic Discharge Provider 01/11/17 1519 [Patient Discharge]  
Order comments: If unable to void  
Ordering provider: Abdul M Sheikh, MD  
Ordering mode: Standard  
Instance released by: Jane Abey, RN (auto-released) 1/10/2017 11:31 AM

**NURSING COMMUNICATION [653293474]**

Electronically signed by: **Abdul M Sheikh, MD on 01/10/17 0956** Status: **Discontinued**  
Ordering user: Abdul M Sheikh, MD 01/10/17 0956  
Authorized by: Abdul M Sheikh, MD  
Quantity: 1  
Discontinued by: Automatic Discharge Provider 01/11/17 1519 [Patient Discharge]  
Ordering provider: Abdul M Sheikh, MD  
Ordering mode: Standard  
Instance released by: Jane Abey, RN (auto-released) 1/10/2017 11:31 AM

**NURSING COMMUNICATION [653293475]**

Electronically signed by: **Abdul M Sheikh, MD on 01/10/17 0956** Status: **Discontinued**  
Ordering user: Abdul M Sheikh, MD 01/10/17 0956  
Authorized by: Abdul M Sheikh, MD  
Quantity: 1  
Discontinued by: Automatic Discharge Provider 01/11/17 1519 [Patient Discharge]  
Ordering provider: Abdul M Sheikh, MD  
Ordering mode: Standard  
Instance released by: Jane Abey, RN (auto-released) 1/10/2017 11:31 AM

**NURSING COMMUNICATION [653293476]**

Electronically signed by: **Abdul M Sheikh, MD on 01/10/17 0956** Status: **Discontinued**  
Ordering user: Abdul M Sheikh, MD 01/10/17 0956  
Authorized by: Abdul M Sheikh, MD  
Quantity: 1  
Discontinued by: Automatic Discharge Provider 01/11/17 1519 [Patient Discharge]  
Ordering provider: Abdul M Sheikh, MD  
Ordering mode: Standard  
Instance released by: Jane Abey, RN (auto-released) 1/10/2017 11:31 AM

**NURSING COMMUNICATION [653293477]**

Electronically signed by: **Abdul M Sheikh, MD on 01/10/17 0956** Status: **Discontinued**  
Ordering user: Abdul M Sheikh, MD 01/10/17 0956  
Authorized by: Abdul M Sheikh, MD  
Quantity: 1  
Discontinued by: Automatic Discharge Provider 01/11/17 1519 [Patient Discharge]  
Ordering provider: Abdul M Sheikh, MD  
Ordering mode: Standard  
Instance released by: Jane Abey, RN (auto-released) 1/10/2017 11:31 AM

**NURSING COMMUNICATION [653293478]**

Electronically signed by: **Abdul M Sheikh, MD on 01/10/17 0956** Status: **Discontinued**  
Ordering user: Abdul M Sheikh, MD 01/10/17 0956  
Authorized by: Abdul M Sheikh, MD  
Quantity: 1  
Discontinued by: Automatic Discharge Provider 01/11/17 1519 [Patient Discharge]  
Ordering provider: Abdul M Sheikh, MD  
Ordering mode: Standard  
Instance released by: Jane Abey, RN (auto-released) 1/10/2017 11:31 AM

**NURSING COMMUNICATION [653293481]**

Electronically signed by: **Abdul M Sheikh, MD on 01/10/17 0956** Status: **Discontinued**  
Ordering user: Abdul M Sheikh, MD 01/10/17 0956  
Authorized by: Abdul M Sheikh, MD  
Quantity: 1  
Discontinued by: Automatic Discharge Provider 01/11/17 1519 [Patient Discharge]  
Order comments: 1) hold manual pressure one inch proximal to the access site until bleeding stops, and notify MD. 2) If patient has an arm board in place, remove arm board 2 hours after radial hemostasis band is removed  
Ordering provider: Abdul M Sheikh, MD  
Ordering mode: Standard  
Instance released by: Jane Abey, RN (auto-released) 1/10/2017 11:31 AM

**NURSING COMMUNICATION [653293482]**

Electronically signed by: **Abdul M Sheikh, MD on 01/10/17 0956** Status: **Discontinued**  
Ordering user: Abdul M Sheikh, MD 01/10/17 0956  
Authorized by: Abdul M Sheikh, MD  
Quantity: 1  
Discontinued by: Automatic Discharge Provider 01/11/17 1519 [Patient Discharge]  
Order comments: Deployment time: 9:45  
Ordering provider: Abdul M Sheikh, MD  
Ordering mode: Standard  
Instance released by: Jane Abey, RN (auto-released) 1/10/2017 11:31 AM



WS Cobb Hospital  
3950 Austell Road SW  
Austell GA 30106  
Inpatient Record

Maurice, Eugene George  
MRN: 561253820, DOB: 1/2/1949, Sex: M  
Adm: 1/10/2017, D/C: 1/11/2017

**Nursing - Orders and Results (continued)**

**BED REST [653293483]**

Electronically signed by: **Abdul M Sheikh, MD on 01/10/17 0956** Status: **Discontinued**  
 Ordering user: Abdul M Sheikh, MD 01/10/17 0956  
 Authorized by: Abdul M Sheikh, MD  
 Quantity: 1  
 Discontinued by: Automatic Discharge Provider 01/11/17 1519 [Patient Discharge]  
 Order comments: And for 2 hours post sheath removal/closure device placement. May elevate head of bed to 30 degrees, keep punctured leg straight while on bedrest

Ordering provider: Abdul M Sheikh, MD  
 Ordering mode: Standard  
 Instance released by: Jane Abey, RN (auto-released) 1/10/2017 11:31 AM

**BED REST [653293484]**

Electronically signed by: **Abdul M Sheikh, MD on 01/10/17 0956** Status: **Discontinued**  
 Ordering user: Abdul M Sheikh, MD 01/10/17 0956  
 Authorized by: Abdul M Sheikh, MD  
 Quantity: 1  
 Discontinued by: Automatic Discharge Provider 01/11/17 1519 [Patient Discharge]  
 Order comments: Complete bedrest while radial compression device in place

Ordering provider: Abdul M Sheikh, MD  
 Ordering mode: Standard  
 Instance released by: Jane Abey, RN (auto-released) 1/10/2017 11:31 AM

**DAILY WEIGHTS [653293489]**

Electronically signed by: **Abdul M Sheikh, MD on 01/10/17 0956** Status: **Discontinued**  
 Ordering user: Abdul M Sheikh, MD 01/10/17 0956  
 Authorized by: Abdul M Sheikh, MD  
 Quantity: 1  
 Discontinued by: Automatic Discharge Provider 01/11/17 1519 [Patient Discharge]

Ordering provider: Abdul M Sheikh, MD  
 Ordering mode: Standard  
 Instance released by: Jane Abey, RN (auto-released) 1/11/2017 12:05 AM

**Code Status - Orders and Results**

**FULL CODE [653293480]**

Electronically signed by: **Abdul M Sheikh, MD on 01/10/17 0956** Status: **Discontinued**  
 Ordering user: Abdul M Sheikh, MD 01/10/17 0956  
 Authorized by: Abdul M Sheikh, MD  
 Quantity: 1  
 Instance released by: Jane Abey, RN (auto-released) 1/10/2017 11:31 AM

Ordering provider: Abdul M Sheikh, MD  
 Ordering mode: Standard  
 Code status: Full Code  
 Discontinued by: Automatic Discharge Provider 01/11/17 1519 [Patient Discharge]

**Consult - Orders and Results**

**IP CONSULT TO CARE COORDINATOR [653293479]**

Electronically signed by: **Abdul M Sheikh, MD on 01/10/17 0956** Status: **Discontinued**  
 Ordering user: Abdul M Sheikh, MD 01/10/17 0956  
 Authorized by: Abdul M Sheikh, MD  
 Quantity: 1  
 Discontinued by: Automatic Discharge Provider 01/11/17 1519 [Patient Discharge]

Ordering provider: Abdul M Sheikh, MD  
 Ordering mode: Standard  
 Instance released by: Jane Abey, RN (auto-released) 1/10/2017 11:31 AM

**Questionnaire**

Question	Answer
Reason for Consult?	for discharge planning (assess for ability to obtain home meds)

**ECG - Orders and Results**

**EKG, 12-LEAD [653264236]**

Electronically signed by: **Sandra Nerestil, NP on 01/10/17 0703** Status: **Discontinued**  
 Ordering user: Sandra Nerestil, NP 01/10/17 0703  
 Authorized by: Abdul M Sheikh, MD  
 Cosigning events  
 Electronically cosigned by Abdul M Sheikh, MD 01/10/17 0755 for Ordering  
 Quantity: 1  
 Discontinued by: Abdul M Sheikh, MD 01/10/17 1131 [Patient Transfer]

Ordering provider: Sandra Nerestil, NP  
 Ordering mode: Standard  
 Instance released by: Dianne W Wehrle, RN (auto-released) 1/10/2017 7:04 AM

**Questionnaire**

Question	Answer
Reason for Exam:	Chest pain

Order comments: if not done within the past 48 hours for inpatients or 1 week for outpatients. Have results by 6 am



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Austell GA 30106  
Inpatient Record

Maurice, Eugene George  
MRN: 561253820, DOB: 1/2/1949, Sex: M  
Adm: 1/10/2017, D/C: 1/11/2017

**ECG - Orders and Results (continued)**

**EKG, 12-LEAD [653264236] (continued)**

**EKG, 12-LEAD [653293491]**

Electronically signed by: **Sheila Watkins, RCP on 01/11/17 0755** Status: **Completed**  
 Ordering user: Sheila Watkins, RCP 01/11/17 0755 Ordering provider: Abdul M Sheikh, MD  
 Authorized by: Abdul M Sheikh, MD Ordering mode: Per Written Order  
 Quantity: 1 Lab status: Final result  
 Instance released by: Sheila Watkins, RCP (auto-released) 1/11/2017 7:55 AM

**Questionnaire**

Question	Answer
Reason for Exam:	Diagnosis unknown

Order comments: EKG completed

**Specimen Information**

Type	Source	Collected By
—	—	01/11/17 0412

**EKG, 12-LEAD [653293491]**

Resulted: 01/11/17 2117, Result status: Final result

Ordering provider: Abdul M Sheikh, MD 01/11/17 0755 Order status: Completed  
 Filed by: Interface, Muse 01/11/17 2118 Resulting lab: MUSE  
 Lab Technician: ANNE KANGUE External ID: 616844  
 Result details  
 Impression:  
 Normal sinus rhythm  
 Left axis deviation  
 Left bundle branch block  
 Abnormal ECG  
 When compared with ECG of 27-MAY-2015 23:43,  
 No significant change was found  
 Confirmed by SHEIKH,MD, ABDUL (7498) on 1/11/2017 9:17:01 PM  
 Acknowledged by: Abdul M Sheikh, MD on 01/11/17 2144

**Specimen Information**

Type	Source	Collected By
—	—	01/11/17 0412

**Components**

Component	Value	Reference Range	Flag	Lab
VENT RATE	63	BPM	—	Muse
Atrial Rate	63	BPM	—	Muse
PR Interval	190	ms	—	Muse
QRS Duration	134	ms	—	Muse
QT Interval	408	ms	—	Muse
QTC Calculation	417	ms	—	Muse
P Axis	39	degrees	—	Muse
R Axis	-55	degrees	—	Muse
T Wave Axis	40	degrees	—	Muse

View Image (below)

**IV - Orders and Results**

**INSERT PERIPHERAL IV [645968800]**

Electronically signed by: **Abdul M Sheikh, MD on 01/10/17 0755** Status: **Discontinued**  
 Mode: Ordering in Per protocol: cosign required mode Communicated by: Dianne W Wehrle, RN  
 Ordering user: Dianne W Wehrle, RN 01/10/17 0702 Ordering provider: Abdul M Sheikh, MD  
 Authorized by: Abdul M Sheikh, MD Ordering mode: Per protocol: cosign required  
 Quantity: 1 Instance released by: Dianne W Wehrle, RN (auto-released) 1/10/2017 7:02 AM  
 Discontinued by: Abdul M Sheikh, MD 01/10/17 1131



WS Cobb Hospital  
3950 Austell Road SW  
Austell GA 30106  
Inpatient Record

Maurice, Eugene George  
MRN: 561253820, DOB: 1/2/1949, Sex: M  
Adm: 1/10/2017, D/C: 1/11/2017

**IV - Orders and Results (continued)**

**INSERT PERIPHERAL IV [653264224]**

Electronically signed by: **Sandra Nerestil, NP on 01/10/17 0703** Status: **Discontinued**  
 Ordering user: Sandra Nerestil, NP 01/10/17 0703  
 Authorized by: Abdul M Sheikh, MD  
 Ordering provider: Sandra Nerestil, NP  
 Ordering mode: Standard  
 Cosigning events  
 Electronically cosigned by Abdul M Sheikh, MD 01/10/17 0755 for Ordering  
 Instance released by: Dianne W Wehrle, RN (auto-released) 1/10/2017 7:04 AM  
 Quantity: 1  
 Discontinued by: Automatic Transfer Provider 01/10/17 0959 [Patient Transfer]  
 Order comments: Start two IVs, 20 gauge or larger (preferably in left arm by 6am day of procedure). Saline flush every 8 hours (Avoid Right arm for radial cath)

**INSERT PERIPHERAL IV [653264401]**

Electronically signed by: **Sandra Nerestil, NP on 01/10/17 0703** Status: **Discontinued**  
 Ordering user: Sandra Nerestil, NP 01/10/17 0703  
 Authorized by: Abdul M Sheikh, MD  
 Ordering provider: Sandra Nerestil, NP  
 Ordering mode: Standard  
 Cosigning events  
 Electronically cosigned by Abdul M Sheikh, MD 01/10/17 0755 for Ordering  
 Instance released by: Dianne W Wehrle, RN (auto-released) 1/10/2017 7:04 AM  
 Quantity: 1  
 Discontinued by: Abdul M Sheikh, MD 01/10/17 1131

**INT [653264403]**

Electronically signed by: **Sandra Nerestil, NP on 01/10/17 0703** Status: **Discontinued**  
 Ordering user: Sandra Nerestil, NP 01/10/17 0703  
 Authorized by: Abdul M Sheikh, MD  
 Ordering provider: Sandra Nerestil, NP  
 Ordering mode: Standard  
 Cosigning events  
 Electronically cosigned by Abdul M Sheikh, MD 01/10/17 0755 for Ordering  
 Instance released by: Dianne W Wehrle, RN (auto-released) 1/10/2017 7:04 AM  
 Quantity: 1  
 Discontinued by: Abdul M Sheikh, MD 01/10/17 1131

**Admission - Orders and Results**

**ADMIT AS INPATIENT [653264429]**

Electronically signed by: **Susan Colston, RN on 01/10/17 0905** Status: **Completed**  
 Ordering user: Susan Colston, RN 01/10/17 0905  
 Authorized by: Abdul M Sheikh, MD  
 Ordering provider: Abdul M Sheikh, MD  
 Ordering mode: Per Written Order  
 Instance released by: Susan Colston, RN (auto-released) 1/10/2017 9:05 AM  
 Quantity: 1

**Questionnaire**

Question	Answer
Estimated inpatient length of stay?	<2 Midnights
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.
Diagnosis	S/P cardiac cath
Admitting Provider	SHEIKH, ABDUL M
Attending Provider	SHEIKH, ABDUL M
Bed Type	Cardiac Telemetry
Hospital Area	WS Cobb Hospital
Bed request comments	PCI bed please

**Discharge - Orders and Results**

**DISCHARGE PATIENT [653293493]**

Electronically signed by: **Michael S Hardee, MD on 01/11/17 0933** Status: **Completed**  
 Ordering user: Michael S Hardee, MD 01/11/17 0933  
 Authorized by: Michael S Hardee, MD  
 Ordering provider: Michael S Hardee, MD  
 Ordering mode: Standard  
 Instance released by: Michael S Hardee, MD (auto-released) 1/11/2017 9:33 AM  
 Quantity: 1

**DISCHARGE PATIENT [653293495]**

Electronically signed by: **Sandra Nerestil, NP on 01/11/17 0934** Status: **Completed**  
 Ordering user: Sandra Nerestil, NP 01/11/17 0934  
 Authorized by: Michael S Hardee, MD  
 Ordering provider: Sandra Nerestil, NP  
 Ordering mode: Standard



WS Cobb Hospital  
3950 Austell Road SW  
Austell GA 30106  
Inpatient Record

Maurice, Eugene George  
MRN: 561253820, DOB: 1/2/1949, Sex: M  
Adm: 1/10/2017, D/C: 1/11/2017

**Discharge - Orders and Results (continued)**

**DISCHARGE PATIENT [653293495] (continued)**

**Cosigning events**

Electronically cosigned by Michael S Hardee, MD 01/18/17 2109 for Ordering  
Quantity: 1

Instance released by: Sandra Nerestil, NP (auto-released) 1/11/2017 9:34 AM

**Cardiac Cath - Orders and Results**

**CARDIAC PROCEDURE [645968792]**

Electronically signed by: Tammy R Riddle Threath on 11/29/16 0854

Status: **Completed**

This order may be acted on in another encounter.

Ordering user: Tammy R Riddle Threath 11/29/16 0854

Ordering provider: Abdul M Sheikh, MD

Authorized by: Abdul M Sheikh, MD

Ordering mode: Standard

Quantity: 1

Lab status: Final result

Instance released by: Tammy R Riddle Threath 11/29/2016 8:54 AM

**Diagnoses**

Coronary arteriosclerosis [I25.10]

PVD (peripheral vascular disease) (HCC) [I73.9]

Essential hypertension with goal blood pressure less than 130/85 [I10]

Hyperlipidemia, unspecified hyperlipidemia type [E78.5]

**CARDIAC PROCEDURE [645968792]**

Resulted: 01/11/17 1327, Result status: Final result

Ordering provider: Abdul M Sheikh, MD 11/29/16 0854

Order status: Completed

Resulted by: Abdul M Sheikh, MD

Filed by: Erin Matthews 01/11/17 1327

Performed: 01/10/17 0805 - 01/10/17 0959

Accession number: 27861596

Resulting lab: CATH/EP

Result details

**Narrative:**

- Severe native vessel disease.
- Patent LIMA-LAD. Severe ISR (DES) of SVGs to OM's and PDA.
- Preserved EF.
- Successful POBA of SVGs to OM and PDA with NC/cutting balloons.

1. Continue long-term dual antiplatelet therapy.
2. Aggressive risk factor modification.

Procedures Performed	Chargeables
CORONARY ANGIOGRAPHY [CATH03]	
CORONARY INTERVENTION (PCI) [CATH02]	
CUTTING BALLOON ATHERECTOMY [CATH102]	
LEFT HEART CATHETERIZATION W/GRAFTS [CATH71]	
LEFT VENTRICULOGRAPHY [CATH05]	
PTCA CORONARY [CATH113]	
PTCA GRAFT [CATH114]	
PTCA GRAFT ADDITIONAL [CATH95]	

**CARDIAC PROCEDURE [653264425]**

Electronically signed by: Robert Beyerlein on 01/10/17 0859

Status: **Discontinued**

Ordering user: Robert Beyerlein 01/10/17 0859

Ordering provider: Abdul M Sheikh, MD

Authorized by: Abdul M Sheikh, MD

Ordering mode: Standard

Quantity: 1

Instance released by: Robert Beyerlein 1/10/2017 8:59 AM

Discontinued by: Robert Beyerlein 01/10/17 0859 [Auto-canceled by study generation.]

**Diagnoses**

Coronary arteriosclerosis [I25.10]

PVD (peripheral vascular disease) (HCC) [I73.9]

Essential hypertension with goal blood pressure less than 130/85 [I10]

Hyperlipidemia, unspecified hyperlipidemia type [E78.5]

**CARDIAC PROCEDURE [653264425]**

Resulted: 01/10/17 0859, Result status: In process

Ordering provider: Abdul M Sheikh, MD 11/29/16 0854

Order status: Canceled

Discontinued by: Robert Beyerlein 01/10/17 0859 [Auto-canceled by study generation.]

Filed by: Robert Beyerlein 01/10/17 0859

Accession number: 27982430

Resulting lab: CATH/EP

**Result details**



WS Cobb Hospital  
3950 Austell Road SW  
Austell GA 30106  
Inpatient Record

Maurice, Eugene George  
MRN: 561253820, DOB: 1/2/1949, Sex: M  
Adm: 1/10/2017, D/C: 1/11/2017

**Cardiac Cath - Orders and Results (continued)**

**CORE MEASURES - Orders and Results**

**NON-PRIMARY PCI [653264216]**

Electronically signed by: **Sandra Nerestil, NP** on 01/10/17 0703  
Ordering user: Sandra Nerestil, NP 01/10/17 0703  
Authorized by: Abdul M Sheikh, MD  
Cosigning events  
Electronically cosigned by Abdul M Sheikh, MD 01/10/17 0755 for Ordering  
Quantity: 1

Ordering provider: Sandra Nerestil, NP  
Ordering mode: Standard

Status: **Completed**

Instance released by: Dianne W Wehrle, RN (auto-released) 1/10/2017 7:04 AM

**REASON FOR NOT PRESCRIBING STATIN MEDICATION [653293485]**

Electronically signed by: **Abdul M Sheikh, MD** on 01/10/17 0956  
Ordering user: Abdul M Sheikh, MD 01/10/17 0956  
Authorized by: Abdul M Sheikh, MD  
Quantity: 1

Ordering provider: Abdul M Sheikh, MD  
Ordering mode: Standard

Status: **Completed**

Instance released by: Jane Abey, RN (auto-released) 1/10/2017 11:31 AM

**Questionnaire**

Question	Answer
Reason for not prescribing statin medication?	Other (Please provide additional details)

**Point of Care Testing-Docked Device - Orders and Results**

**POC FINGER STICK GLUCOSE [653293497]**

Electronically signed by: **Interface, Lab In Sunquest** on 01/11/17 0816  
Ordering user: Interface, Lab In Sunquest 01/11/17 0816  
Authorized by: Abdul M Sheikh, MD  
Quantity: 1  
Instance released by: (auto-released) 1/11/2017 9:55 AM

Ordering provider: Abdul M Sheikh, MD  
Ordering mode: Standard  
Lab status: Final result

Status: **Completed**

**Specimen Information**

Type	Source	Collected By
		01/11/17 0816

**POC FINGER STICK GLUCOSE [653293497] (Abnormal)**

Resulted: 01/11/17 0955, Result status: Final result

Ordering provider: Abdul M Sheikh, MD 01/11/17 0816  
Filed by: Interface, Lab In Sunquest 01/11/17 0955  
External ID: W14432383

Order status: Completed  
Resulting lab: WS COBB HOSPITAL LAB  
Result details

**Specimen Information**

Type	Source	Collected By
		01/11/17 0816

**Components**

Component	Value	Reference Range	Flag	Lab
GLUCOSE, BEDSIDE	135	70 - 99 mg/dL	H *	CHLAB

**Lab - Orders and Results**

**CBC W/O DIFFERENTIAL [653264233]**

Electronically signed by: **Sandra Nerestil, NP** on 01/10/17 0703  
Ordering user: Sandra Nerestil, NP 01/10/17 0703  
Authorized by: Abdul M Sheikh, MD  
Cosigning events  
Electronically cosigned by Abdul M Sheikh, MD 01/10/17 0755 for Ordering  
Quantity: 1  
Discontinued by: Abdul M Sheikh, MD 01/10/17 1131 [Patient Transfer]

Ordering provider: Sandra Nerestil, NP  
Ordering mode: Standard

Status: **Discontinued**

Instance released by: Dianne W Wehrle, RN (auto-released) 1/10/2017 7:04 AM



WS Cobb Hospital  
3950 Austell Road SW  
Austell GA 30106  
Inpatient Record

Maurice, Eugene George  
MRN: 561253820, DOB: 1/2/1949, Sex: M  
Adm: 1/10/2017, D/C: 1/11/2017

**Lab - Orders and Results (continued)**

**CBC W/O DIFFERENTIAL [653264233] (continued)**

**Specimen Information**

Type	Source	Collected By
---	Blood	---

**PROTHROMBIN TIME-INR [653264234]**

Electronically signed by: **Sandra Nerestil, NP** on 01/10/17 0703

Status: **Discontinued**

Ordering user: Sandra Nerestil, NP 01/10/17 0703

Ordering provider: Sandra Nerestil, NP

Authorized by: Abdul M Sheikh, MD

Ordering mode: Standard

Cosigning events

Electronically cosigned by Abdul M Sheikh, MD 01/10/17 0755 for Ordering

Instance released by: Dianne W Wehrle, RN (auto-released) 1/10/2017 7:04 AM

Quantity: 1

Discontinued by: Abdul M Sheikh, MD 01/10/17 1131 [Patient Transfer]

**Specimen Information**

Type	Source	Collected By
---	Blood	---

**BASIC METABOLIC PANEL (7) [653264235]**

Electronically signed by: **Sandra Nerestil, NP** on 01/10/17 0703

Status: **Discontinued**

Ordering user: Sandra Nerestil, NP 01/10/17 0703

Ordering provider: Sandra Nerestil, NP

Authorized by: Abdul M Sheikh, MD

Ordering mode: Standard

Cosigning events

Electronically cosigned by Abdul M Sheikh, MD 01/10/17 0755 for Ordering

Instance released by: Dianne W Wehrle, RN (auto-released) 1/10/2017 7:04 AM

Quantity: 1

Discontinued by: Abdul M Sheikh, MD 01/10/17 1131 [Patient Transfer]

Order comments: Fasting

**Specimen Information**

Type	Source	Collected By
---	Blood	---

**CBC W/O DIFFERENTIAL [653293486]**

Electronically signed by: **Abdul M Sheikh, MD** on 01/10/17 0956

Status: **Completed**

Ordering user: Abdul M Sheikh, MD 01/10/17 0956

Ordering provider: Abdul M Sheikh, MD

Authorized by: Abdul M Sheikh, MD

Ordering mode: Standard

Quantity: 1

Lab status: Final result

Instance released by: Jane Abey, RN (auto-released) 1/10/2017 8:00 PM

Order comments: Notify MD if Hgb decreased by 2 gm/dL from pre-procedure value or Platelet count less than 100,000

**Specimen Information**

Type	Source	Collected By
---	Blood	75998 01/11/17 0428

**CBC W/O DIFFERENTIAL [653293486] (Abnormal)**

Resulted: 01/11/17 0502, Result status: Final result

Ordering provider: Abdul M Sheikh, MD 01/10/17 2000

Order status: Completed

Filed by: Interface, Lab In Sunquest 01/11/17 0502

Resulting lab: WS COBB HOSPITAL LAB

External ID: W14428733

Result details

**Specimen Information**

Type	Source	Collected By
---	Blood	75998 01/11/17 0428

**Components**

Component	Value	Reference Range	Flag	Lab
WBC COUNT	9.8	3.5 - 10.5 10E9/L	---	CHLAB
RBC Count	3.95	4.32 - 5.72 10E12/L	L v	CHLAB
HGB	11.9	13.5 - 17.5 g/dL	L v	CHLAB
Hematocrit	36	39 - 50 %	L v	CHLAB
MCV	91	81 - 95 fL	---	CHLAB





WS Cobb Hospital  
3950 Austell Road SW  
Austell GA 30106  
Inpatient Record

Maurice, Eugene George  
MRN: 561253820, DOB: 1/2/1949, Sex: M  
Adm: 1/10/2017, D/C: 1/11/2017

**Lab - Orders and Results (continued)**

MCH	30	26 - 34 pg	—	CHLAB
MCHC	33	32 - 36 g/dL	—	CHLAB
RDW	15.4	11.8 - 15.6 %	—	CHLAB
PLATELET	136	150 - 450 10E9/L	L ▼	CHLAB
MPV	9.9	9.4 - 12.4 fL	—	CHLAB

**BASIC METABOLIC PANEL (7) [653293487]**

Electronically signed by: Abdul M Sheikh, MD on 01/10/17 0956  
Ordering user: Abdul M Sheikh, MD 01/10/17 0956  
Authorized by: Abdul M Sheikh, MD  
Quantity: 1  
Instance released by: Jane Abey, RN (auto-released) 1/10/2017 8:00 PM

Status: Completed

Ordering provider: Abdul M Sheikh, MD  
Ordering mode: Standard  
Lab status: Final result

**Specimen Information**

Type	Source	Collected By
—	Blood	75998 01/11/17 0428

**BASIC METABOLIC PANEL (7) [653293487] (Abnormal)**

Resulted: 01/11/17 0538, Result status: Final result

Ordering provider: Abdul M Sheikh, MD 01/10/17 2000  
Filed by: Interface, Lab In Sunquest 01/11/17 0539  
External ID: W14428733

Order status: Completed  
Resulting lab: WS COBB HOSPITAL LAB  
Result details

**Specimen Information**

Type	Source	Collected By
—	Blood	75998 01/11/17 0428

**Components**

Component	Value	Reference Range	Flag	Lab
Sodium,S	142	136 - 145 mmol/L	—	CHLAB
Potassium	4.3	3.5 - 5.1 mmol/L	—	CHLAB
Chloride	104	98 - 107 mmol/L	—	CHLAB
Co2	22	22 - 29 mmol/L	—	CHLAB
Glucose	126	70 - 99 mg/dL	H ▲	CHLAB
BUN	23	8 - 23 mg/dL	—	CHLAB
CREATININE,S	1.05	0.7 - 1.2 mg/dL	—	CHLAB
ANION GAP	20	12 - 20	—	CHLAB
CALCIUM,TOTAL	9.2	8.8 - 10.2 mg/dL	—	CHLAB
GFR Non-Afric Amer	>60	>59 ml/min/1.73 m2	—	CHLAB
GFR AFRICAN AMER	>60	>59 ml/min/1.73 m2	—	CHLAB

**LIPID PANEL [653293488]**

Electronically signed by: Abdul M Sheikh, MD on 01/10/17 0956  
Ordering user: Abdul M Sheikh, MD 01/10/17 0956  
Authorized by: Abdul M Sheikh, MD  
Quantity: 1  
Instance released by: Jane Abey, RN (auto-released) 1/10/2017 8:00 PM  
Order comments: Fasting

Status: Completed

Ordering provider: Abdul M Sheikh, MD  
Ordering mode: Standard  
Lab status: Final result

**Specimen Information**

Type	Source	Collected By
—	Blood	75998 01/11/17 0428

**LIPID PANEL [653293488] (Abnormal)**

Resulted: 01/11/17 0538, Result status: Final result

Ordering provider: Abdul M Sheikh, MD 01/10/17 2000  
Filed by: Interface, Lab In Sunquest 01/11/17 0539  
External ID: W14428733

Order status: Completed  
Resulting lab: WS COBB HOSPITAL LAB  
Result details

**Specimen Information**



WS Cobb Hospital  
3950 Austell Road SW  
Austell GA 30106  
Inpatient Record

Maurice, Eugene George  
MRN: 561253820, DOB: 1/2/1949, Sex: M  
Adm: 1/10/2017, D/C: 1/11/2017

**Lab - Orders and Results (continued)**

Type	Source	Collected By
—	Blood	75998 01/11/17 0428

**Components**

Component	Value	Reference Range	Flag	Lab
CHOLESTEROL, TOTAL Comment: Interpretive Values: Desirable: <200 mg/dL Borderline High: 200-239 mg/dL High: >or=240 mg/dL	109	<200 mg/dL	—	CHLAB
Triglycerides Comment: Interpretive Values: Normal: <150 mg/dL Borderline High: 150-199 mg/dL High: 200-499 mg/dL Very High: >or=500 mg/dL	81	<150 mg/dL	—	CHLAB
HDL CHOLESTEROL Comment: Interpretive Values: Males: >or=40 mg/dL Females: >or=50 mg/dL	36	>39 mg/dL	L ▼	CHLAB
LDL 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	57	<100 mg/dL	—	CHLAB
CHOLEST/HDL RATIO	3.0	0.0 - 5.5 Ratio	—	CHLAB
NON-HDL CHOLESTEROL 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	73	<130 mg/dL	—	CHLAB

**Case Request - Orders and Results**

**CASE REQUEST CATH LAB [653264214]**

Electronically signed by: Sandra Nerestil, NP on 01/10/17 0703

Status: **Discontinued**

Ordering user: Sandra Nerestil, NP 01/10/17 0703

Ordering provider: Sandra Nerestil, NP

Authorized by: Abdul M Sheikh, MD

Ordering mode: Standard

Cosigning events

Electronically cosigned by Abdul M Sheikh, MD 01/10/17 0755 for Ordering

Instance released by: Sandra Nerestil, NP (auto-released) 1/10/2017 7:03 AM

Quantity: 1

Discontinued by: William J Cox, RN 01/10/17 1057 [The associated case was canceled: Depot Management (duplicate )]

**Questionnaire**

Question	Answer
Add on case?	Yes
Pre-procedure diagnosis	CP
Case Classification	Class F - Elective

**Outpatient Referral - Orders and Results**



WS Cobb Hospital  
3950 Austell Road SW  
Austell GA 30106  
Inpatient Record

Maurice, Eugene George  
MRN: 561253820, DOB: 1/2/1949, Sex: M  
Adm: 1/10/2017, D/C: 1/11/2017

**Outpatient Referral - Orders and Results (continued)**

**AMB REFERRAL TO CARDIAC REHAB, CONTINUOUS ECG MONITOR [653293451]**

Electronically signed by: **Abdul M Sheikh, MD** on 01/10/17 0956 Status: **Active**  
 Ordering user: Abdul M Sheikh, MD 01/10/17 0956  
 Authorized by: Abdul M Sheikh, MD  
 Frequency: Routine 01/11/17 -  
 Released by: Sandra Nerestil, NP 01/11/17 0852  
 Acknowledged: Jane Abey, RN 01/11/17 1123 for Placing Order  
 Diagnoses  
 Coronary arteriosclerosis [I25.10]  
 Ordering provider: Abdul M Sheikh, MD  
 Ordering mode: Standard  
 Quantity: 1

**Diet - Orders and Results**

**DIET, CARDIAC [653293466]**

Electronically signed by: **Abdul M Sheikh, MD** on 01/10/17 0956 Status: **Discontinued**  
 Ordering user: Abdul M Sheikh, MD 01/10/17 0956  
 Authorized by: Abdul M Sheikh, MD  
 Quantity: 1  
 Instance released by: Dianne W Wehrle, RN (auto-released) 1/10/2017 10:12 AM  
 Ordering provider: Abdul M Sheikh, MD  
 Ordering mode: Standard  
 Diet: Cardiac  
 Discontinued by: Automatic Discharge Provider 01/11/17 1519 [Patient Discharge]

**Medications - Orders and Results**

**sodium chloride 0.9% (NS) infusion [645968797]**

Electronically signed by: **Abdul M Sheikh, MD** on 01/10/17 0755 Status: **Discontinued**  
 Mode: Ordering in Per protocol: cosign required mode  
 Ordering user: Dianne W Wehrle, RN 01/10/17 0702  
 Authorized by: Abdul M Sheikh, MD  
 Frequency: Routine Continuous 01/10/17 0800 - 01/10/17 1131  
 Acknowledged: Dianne W Wehrle, RN 01/10/17 0707 for Placing Order Jane Abey, RN 01/10/17 1131 for D/C Order  
 Package: 0409-7983-09  
 Communicated by: Dianne W Wehrle, RN  
 Ordering provider: Abdul M Sheikh, MD  
 Ordering mode: Per protocol: cosign required  
 Discontinued by: Abdul M Sheikh, MD 01/10/17 1131 [(Patient Transfer - Internal Use Only)]

**sodium chloride 0.9 % (NS) flush [653264209]**

Electronically signed by: **Sandra Nerestil, NP** on 01/10/17 0703 Status: **Discontinued**  
 Ordering user: Sandra Nerestil, NP 01/10/17 0703  
 Authorized by: Sandra Nerestil, NP  
 PRN reasons: line care  
 Cosigning events  
 Electronically cosigned by Abdul M Sheikh, MD 01/10/17 0755 for Ordering  
 Frequency: Routine Q1 min PRN 01/10/17 0704 - 01/10/17 1131  
 Discontinued by: Abdul M Sheikh, MD 01/10/17 1131  
 Acknowledged: Dianne W Wehrle, RN 01/10/17 0707 for Placing Order Jane Abey, RN 01/10/17 1131 for D/C Order  
 Admin instructions: INT Flush  
 Package: 8881-571121  
 Ordering provider: Sandra Nerestil, NP  
 Ordering mode: Standard  
 Released by: Dianne W Wehrle, RN 01/10/17 0704

**Ordering & Authorizing Provider Audit Trail**

Date/Time	Ordering provider	Authorizing Provider	User
01/10/17 1131	Abdul M Sheikh, MD	Abdul M Sheikh, MD	Jane Abey, RN
01/10/17 0704	Sandra Nerestil, NP	Sandra Nerestil, NP	Dianne W Wehrle, RN
01/10/17 0703	Sandra Nerestil, NP	Sandra Nerestil, NP	Sandra Nerestil, NP

**sodium chloride 0.9% (NS) infusion [653264210]**

Electronically signed by: **Sandra Nerestil, NP** on 01/10/17 0703 Status: **Discontinued**  
 Ordering user: Sandra Nerestil, NP 01/10/17 0703  
 Authorized by: Sandra Nerestil, NP  
 Cosigning events  
 Electronically cosigned by Abdul M Sheikh, MD 01/10/17 0755 for Ordering  
 Frequency: Routine Continuous 01/10/17 0800 - 01/10/17 1131  
 Discontinued by: Abdul M Sheikh, MD 01/10/17 1131 [(Patient Transfer - Internal Use Only)]  
 Acknowledged: Dianne W Wehrle, RN 01/10/17 0707 for Placing Order Jane Abey, RN 01/10/17 1131 for D/C Order  
 Admin instructions: \*\*ADD EXTENSION TUBING WITH INITIATION OF THIS IV FLUID\*\*.  
 Package: 0409-7983-09  
 Ordering provider: Sandra Nerestil, NP  
 Ordering mode: Standard  
 Released by: Dianne W Wehrle, RN 01/10/17 0704

**Ordering & Authorizing Provider Audit Trail**

Date/Time	Ordering provider	Authorizing Provider	User
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WS Cobb Hospital  
3950 Austell Road SW  
Austell GA 30106  
Inpatient Record

Maurice, Eugene George  
MRN: 561253820, DOB: 1/2/1949, Sex: M  
Adm: 1/10/2017, D/C: 1/11/2017

**Medications - Orders and Results (continued)**

**sodium chloride 0.9% (NS) infusion [653264210] (continued)**

01/10/17 1131	Abdul M Sheikh, MD	Abdul M Sheikh, MD	Jane Abey, RN
01/10/17 0704	Sandra Nerestil, NP	Sandra Nerestil, NP	Dianne W Wehrle, RN
01/10/17 0703	Sandra Nerestil, NP	Sandra Nerestil, NP	Sandra Nerestil, NP

**sodium chloride 0.9% (NS) bolus [653264211]**

Electronically signed by: **Sandra Nerestil, NP on 01/10/17 0703** Status: **Discontinued**  
 Ordering user: Sandra Nerestil, NP 01/10/17 0703 Ordering provider: Sandra Nerestil, NP  
 Authorized by: Sandra Nerestil, NP Ordering mode: Standard  
 PRN Comment: **\*\*START UPON ARRIVAL TO CATH LAB.\*\*** see administration instructions.  
 Cosigning events  
 Electronically cosigned by Abdul M Sheikh, MD 01/10/17 0755 for Ordering  
 Frequency: Routine Continuous PRN 01/10/17 0704 - 01/10/17 1131 Released by: Dianne W Wehrle, RN 01/10/17 0704  
 Discontinued by: Abdul M Sheikh, MD 01/10/17 1131 [(Patient Transfer - Internal Use Only)]  
 Acknowledged: Dianne W Wehrle, RN 01/10/17 0707 for Placing Order Jane Abey, RN 01/10/17 1131 for D/C Order  
 Admin instructions: **\*\*START UPON ARRIVAL TO CATH LAB.\*\*** Infuse at 3 mL/kg/hr for 1 hour  
 prior to the procedure, after one hour reduce rate to 1 mL/kg/hr - See  
 second order in panel. (MAXimum infusion rate 300 mL/hr).  
 Package: 0409-7983-09

**Ordering & Authorizing Provider Audit Trail**

Date/Time	Ordering provider	Authorizing Provider	User
01/10/17 1131	Abdul M Sheikh, MD	Abdul M Sheikh, MD	Jane Abey, RN
01/10/17 0704	Sandra Nerestil, NP	Sandra Nerestil, NP	Dianne W Wehrle, RN
01/10/17 0703	Sandra Nerestil, NP	Sandra Nerestil, NP	Sandra Nerestil, NP

**sodium chloride 0.9% (NS) infusion [653264212]**

Electronically signed by: **Sandra Nerestil, NP on 01/10/17 0703** Status: **Discontinued**  
 Ordering user: Sandra Nerestil, NP 01/10/17 0703 Ordering provider: Sandra Nerestil, NP  
 Authorized by: Sandra Nerestil, NP Ordering mode: Standard  
 PRN reasons: other  
 PRN Comment: **\*\*FOR CATH LAB USE ONLY\*\*** see administration instructions.  
 Cosigning events  
 Electronically cosigned by Abdul M Sheikh, MD 01/10/17 0755 for Ordering  
 Frequency: Routine Continuous PRN 01/10/17 0704 - 01/10/17 1131 Released by: Dianne W Wehrle, RN 01/10/17 0704  
 Discontinued by: Abdul M Sheikh, MD 01/10/17 1131 [(Patient Transfer - Internal Use Only)]  
 Acknowledged: Dianne W Wehrle, RN 01/10/17 0707 for Placing Order Jane Abey, RN 01/10/17 1131 for D/C Order  
 Admin instructions: **\*\* Start reduced rate after 1 hour bolus completed.\*\*** After first hour  
 (see first order in panel), reduce rate to 1 mL/kg/hr. (MAXimum infusion  
 rate 100 mL/hr)

**Ordering & Authorizing Provider Audit Trail**

Date/Time	Ordering provider	Authorizing Provider	User
01/10/17 1131	Abdul M Sheikh, MD	Abdul M Sheikh, MD	Jane Abey, RN
01/10/17 0704	Sandra Nerestil, NP	Sandra Nerestil, NP	Dianne W Wehrle, RN
01/10/17 0703	Sandra Nerestil, NP	Sandra Nerestil, NP	Sandra Nerestil, NP

**heparin (PORCINE) (PF) in 0.9 % sodium chloride 2,000 units/1,000 mL [653264416]**

Electronically signed by: **Abdul M Sheikh, MD on 01/10/17 1120** Status: **Discontinued**  
 Mode: Ordering in Verbal with readback mode  
 Ordering user: Julie Kraftzenk, RN 01/10/17 0815 Communicated by: Julie Kraftzenk, RN  
 Authorized by: Abdul M Sheikh, MD Ordering provider: Abdul M Sheikh, MD  
 Frequency: Routine PRN 01/10/17 0815 - 01/10/17 0959 Ordering mode: Verbal with readback  
Discontinued by: Robert Beyerlein 01/10/17 0959 [(Patient Discharge - internal Use Only)]  
 Acknowledged: Julie Kraftzenk, RN 01/10/17 0815 for Placing Order  
 Package: 0409-7620-59

**fentaNYL (PF) (SUBLIMAZE) injection 50 mcg/mL [653264417]**

Electronically signed by: **Abdul M Sheikh, MD on 01/10/17 1120** Status: **Discontinued**  
 Mode: Ordering in Verbal with readback mode  
 Ordering user: Julie Kraftzenk, RN 01/10/17 0821 Communicated by: Julie Kraftzenk, RN  
 Authorized by: Abdul M Sheikh, MD Ordering provider: Abdul M Sheikh, MD  
 Frequency: Routine PRN 01/10/17 0818 - 01/10/17 0959 Ordering mode: Verbal with readback  
Discontinued by: Robert Beyerlein 01/10/17 0959 [(Patient Discharge - internal Use Only)]



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**Medications - Orders and Results (continued)**

**fentaNYL (PF) (SUBLIMAZE) injection 50 mcg/mL [653264417] (continued)**

Acknowledged: Julie Kraftzenk, RN 01/10/17 0821 for Placing Order  
Package: 0409-9094-22

**midazolam (VERSED) injection 1 mg/mL [653264418]**

Electronically signed by: **Abdul M Sheikh, MD on 01/10/17 1120**  
Mode: Ordering in Verbal with readback mode  
Ordering user: Julie Kraftzenk, RN 01/10/17 0821  
Authorized by: Abdul M Sheikh, MD  
Frequency: Routine PRN 01/10/17 0818 - 01/10/17 0959  
  
Acknowledged: Julie Kraftzenk, RN 01/10/17 0821 for Placing Order  
Package: 0409-2305-21

Communicated by: Julie Kraftzenk, RN  
Ordering provider: Abdul M Sheikh, MD  
Ordering mode: Verbal with readback  
Discontinued by: Robert Beyerlein 01/10/17 0959 [(Patient Discharge - Internal Use Only)]  
Status: **Discontinued**

**lidocaine (XYLOCAINE) local injection 2 % [653264419]**

Electronically signed by: **Abdul M Sheikh, MD on 01/10/17 1120**  
Mode: Ordering in Verbal with readback mode  
Ordering user: Julie Kraftzenk, RN 01/10/17 0826  
Authorized by: Abdul M Sheikh, MD  
Frequency: Routine PRN 01/10/17 0826 - 01/10/17 0959  
  
Acknowledged: Julie Kraftzenk, RN 01/10/17 0826 for Placing Order  
Package: 0409-4277-01

Communicated by: Julie Kraftzenk, RN  
Ordering provider: Abdul M Sheikh, MD  
Ordering mode: Verbal with readback  
Discontinued by: Robert Beyerlein 01/10/17 0959 [(Patient Discharge - Internal Use Only)]  
Status: **Discontinued**

**nitroglycerin 200 mcg/mL syringe [653264420]**

Electronically signed by: **Abdul M Sheikh, MD on 01/10/17 1120**  
Mode: Ordering in Verbal with readback mode  
Ordering user: Julie Kraftzenk, RN 01/10/17 0827  
Authorized by: Abdul M Sheikh, MD  
Frequency: Routine PRN 01/10/17 0827 - 01/10/17 0959  
  
Acknowledged: Julie Kraftzenk, RN 01/10/17 0827 for Placing Order  
Package: 0000-0051-96

Communicated by: Julie Kraftzenk, RN  
Ordering provider: Abdul M Sheikh, MD  
Ordering mode: Verbal with readback  
Discontinued by: Robert Beyerlein 01/10/17 0959 [(Patient Discharge - Internal Use Only)]  
Status: **Discontinued**

**verapamil (ISOPTIN) injection 2.5 mg/mL [653264421]**

Electronically signed by: **Abdul M Sheikh, MD on 01/10/17 1120**  
Mode: Ordering in Verbal with readback mode  
Ordering user: Julie Kraftzenk, RN 01/10/17 0827  
Authorized by: Abdul M Sheikh, MD  
Frequency: Routine PRN 01/10/17 0827 - 01/10/17 0959  
  
Acknowledged: Julie Kraftzenk, RN 01/10/17 0827 for Placing Order  
Package: 0409-1144-05

Communicated by: Julie Kraftzenk, RN  
Ordering provider: Abdul M Sheikh, MD  
Ordering mode: Verbal with readback  
Discontinued by: Robert Beyerlein 01/10/17 0959 [(Patient Discharge - Internal Use Only)]  
Status: **Discontinued**

**Heparin bolus [653264422]**

Electronically signed by: **Abdul M Sheikh, MD on 01/10/17 1120**  
Mode: Ordering in Verbal with readback mode  
Ordering user: Julie Kraftzenk, RN 01/10/17 0831  
Authorized by: Abdul M Sheikh, MD  
Frequency: Routine PRN 01/10/17 0830 - 01/10/17 0959  
  
Acknowledged: Julie Kraftzenk, RN 01/10/17 0831 for Placing Order  
Package: 0409-2720-02

Communicated by: Julie Kraftzenk, RN  
Ordering provider: Abdul M Sheikh, MD  
Ordering mode: Verbal with readback  
Discontinued by: Robert Beyerlein 01/10/17 0959 [(Patient Discharge - Internal Use Only)]  
Status: **Discontinued**

**bivalirudin (ANGIOMAX) bolus 5 mg/mL [653264426]**

Electronically signed by: **Abdul M Sheikh, MD on 01/10/17 1120**  
Mode: Ordering in Verbal with readback mode  
Ordering user: Julie Kraftzenk, RN 01/10/17 0859  
Authorized by: Abdul M Sheikh, MD  
Frequency: Routine PRN 01/10/17 0859 - 01/10/17 0959  
  
Acknowledged: Julie Kraftzenk, RN 01/10/17 0859 for Placing Order  
Package: 0000-0052-23

Communicated by: Julie Kraftzenk, RN  
Ordering provider: Abdul M Sheikh, MD  
Ordering mode: Verbal with readback  
Discontinued by: Robert Beyerlein 01/10/17 0959 [(Patient Discharge - Internal Use Only)]  
Status: **Discontinued**



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3950 Austell Road SW  
Austell GA 30106  
Inpatient Record

Maurice, Eugene George  
MRN: 561253820, DOB: 1/2/1949, Sex: M  
Adm: 1/10/2017, D/C: 1/11/2017

**Medications - Orders and Results (continued)**

**bivalirudin (ANGIOMAX) in NS infusion 250 mg/50 mL (5 mg/mL) [653264427]**

Electronically signed by: **Abdul M Sheikh, MD on 01/10/17 1120**  
Mode: Ordering in Verbal with readback mode  
Ordering user: Julie Kraftzenk, RN 01/10/17 0859  
Authorized by: Abdul M Sheikh, MD  
Frequency: Routine Continuous PRN 01/10/17 0859 - 01/10/17 0959

Communicated by: Julie Kraftzenk, RN  
Ordering provider: Abdul M Sheikh, MD  
Ordering mode: Verbal with readback  
Discontinued by: Robert Beyerlein 01/10/17 0959 [(Patient Discharge - internal Use Only)]

Status: **Discontinued**

Acknowledged: Julie Kraftzenk, RN 01/10/17 0859 for Placing Order

**Mixture Ingredients**

Medication	Ordered Dose	Calculated Dose
bivalirudin (ANGIOMAX)	5 mg/mL	250 mg
sodium chloride (NS) 0.9 %	50 mL	50 mL

Package: 0781-3158-95, 0409-7984-36

**iohexol (OMNIPAQUE) injection 350 mg/mL [653264432]**

Electronically signed by: **Abdul M Sheikh, MD on 01/10/17 1120**  
Mode: Ordering in Verbal with readback mode  
Ordering user: Julie Kraftzenk, RN 01/10/17 0946  
Authorized by: Abdul M Sheikh, MD  
Frequency: Routine PRN 01/10/17 0945 - 01/10/17 0959

Communicated by: Julie Kraftzenk, RN  
Ordering provider: Abdul M Sheikh, MD  
Ordering mode: Verbal with readback  
Discontinued by: Robert Beyerlein 01/10/17 0959 [(Patient Discharge - internal Use Only)]

Status: **Discontinued**

Acknowledged: Julie Kraftzenk, RN 01/10/17 0946 for Placing Order  
Package: 0407-1414-91

**carvedilol (COREG) tablet [653264433]**

Electronically signed by: **Abdul M Sheikh, MD on 01/10/17 0956**  
Ordering user: Abdul M Sheikh, MD 01/10/17 0956  
Authorized by: Abdul M Sheikh, MD  
Frequency: Routine BID w/ meals 01/10/17 1700 - 01/11/17 1519  
Discontinued by: Automatic Discharge Provider 01/11/17 1519 [(Patient Discharge - internal Use Only)]  
Acknowledged: Jane Abey, RN 01/10/17 1131 for Placing Order  
Package: 0904-6301-61  
Reordered from: carvedilol (COREG) 12.5 MG tablet [628156462]

Ordering provider: Abdul M Sheikh, MD  
Ordering mode: Standard  
Released by: Jane Abey, RN 01/10/17 1131

Status: **Discontinued**

**atorvastatin (LIPITOR) tablet [653264434]**

Electronically signed by: **Abdul M Sheikh, MD on 01/10/17 0956**  
Ordering user: Abdul M Sheikh, MD 01/10/17 0956  
Authorized by: Abdul M Sheikh, MD  
Frequency: Routine Nightly 01/10/17 2100 - 01/11/17 1519  
Discontinued by: Automatic Discharge Provider 01/11/17 1519 [(Patient Discharge - internal Use Only)]  
Acknowledged: Jane Abey, RN 01/10/17 1131 for Placing 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: 0904-6292-61  
Reordered from: atorvastatin (LIPITOR) 80 MG tablet [628156461]

Ordering provider: Abdul M Sheikh, MD  
Ordering mode: Standard  
Released by: Jane Abey, RN 01/10/17 1131

Status: **Discontinued**

**chlorthalidone (HYGROTON) tablet [653264438]**

Electronically signed by: **Abdul M Sheikh, MD on 01/10/17 0956**  
Ordering user: Abdul M Sheikh, MD 01/10/17 0956  
Authorized by: Abdul M Sheikh, MD  
Frequency: Routine Daily 01/10/17 1200 - 01/11/17 1519  
Discontinued by: Automatic Discharge Provider 01/11/17 1519 [(Patient Discharge - internal Use Only)]  
Acknowledged: Jane Abey, RN 01/10/17 1131 for Placing Order  
Package: 51079-058-01  
Reordered from: chlorthalidone (HYGROTON) 50 MG tablet [634790450]

Ordering provider: Abdul M Sheikh, MD  
Ordering mode: Standard  
Released by: Jane Abey, RN 01/10/17 1131

Status: **Discontinued**

**aspirin chewable tablet [653293462]**

Electronically signed by: **Abdul M Sheikh, MD on 01/10/17 0956**  
Ordering user: Abdul M Sheikh, MD 01/10/17 0956  
Authorized by: Abdul M Sheikh, MD  
Frequency: Routine Daily 01/10/17 1200 - 01/11/17 1519  
Discontinued by: Automatic Discharge Provider 01/11/17 1519 [(Patient Discharge - internal Use Only)]

Ordering provider: Abdul M Sheikh, MD  
Ordering mode: Standard  
Released by: Jane Abey, RN 01/10/17 1131

Status: **Discontinued**



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**Medications - Orders and Results (continued)**

**aspirin chewable tablet [653293462] (continued)**

Acknowledged: Jane Abey, RN 01/10/17 1131 for Placing Order  
Package: 63739-434-01

**ramipril (ALTACE) capsule [653264435]**

Electronically signed by: **Abdul M Sheikh, MD on 01/10/17 0956** Status: **Discontinued**  
 Ordering user: Abdul M Sheikh, MD 01/10/17 0956  
 Authorized by: Abdul M Sheikh, MD  
 Frequency: Routine BID 01/10/17 1200 - 01/11/17 1519  
 Discontinued by: Automatic Discharge Provider 01/11/17 1519 [(Patient Discharge - Internal Use Only)]  
 Acknowledged: Jane Abey, RN 01/10/17 1131 for Placing Order  
 Package: 68084-268-11  
 Reordered from: ramipril (ALTACE) 10 MG capsule [634790449]

Ordering provider: Abdul M Sheikh, MD  
Ordering mode: Standard  
Released by: Jane Abey, RN 01/10/17 1131

**cilostazol (PLETAL) tablet [653264436]**

Electronically signed by: **Abdul M Sheikh, MD on 01/10/17 0956** Status: **Discontinued**  
 Ordering user: Abdul M Sheikh, MD 01/10/17 0956  
 Authorized by: Abdul M Sheikh, MD  
 Frequency: Routine BID 01/10/17 1200 - 01/11/17 1519  
 Discontinued by: Automatic Discharge Provider 01/11/17 1519 [(Patient Discharge - Internal Use Only)]  
 Acknowledged: Jane Abey, RN 01/10/17 1131 for Placing Order  
 Admin instructions: \*\*Caution: Sound alike/look alike medication\*\*  
 Package: 0093-2065-06  
 Reordered from: cilostazol (PLETAL) 100 MG tablet [645968787]

Ordering provider: Abdul M Sheikh, MD  
Ordering mode: Standard  
Released by: Jane Abey, RN 01/10/17 1131

**clopidogrel (PLAVIX) tablet [653264437]**

Electronically signed by: **Abdul M Sheikh, MD on 01/10/17 0956** Status: **Discontinued**  
 Ordering user: Abdul M Sheikh, MD 01/10/17 0956  
 Authorized by: Abdul M Sheikh, MD  
 Frequency: Routine Daily 01/10/17 1200 - 01/11/17 1519  
 Discontinued by: Automatic Discharge Provider 01/11/17 1519 [(Patient Discharge - Internal Use Only)]  
 Acknowledged: Jane Abey, RN 01/10/17 1131 for Placing Order  
 Package: 0904-6294-61  
 Reordered from: clopidogrel (PLAVIX) 75 mg tablet [628156457]

Ordering provider: Abdul M Sheikh, MD  
Ordering mode: Standard  
Released by: Jane Abey, RN 01/10/17 1131

**isosorbide mononitrate (IMDUR) 24 hr tablet [653264439]**

Electronically signed by: **Abdul M Sheikh, MD on 01/10/17 0956** Status: **Discontinued**  
 Ordering user: Abdul M Sheikh, MD 01/10/17 0956  
 Authorized by: Abdul M Sheikh, MD  
 Frequency: Routine BID 01/10/17 1200 - 01/11/17 1519  
 Discontinued by: Automatic Discharge Provider 01/11/17 1519 [(Patient Discharge - Internal Use Only)]  
 Acknowledged: Jane Abey, RN 01/10/17 1131 for Placing Order  
 Package: 0904-6450-61  
 Reordered from: isosorbide mononitrate (IMDUR) 30 MG 24 hr tablet [634790452]

Ordering provider: Abdul M Sheikh, MD  
Ordering mode: Standard  
Released by: Jane Abey, RN 01/10/17 1131

**nitroglycerin (NITROSTAT) SL tablet [653264440]**

Electronically signed by: **Abdul M Sheikh, MD on 01/10/17 0956** Status: **Discontinued**  
 Ordering user: Abdul M Sheikh, MD 01/10/17 0956  
 Authorized by: Abdul M Sheikh, MD  
 PRN reasons: chest pain  
 Frequency: Routine Q5 Min PRN 01/10/17 1130 - 01/11/17 1519  
 Discontinued by: Automatic Discharge Provider 01/11/17 1519 [(Patient Discharge - Internal Use Only)]  
 Acknowledged: Jane Abey, RN 01/10/17 1131 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 [645968790]

Ordering provider: Abdul M Sheikh, MD  
Ordering mode: Standard  
Released by: Jane Abey, RN 01/10/17 1131

**Testing Performed By**

Lab - Abbreviation	Name	Director	Address	Valid Date Range
13 - Muse	MUSE	Unknown	Unknown	12/12/12 2214 - Present
20 - CHLAB	WS COBB HOSPITAL LAB	Dr. Marla Franks	3950 AUSTELL RD AUSTELL GA 30106	11/04/13 1208 - 08/28/18 1252
118001 - Cath/EP	CATH/EP	Unknown	Unknown	01/02/13 1112 - Present



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**Medications**

**All Meds and Administrations**

**sodium chloride 0.9% (NS) infusion [645968797]**

Ordering Provider: Abdul M Sheikh, MD

Status: Discontinued (Past End Date/Time), Reason: (Patient Transfer - Internal Use Only)

Ordered On: 01/10/17 0702

Starts/Ends: 01/10/17 0800 - 01/10/17 1131

Dose (Remaining/Total): 75 mL/hr (—/—)

Route: Intravenous

Frequency: Continuous

Rate/Duration: 75 mL/hr / —

Timestamps	Action	Dose / Rate / Duration	Route / Site / Linked Line	Other Information
Due 01/10/17 0800	Due	—	—	—
Scheduled: 01/10/17 0702				

**sodium chloride 0.9 % (NS) flush [653264209]**

Ordering Provider: Sandra Nerestil, NP

Status: Discontinued (Past End Date/Time)

Ordered On: 01/10/17 0704

Starts/Ends: 01/10/17 0704 - 01/10/17 1131

Dose (Remaining/Total): 3-40 mL (—/—)

Route: Intravenous

Frequency: Every 1 minute PRN

Rate/Duration: — / —

Admin Instructions: INT Flush

(No admins scheduled or recorded for this medication)

**sodium chloride 0.9% (NS) infusion [653264210]**

Ordering Provider: Sandra Nerestil, NP

Status: Discontinued (Past End Date/Time), Reason: (Patient Transfer - Internal Use Only)

Ordered On: 01/10/17 0704

Starts/Ends: 01/10/17 0800 - 01/10/17 1131

Dose (Remaining/Total): 75 mL/hr (—/—)

Route: Intravenous

Frequency: Continuous

Rate/Duration: 75 mL/hr / —

Admin Instructions: \*\*ADD EXTENSION TUBING WITH INITIATION OF THIS IV FLUID\*\*.

Timestamps	Action	Dose / Rate / Duration	Route / Site / Linked Line	Other Information
Due 01/10/17 0800	Due	—	—	—
Scheduled: 01/10/17 0704				

**sodium chloride 0.9% (NS) bolus [653264211]**

Ordering Provider: Sandra Nerestil, NP

Status: Discontinued (Past End Date/Time), Reason: (Patient Transfer - Internal Use Only)

Ordered On: 01/10/17 0704

Starts/Ends: 01/10/17 0704 - 01/10/17 1131

Dose (Remaining/Total): 3 mL/kg/hr (—/—)

Route: Intravenous

Frequency: Continuous PRN

Rate/Duration: — / 1 Hours

Admin Instructions: \*\*START UPON ARRIVAL TO CATH LAB.\*\* Infuse at 3 mL/kg/hr for 1 hour prior to the procedure, after one hour reduce rate to 1 mL/kg/hr - See second order in panel. (MAXimum infusion rate 300 mL/hr).

Timestamps	Action	Dose / Duration	Route	Other Information
Performed 01/10/17 0722	New Bag	3 mL/kg/hr	Intravenous	Performed by: Dianne W Wehrle, RN
Documented: 01/10/17 0722		1 Hours		Scanned Package: 0409-7983-09

**sodium chloride 0.9% (NS) infusion [653264212]**

Ordering Provider: Sandra Nerestil, NP

Status: Discontinued (Past End Date/Time), Reason: (Patient Transfer - Internal Use Only)

Ordered On: 01/10/17 0704

Starts/Ends: 01/10/17 0704 - 01/10/17 1131

Dose (Remaining/Total): 1 mL/kg/hr (—/—)

Route: Intravenous

Frequency: Continuous PRN

Rate/Duration: — / —

Admin Instructions: \*\* Start reduced rate after 1 hour bolus completed.\*\* After first hour (see first order in panel), reduce rate to 1 mL/kg/hr. (MAXimum infusion rate 100 mL/hr)

(No admins scheduled or recorded for this medication)





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**Medications (continued)**

**All Meds and Administrations (continued)**

**heparin (PORCINE) (PF) in 0.9 % sodium chloride 2,000 units/1,000 mL [653264416]**

Ordering Provider: Abdul M Sheikh, MD Status: Discontinued (Past End Date/Time), Reason: (Patient Discharge - Internal Use Only)  
Ordered On: 01/10/17 0815 Frequency: As needed

Timestamps	Action	Dose	Route	Other Information
Performed 01/10/17 0815 Documented: 01/10/17 0815	Given	2 Bag	Intravenous	Performed by: Abdul M Sheikh, MD Documented by: Julie Kraftzenk, RN

**fentaNYL (PF) (SUBLIMAZE) injection 50 mcg/mL [653264417]**

Ordering Provider: Abdul M Sheikh, MD Status: Discontinued (Past End Date/Time), Reason: (Patient Discharge - Internal Use Only)  
Ordered On: 01/10/17 0821 Frequency: As needed

Timestamps	Action	Dose	Route	Other Information
Performed 01/10/17 0842 Documented: 01/10/17 0842	Given	50 mcg	Intravenous	Performed by: Julie Kraftzenk, RN
Performed 01/10/17 0818 Documented: 01/10/17 0821	Given	50 mcg	Intravenous	Performed by: Abdul M Sheikh, MD Documented by: Julie Kraftzenk, RN

**midazolam (VERSED) injection 1 mg/mL [653264418]**

Ordering Provider: Abdul M Sheikh, MD Status: Discontinued (Past End Date/Time), Reason: (Patient Discharge - Internal Use Only)  
Ordered On: 01/10/17 0821 Frequency: As needed

Timestamps	Action	Dose	Route	Other Information
Performed 01/10/17 0847 Documented: 01/10/17 0847	Given	1 mg	Intravenous	Performed by: Julie Kraftzenk, RN
Performed 01/10/17 0818 Documented: 01/10/17 0821	Given	2 mg	Intravenous	Performed by: Abdul M Sheikh, MD Documented by: Julie Kraftzenk, RN

**lidocaine (XYLOCAINE) local injection 2 % [653264419]**

Ordering Provider: Abdul M Sheikh, MD Status: Discontinued (Past End Date/Time), Reason: (Patient Discharge - Internal Use Only)  
Ordered On: 01/10/17 0826 Frequency: As needed

Timestamps	Action	Dose	Route / Site	Other Information
Performed 01/10/17 0843 Documented: 01/11/17 1111	Given	10 mL	Subcutaneous	Performed by: Abdul M Sheikh, MD Documented by: Erin Matthews Comments: right groin
Performed 01/10/17 0826 Documented: 01/11/17 1111	Given	5 mL	Subcutaneous Right Arm	Performed by: Abdul M Sheikh, MD Documented by: Erin Matthews

**nitroglycerin 200 mcg/mL syringe [653264420]**

Ordering Provider: Abdul M Sheikh, MD Status: Discontinued (Past End Date/Time), Reason: (Patient Discharge - Internal Use Only)  
Ordered On: 01/10/17 0827 Frequency: As needed



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**Medications (continued)**

**All Meds and Administrations (continued)**

Timestamps	Action	Dose	Route	Other Information
Performed 01/10/17 0827 Documented: 01/10/17 0827	Given	200 mcg	Intra-arterial	Performed by: Abdul M Sheikh, MD Documented by: Julie Kraftzenk, RN

**verapamil (ISOPTIN) injection 2.5 mg/mL [653264421]**

Ordering Provider: Abdul M Sheikh, MD  
Status: Discontinued (Past End Date/Time), Reason: (Patient Discharge - Internal Use Only)  
Frequency: As needed  
Ordered On: 01/10/17 0827

Timestamps	Action	Dose	Route	Other Information
Performed 01/10/17 0827 Documented: 01/10/17 0827	Given	2.5 mg	Intra-arterial	Performed by: Abdul M Sheikh, MD Documented by: Julie Kraftzenk, RN

**Heparin bolus [653264422]**

Ordering Provider: Abdul M Sheikh, MD  
Status: Discontinued (Past End Date/Time), Reason: (Patient Discharge - Internal Use Only)  
Frequency: As needed  
Ordered On: 01/10/17 0831

Timestamps	Action	Dose	Route	Other Information
Performed 01/10/17 0830 Documented: 01/10/17 0831	Given	5,000 Units	Intravenous	Performed by: Julie Kraftzenk, RN Comments: verified by dr sheikh

**bivalirudin (ANGIOMAX) bolus 5 mg/mL [653264426]**

Ordering Provider: Abdul M Sheikh, MD  
Status: Discontinued (Past End Date/Time), Reason: (Patient Discharge - Internal Use Only)  
Frequency: As needed  
Ordered On: 01/10/17 0859

Timestamps	Action	Dose	Route	Other Information
Performed 01/10/17 0859 Documented: 01/10/17 0859	Given	72.15 mg	Intravenous	Performed by: Julie Kraftzenk, RN

**bivalirudin (ANGIOMAX) in NS infusion 250 mg/50 mL (5 mg/mL) [653264427]**

Ordering Provider: Abdul M Sheikh, MD  
Status: Discontinued (Past End Date/Time), Reason: (Patient Discharge - Internal Use Only)  
Starts/Ends: 01/10/17 0859 - 01/10/17 0959  
Rate/Duration: — / —  
Ordered On: 01/10/17 0859  
Dose (Remaining/Total): 250 mg (—/—)  
Frequency: Continuous PRN

Timestamps	Action	Dose / Rate	Route	Other Information
Performed 01/10/17 0938 Documented: 01/10/17 0939	Stopped	— 0 mL/hr	Intravenous	Performed by: Julie Kraftzenk, RN
Performed 01/10/17 0919 Documented: 01/10/17 0919	New Bag	1.75 mg/kg/hr 33.7 mL/hr	Intravenous	Performed by: Julie Kraftzenk, RN
Performed 01/10/17 0859 Documented: 01/10/17 0859	New Bag	1.75 mg/kg/hr 33.7 mL/hr	Intravenous	Performed by: Julie Kraftzenk, RN

**iohexol (OMNIPAQUE) injection 350 mg/mL [653264432]**

Ordering Provider: Abdul M Sheikh, MD  
Status: Discontinued (Past End Date/Time), Reason: (Patient Discharge -



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**Medications (continued)**

**All Meds and Administrations (continued)**

Ordered On: 01/10/17 0946  
Internal Use Only  
Frequency: As needed

Timestamps	Action	Dose	Route	Other Information
Performed 01/10/17 0945 Documented: 01/10/17 0946	Given	200 mL	Intra-arterial	Performed by: Abdul M Sheikh, MD Documented by: Julie Kraftzenk, RN Comments: wasted 150 cc

**carvedilol (COREG) tablet [653264433]**

Ordering Provider: Abdul M Sheikh, MD  
Status: Discontinued (Past End Date/Time), Reason: (Patient Discharge - Internal Use Only)  
Ordered On: 01/10/17 1131  
Starts/Ends: 01/10/17 1700 - 01/11/17 1519  
Dose (Remaining/Total): 12.5 mg (—/—)  
Route: Oral  
Frequency: 2 Times daily with meals  
Rate/Duration: — / —

Timestamps	Action	Dose	Route	Other Information
Performed 01/11/17 0818 Documented: 01/11/17 0819	Given	12.5 mg	Oral	Performed by: Jane Abey, RN Scanned Package: 0904-6301-61, 0904-6301-61
Performed 01/10/17 1722 Documented: 01/10/17 1722	Given	12.5 mg	Oral	Performed by: Jane Abey, RN Comments: HR 73BP 112/55 Scanned Package: 0904-6301-61, 0904-6301-61

**atorvastatin (LIPITOR) tablet [653264434]**

Ordering Provider: Abdul M Sheikh, MD  
Status: Discontinued (Past End Date/Time), Reason: (Patient Discharge - Internal Use Only)  
Ordered On: 01/10/17 1131  
Starts/Ends: 01/10/17 2100 - 01/11/17 1519  
Dose (Remaining/Total): 80 mg (—/—)  
Route: Oral  
Frequency: Nightly  
Rate/Duration: — / —  
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.

Timestamps	Action	Dose	Route	Other Information
Performed 01/10/17 2213 Documented: 01/10/17 2216	Given	80 mg	Oral	Performed by: Sophia B Agyepong, RN Scanned Package: 0904-6292-61, 0904-6292-61

**ramipril (ALTACE) capsule [653264435]**

Ordering Provider: Abdul M Sheikh, MD  
Status: Discontinued (Past End Date/Time), Reason: (Patient Discharge - Internal Use Only)  
Ordered On: 01/10/17 1131  
Starts/Ends: 01/10/17 1200 - 01/11/17 1519  
Dose (Remaining/Total): 10 mg (—/—)  
Route: Oral  
Frequency: 2 Times daily  
Rate/Duration: — / —

Timestamps	Action / Reason	Dose	Route	Other Information
Performed 01/11/17 0819 Documented: 01/11/17 0819	Given	10 mg	Oral	Performed by: Jane Abey, RN Scanned Package: 68084-268-11
Performed 01/10/17 2214 Documented: 01/10/17 2216	Given	10 mg	Oral	Performed by: Sophia B Agyepong, RN Scanned Package: 68084-268-11
Performed 01/10/17 1321 Documented: 01/10/17 1321	Not Given Recently Given	10 mg	Oral	Performed by: Jane Abey, RN Comments: Patient states he took it this morning.



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**Medications (continued)**

**All Meds and Administrations (continued)**

**cilostazol (PLETAL) tablet [653264436]**

Ordering Provider: Abdul M Sheikh, MD

Status: Discontinued (Past End Date/Time), Reason: (Patient Discharge - Internal Use Only)

Ordered On: 01/10/17 1131

Starts/Ends: 01/10/17 1200 - 01/11/17 1519

Dose (Remaining/Total): 100 mg (—/—)

Route: Oral

Frequency: 2 Times daily

Rate/Duration: — / —

Admin Instructions: \*\*Caution: Sound alike/look alike medication\*\*

Timestamps	Action / Reason	Dose	Route	Other Information
Performed 01/11/17 0818 Documented: 01/11/17 0819	Given	100 mg	Oral	Performed by: Jane Abey, RN Scanned Package: 0093-2065-06, 0093-2065-06
Performed 01/10/17 2214 Documented: 01/10/17 2216	Given	100 mg	Oral	Performed by: Sophia B Agyepong, RN Scanned Package: 0093-2065-06, 0093-2065-06
Performed 01/10/17 1200 Documented: 01/10/17 1319	Not Given Recently Given	100 mg	Oral	Performed by: Jane Abey, RN Comments: Patient states he took it this morning.

**clopidogrel (PLAVIX) tablet [653264437]**

Ordering Provider: Abdul M Sheikh, MD

Status: Discontinued (Past End Date/Time), Reason: (Patient Discharge - Internal Use Only)

Ordered On: 01/10/17 1131

Starts/Ends: 01/10/17 1200 - 01/11/17 1519

Dose (Remaining/Total): 75 mg (—/—)

Route: Oral

Frequency: Daily

Rate/Duration: — / —

Timestamps	Action / Reason	Dose	Route	Other Information
Performed 01/11/17 0818 Documented: 01/11/17 0819	Given	75 mg	Oral	Performed by: Jane Abey, RN Scanned Package: 0904-6294-61
Performed 01/10/17 1319 Documented: 01/10/17 1319	Not Given Recently Given	75 mg	Oral	Performed by: Jane Abey, RN Comments: Patient states he took it this morning.

**chlorthalidone (HYGROTON) tablet [653264438]**

Ordering Provider: Abdul M Sheikh, MD

Status: Discontinued (Past End Date/Time), Reason: (Patient Discharge - Internal Use Only)

Ordered On: 01/10/17 1131

Starts/Ends: 01/10/17 1200 - 01/11/17 1519

Dose (Remaining/Total): 50 mg (—/—)

Route: Oral

Frequency: Daily

Rate/Duration: — / —

Timestamps	Action / Reason	Dose	Route	Other Information
Performed 01/11/17 0818 Documented: 01/11/17 0819	Given	50 mg	Oral	Performed by: Jane Abey, RN Scanned Package: 51079-058-01, 51079-058-01
Performed 01/10/17 1319 Documented: 01/10/17 1319	Not Given Recently Given	50 mg	Oral	Performed by: Jane Abey, RN Comments: Patient states he took it this morning.

**isosorbide mononitrate (IMDUR) 24 hr tablet [653264439]**

Ordering Provider: Abdul M Sheikh, MD

Status: Discontinued (Past End Date/Time), Reason: (Patient Discharge - Internal Use Only)

Ordered On: 01/10/17 1131

Starts/Ends: 01/10/17 1200 - 01/11/17 1519

Dose (Remaining/Total): 60 mg (—/—)

Route: Oral

Frequency: 2 Times daily

Rate/Duration: — / —



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**Medications (continued)**

**All Meds and Administrations (continued)**

Timestamps	Action / Reason	Dose	Route	Other Information
Performed 01/11/17 0818 Documented: 01/11/17 0819	Given	60 mg	Oral	Performed by: Jane Abey, RN Scanned Package: 0904-6450-61
Performed 01/10/17 2214 Documented: 01/10/17 2216	Given	60 mg	Oral	Performed by: Sophia B Agyepong, RN Scanned Package: 0904-6450-61
Performed 01/10/17 1200 Documented: 01/10/17 1319	Not Given Recently Given	60 mg	Oral	Performed by: Jane Abey, RN Comments: Patient states he took it this morning.

**nitroglycerin (NITROSTAT) SL tablet [653264440]**

Ordering Provider: Abdul M Sheikh, MD  
Status: Discontinued (Past End Date/Time), Reason: (Patient Discharge - Internal Use Only)  
Ordered On: 01/10/17 1131  
Starts/Ends: 01/10/17 1130 - 01/11/17 1519  
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.

(No admins scheduled or recorded for this medication)

**aspirin chewable tablet [653293462]**

Ordering Provider: Abdul M Sheikh, MD  
Status: Discontinued (Past End Date/Time), Reason: (Patient Discharge - Internal Use Only)  
Ordered On: 01/10/17 1131  
Starts/Ends: 01/10/17 1200 - 01/11/17 1519  
Dose (Remaining/Total): 81 mg (—/—)  
Route: Oral  
Frequency: Daily  
Rate/Duration: — / —

Timestamps	Action / Reason	Dose	Route	Other Information
Performed 01/11/17 0818 Documented: 01/11/17 0819	Given	81 mg	Oral	Performed by: Jane Abey, RN Scanned Package: 63739-434-01
Performed 01/10/17 1200 Documented: 01/10/17 1317	Not Given Recently Given	81 mg	Oral	Performed by: Jane Abey, RN Comments: Patient states he took it this morning.

**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: Daily Care**

Dates: Start: 01/10/17  
Disciplines: Interdisciplinary

**Goal: Daily care needs are met**

Dates: Start: 01/10/17  
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: 01/10/17

**Intervention: Assist with ADLs as needed**



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**Care Plan (continued)**

**Multidisciplinary Problems (Active) (continued)**

Dates: Start: 01/10/17

**Intervention: Encourage independent activity per ability**

Dates: Start: 01/10/17

**Intervention: Provide oral care**

Dates: Start: 01/10/17  
Description: Every 2 hours as needed.

**Intervention: Include patient/family/caregiver in decisions**

Dates: Start: 01/10/17

**Problem: Pain**

Dates: Start: 01/10/17  
Disciplines: Interdisciplinary

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

Dates: Start: 01/10/17  
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: 01/10/17

**Intervention: Offer non-pharmacological pain management interventions**

Dates: Start: 01/10/17

**Problem: Psychosocial Needs**

Dates: Start: 01/10/17  
Disciplines: Interdisciplinary

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

Dates: Start: 01/10/17  
Description: Assess and monitor patients ability to cope with his/her illness.  
Disciplines: Interdisciplinary

**Intervention: Encourage verbalization of feelings/concerns/expectations**

Dates: Start: 01/10/17

**Intervention: Provide quiet environment**

Dates: Start: 01/10/17

**Intervention: Assist patient to identify own strengths and abilities**

Dates: Start: 01/10/17

**Intervention: Encourage patient to set small goals for self**

Dates: Start: 01/10/17

**Intervention: Encourage participation in diversional activity**

Dates: Start: 01/10/17

**Intervention: Reinforce positive adaptation of new coping behaviors**

Dates: Start: 01/10/17

**Intervention: Include patient/family/caregiver in decisions**

Dates: Start: 01/10/17



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**Care Plan (continued)**

**Multidisciplinary Problems (Active) (continued)**

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

Dates: Start: 01/10/17  
 Disciplines: Interdisciplinary

**Flowsheet:**

Taken at 01/11/17 1200  
 Cultural Preferences Affecting Hospitalization No by Jane Abey, RN  
 Spiritual Preferences Affecting Hospitalization No by Jane Abey, RN

**Problem: Safety**

Dates: Start: 01/10/17  
 Disciplines: Interdisciplinary

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

Dates: Start: 01/10/17  
 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.  
 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.  
 Disciplines: Interdisciplinary

**Intervention: Assess patient's risk for falls and implement fall prevention plan of care per policy**

Dates: Start: 01/10/17

**Intervention: Provide and maintain safe environment**

Dates: Start: 01/10/17  
 Description:

**Intervention: Use appropriate transfer methods**

Dates: Start: 01/10/17

**Intervention: Ensure appropriate safety devices are available at the bedside**

Dates: Start: 01/10/17

**Intervention: Include patient/family/caregiver in decisions related to safety**

Dates: Start: 01/10/17

**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:



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**Patient Education (continued)**

**Education (continued)**

**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.

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:





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### Patient Education (continued)

#### Education (continued)

##### 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: 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)



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## Patient Education (continued)

### Education (continued)

**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 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)



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**Patient Education (continued)**

**Education (continued)**

**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)**

**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: 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:



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**Patient Education (continued)**

**Education (continued)**

**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.

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 Surgery (Resolved)**

**Topic: PCI (Resolved)**

**Additional Points For This Title**

**Point: ACTIVITY (Resolved)**

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)**



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**Patient Education (continued)**

**Education (continued)**

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: General Patient Education (MCB) (Not Started)**

**Topic: Psycho/Social/Spiritual Support (Not Started)**

**Point: Coping Mechanisms (Not Started)**

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 (Not Started)**

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 (Not Started)**

Description:  
Offer resources to meet spiritual/emotional needs. Refer to Spiritual Care, if needed.

Learner Not documented in this visit.  
Progress:

**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: Pain Management (MCB) (Not Started)**

**Point: Encourage Patient to Monitor Own Pain (Not Started)**

Description:  
Provide patient with information on the Pain Rating Scale. Explain the rating scale of 0 to 10.

Learner Not documented in this visit.  
Progress:



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**Patient Education (continued)**

**Education (continued)**

**Point: Discuss Significance of VAS Scores (Not Started)**

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) (Not Started)**

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:

**Topic: Prevention (MCB) (Not Started)**

**Point: When to Call the Doctor (Not Started)**

Description:  
Educate patient/family/caregiver on when to call the doctor.

Learner Not documented in this visit.  
Progress:

**Point: Protect Others from Infection (Not Started)**

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) (Not Started)**

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: Falls education, precautions, prevention at home and in the hospital (MCB) (Not Started)**

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.  
Learner Not documented in this visit.  
Progress:

**Point: Demonstrate Handwashing (MCB) (Not Started)**



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## Patient Education (continued)

### Education (continued)

**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) (Not Started)

#### Point: General Self Care (Not Started)

**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) (Not Started)

**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: Medications (MCB) (Resolved)

#### Point: Anticoagulant Therapy (Resolved)

**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.

Learner Not documented in this visit.

Progress:

#### Point: Insulin (MCB) (Resolved)

**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 (Resolved)

**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:



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**Patient Education (continued)**

**Education (continued)**

**Point: Non-Steroidal Anti-Inflammatory Drugs (Resolved)**

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.

Learner Not documented in this visit.

Progress:

**Point: Psychotropic Medications (Resolved)**

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.

Learner Not documented in this visit.

Progress:

**Point: ACE Inhibitors (Resolved)**

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 (Resolved)**

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: Beta Blockers (Resolved)**

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 (Resolved)**

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 (Resolved)**

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.

Learner Not documented in this visit.

Progress:

**Point: Inotropes (Resolved)**





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**Patient Education (continued)**

**Education (continued)**

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 (Resolved)**

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:

**Point: Antibiotics (Resolved)**

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.

Learner Not documented in this visit.  
Progress:

**All Flowsheets**



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Flowsheets (all recorded)

Custom Formula Data

Row Name	01/11/17 04:09:39	01/10/17 23:01:08	01/10/17 19:50:47	01/10/17 17:36:48	01/10/17 1200
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Vitals

Pct Wt Change	0 % -DI (r) AK (t)	---	---	---	---
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OTHER

Weight Change (kg)	0 kg -DI (r) AK (t)	---	---	---	---
Visit Weight	227 lb -DI (r) AK (t)	---	---	---	---
Weight/Scale Event	0 -DI (r) AK (t)	---	---	---	---
% Weight Change Since Birth	0 -DI (r) AK (t)	---	---	---	---

Relevant Labs and Vitals

Temp (in Celsius)	36.7 -AK	36.7 -OO	36.7 -AK	37 -SM	---
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VTE Risk Factor: Totals

General Info Subtotal	---	---	---	---	0 -JA
-----------------------	-----	-----	-----	-----	-------

Row Name	01/10/17 09:48:48	01/10/17 08:08:39	01/10/17 0710	01/10/17 0709	
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Adult IBW/VT Calculations

IBW/kg (Calculated)	---	---	---	66.1 -DW
Range Vt 4mL/kg	---	---	---	264.4 mL/kg -DW
Low Range Vt 6mL/kg	---	---	---	396.6 mL/kg -DW
Adult Moderate Range Vt 8mL/kg	---	---	---	528.8 mL/kg -DW
Adult High Range Vt 10mL/kg	---	---	---	661 mL/kg -DW

Vitals

Pct Wt Change	---	---	---	0 % -DW
---------------	-----	-----	-----	---------

OTHER

Weight Change (kg)	---	---	---	0 kg -DW
Ideal Body Weight	---	---	---	160 lb -DW
Visit Weight	---	---	---	212 lb -DW
BMI (Calculated)	---	---	---	33.2 -DW
IBW/kg (Calculated) Male	---	---	---	66.1 kg -DW
IBW/kg (Calculated) FEMALE	---	---	---	61.6 kg -DW
Weight/Scale Event	---	---	---	0 -DW
Weight in (lb) to have BMI = 25	---	---	---	159.3 -DW
% Weight Change Since Birth	---	---	---	0 -DW

Case Log

BSA x (CI @3.0)= CO	---	---	---	6.39 CO -DW
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Relevant Labs and Vitals

Temp (in Celsius)	---	---	36.4 -DW	---
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Aldrete Phase 1

Aldrete Score	10 -RB	10 -RB	---	---
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WS Cobb Hospital  
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Inpatient Record

Maurice, Eugene George  
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Adm: 1/10/2017, D/C: 1/11/2017

**Flowsheets (all recorded)**

**Risk for Readmission**

Row Name	01/11/17 1319				
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OTHER

Risk for Readmission 4 -SS



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**Flowsheets (all recorded)**

**Care Handoff**

Row Name	01/11/17 0724	01/10/17 2004			
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Care Handoff

Report Given to	Given to next shift RN -SA	—			
Name of person receiving report	Jane RN -SA	Sophia RN -JA			
Name of person giving report	Sophia RN -SA	Jane RN -JA			



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**Flowsheets (all recorded)**

**Travel Information**

Row Name	01/10/17 0706				
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RETIRED - Travel outside the U.S.

RETIRED - Has the patient or a household member traveled outside the U.S. in the past 21 days? No -DW



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Flowsheets (all recorded)

Aldrete Score

Row Name	01/10/17 09:48:48	01/10/17 08:08:39
Aldrete		
Activity	2 -RB	2 -RB
Respiration	2 -RB	2 -RB
Circulation	2 -RB	2 -RB
Consciousness	2 -RB	2 -RB
O2 Saturation	2 -RB	2 -RB
Aldrete Score (PAR)	10 -RB	10 -RB



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Flowsheets (all recorded)

Vital Signs

Row Name	01/11/17 08:13:32	01/11/17 0705	01/11/17 0418	01/11/17 04:09:39	01/10/17 23:01:08
<b>Vital Signs</b>					
Temp	97.5 °F (36.4 °C) -DI (r) MG (t)	---	---	98 °F (36.7 °C) -DI (r) AK (t)	98.1 °F (36.7 °C) -DI (r) AK (t)
Temp src	---	---	---	Oral -AK	Oral -OO
Pulse	64 -DI (r) MG (t)	---	---	65 -DI (r) AK (t)	64 -DI (r) AK (t)
Heart Rate Source	---	---	---	Monitor -AK	Monitor -OO
Resp	18 -DI (r) MG (t)	---	---	18 -DI (r) AK (t)	18 -DI (r) AK (t)
Respiration Source	---	---	---	visual -AK	visual -OO
BP	135/69 -DI (r) MG (t)	---	---	158/66 -DI (r) AK (t)	132/55 -DI (r) AK (t)
BP Location	---	---	---	Left arm -AK	Right arm -OO
BP Method	---	---	---	Portable -AK	Portable -OO
Patient Position	---	---	---	Supine -AK	Supine -OO
<b>Oxygen Therapy</b>					
SpO2	94 % -DI (r) MG (t)	---	---	92 % -DI (r) AK (t)	93 % -DI (r) AK (t)
O2 Device	---	---	---	None (Room air) -AK	None (Room air) -OO
<b>Pain Assessment</b>					
Currently in Pain	---	Yes -JA	---	---	---
Which Pain	---	Numeric (0-10) -JA	---	---	---
Assessment Tool ?	---	---	---	---	---
Pain Intervention(s)	---	Medication (see MAR) -JA	---	---	---
<b>Numeric Pain Intensity Scale</b>					
Numeric Pain Intensity Score 1	---	0 -JA	---	---	---
<b>Height and Weight</b>					
Weight	---	---	---	103.1 kg (227 lb 4.8 oz) -DI (r) AK (t)	---
Weight Method	---	---	---	Actual -AK	---
<b>24 Chart Check</b>					
24 hour chart check complete	---	---	Yes -SA	---	---

Row Name	01/10/17 2100	01/10/17 19:53:19	01/10/17 19:52:21	01/10/17 19:50:47	01/10/17 19:39:48
<b>Vital Signs</b>					
Temp	---	---	---	98 °F (36.7 °C) -DI (r) SM (t)	---
Temp src	---	---	---	Oral -AK	---
Pulse	---	80 -DI (r) SM (t)	81 -DI (r) SM (t)	75 -DI (r) SM (t)	78 -DI (r) SM (t)
Heart Rate Source	---	Monitor -AK	Monitor -AK	Monitor -AK	---
Resp	---	18 -DI (r) SM (t)	---	18 -DI (r) SM (t)	---
Respiration Source	---	visual -AK	---	visual -AK	---
BP	---	154/70 -DI (r) SM (t)	148/69 -DI (r) SM (t)	131/64 -DI (r) SM (t)	140/68 -DI (r) SM (t)
BP Location	---	Right arm -AK	Right arm -AK	Right arm -AK	---
BP Method	---	Portable -AK	Portable -AK	Portable -AK	---
Patient Position	---	Standing -AK	Sitting -AK	Supine -AK	---
<b>Oxygen Therapy</b>					
SpO2	---	94 % -DI (r) SM (t)	94 % -DI (r) SM (t)	92 % -DI (r) SM (t)	---
O2 Device	None (Room air) -SA	None (Room air) -AK	None (Room air) -AK	None (Room air) -AK	---
<b>Numeric Pain Intensity Scale</b>					
Numeric Pain Intensity Score 1	---	---	0 -SA	---	---

Row Name	01/10/17 19:25:31	01/10/17 19:09:48	01/10/17 18:54:53	01/10/17 18:39:42	01/10/17 18:24:44
<b>Vital Signs</b>					
Pulse	76 -DI (r) SM (t)	71 -DI (r) SM (t)	76 -DI (r) SM (t)	71 -DI (r) SM (t)	71 -DI (r) SM (t)
BP	139/66 -DI (r) SM (t)	126/60 -DI (r) SM (t)	123/68 -DI (r) SM (t)	140/63 -DI (r) SM (t)	136/62 -DI (r) SM (t)

Row Name	01/10/17 18:09:43	01/10/17 17:55:31	01/10/17 17:39:50	01/10/17 17:36:52	01/10/17 17:36:48
<b>Vital Signs</b>					
Temp	---	---	---	---	98.6 °F (37 °C) -DI (r) SM (t)
Temp src	---	---	---	---	Oral -SM
Pulse	71 -DI (r) SM (t)	73 -DI (r) SM (t)	71 -DI (r) SM (t)	72 -DI (r) SM (t)	71 -DI (r) SM (t)
Heart Rate Source	---	---	---	---	Monitor -SM



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Flowsheets (all recorded) (continued)

Vital Signs (continued)

Row Name	01/10/17 18:09:43	01/10/17 17:55:31	01/10/17 17:39:50	01/10/17 17:36:52	01/10/17 17:36:48
Resp	---	---	---	---	18 -SM
Respiration Source	---	---	---	---	visual -SM
BP	139/66 -DI (r) SM (t)	146/67 -DI (r) SM (t)	119/58 -DI (r) SM (t)	---	147/65 -DI (r) SM (t)
BP Location	---	---	---	---	Right arm -SM
BP Method	---	---	---	---	Portable -SM
Patient Position	---	---	---	---	Supine -SM
Oxygen Therapy					
SpO2	---	---	---	90 % -DI (r) SM (t)	91 % -DI (r) SM (t)

Row Name	01/10/17 14:54:18	01/10/17 14:39:18	01/10/17 14:24:20	01/10/17 14:09:18	01/10/17 13:54:22
Vital Signs					
Pulse	68 -DI (r) JA (t)	67 -DI (r) JA (t)	67 -DI (r) JA (t)	65 -DI (r) JA (t)	67 -DI (r) JA (t)
BP	121/61 -DI (r) JA (t)	117/62 -DI (r) JA (t)	133/63 -DI (r) JA (t)	120/64 -DI (r) JA (t)	152/70 -DI (r) JA (t)

Row Name	01/10/17 13:39:59	01/10/17 13:24:21	01/10/17 13:09:22	01/10/17 12:54:21	01/10/17 12:39:20
Vital Signs					
Pulse	65 -DI (r) JA (t)	64 -DI (r) JA (t)	---	60 -DI (r) JA (t)	63 -DI (r) JA (t)
BP	146/74 -DI (r) JA (t)	147/67 -DI (r) JA (t)	149/68 -DI (r) JA (t)	143/64 -DI (r) JA (t)	135/66 -DI (r) JA (t)

Oxygen Therapy					
SpO2	---	---	---	91 % -DI (r) JA (t)	92 % -DI (r) JA (t)

Row Name	01/10/17 12:24:19	01/10/17 12:09:22	01/10/17 12:07:46	01/10/17 1200	01/10/17 1055
Vital Signs					
Temp	98.6 °F (37 °C) -DI (r) JA (t)	---	---	---	---
Pulse	61 -DI (r) JA (t)	61 -DI (r) JA (t)	59 -DI (r) JA (t)	---	59 -DW
Resp	---	---	---	---	15 -DW
BP	123/62 -DI (r) JA (t)	143/68 -DI (r) JA (t)	127/65 -DI (r) JA (t)	---	125/53 -DW

Oxygen Therapy					
SpO2	---	93 % -DI (r) JA (t)	96 % -DI (r) JA (t)	---	99 % -DW
O2 Device	---	---	---	---	Nasal cannula -DW
O2 Flow Rate (L/min)	---	---	---	---	2 L/min -DW

Pain Assessment					
Currently in Pain	---	---	---	No -JA	---
Which Pain	---	---	---	Numeric (0-10) -JA	---
Assessment Tool ?	---	---	---	---	---
Pain Intervention(s)	---	---	---	Medication (see MAR) -JA	---

Pain Assessment History					
Patient's Stated Pain Goal	---	---	---	0 (No Pain) -JA	---

Numeric Pain Intensity Scale					
Numeric Pain Intensity Score 1	---	---	---	0 -JA	0 -DW

Row Name	01/10/17 1037	01/10/17 1027	01/10/17 1020	01/10/17 1004	01/10/17 08:07:03
Vital Signs					
Pulse	60 -DW	60 -DW	57 -DW	58 -DW	---
Resp	14 -DW	16 -DW	15 -DW	16 -DW	---
BP	132/58 -DW	131/58 -DW	131/58 -DW	146/67 -DW	---

Oxygen Therapy					
SpO2	97 % -DW	96 % -DW	95 % -DW	98 % -DW	---
O2 Device	Nasal cannula -DW	---	Nasal cannula -DW	Nasal cannula -DW	Nasal cannula -RB
O2 Flow Rate (L/min)	2 L/min -DW	2 L/min -DW	2 L/min -DW	2 L/min -DW	2 L/min -RB

Numeric Pain Intensity Scale					
Numeric Pain Intensity Score 1	0 -DW	0 -DW	0 -DW	0 -DW	---

Row Name	01/10/17 0710	01/10/17 0709			
Vital Signs					
Temp	97.6 °F (36.4 °C) -DW	---	---	---	---
Temp src	Oral -DW	---	---	---	---
Pulse	64 -DW	---	---	---	---
Heart Rate Source	Monitor -DW	---	---	---	---





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Flowsheets (all recorded) (continued)

Vital Signs (continued)

Row Name	01/10/17 0710	01/10/17 0709
Resp	16 -DW	—
BP	137/55 -DW	—
Patient Position	Sitting -DW	—
Oxygen Therapy		
SpO2	97 % -DW	—
Numeric Pain Intensity Scale		
Numeric Pain Intensity Score 1	0 -DW	—
Height and Weight		
Height	—	67" (1.702 m) -DW
Weight	—	96.2 kg (212 lb) -DW
Weight Method	—	Stated -DW
BSA (Calculated - sq m)	—	2.13 sq meters -DW
BMI (Calculated)	—	33.2 -DW
Weight in (lb) to have BMI = 25	—	159.3 -DW



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Flowsheets (all recorded)

Intake/Output

Row Name	01/11/17 0830	01/11/17 08:13:32	01/11/17 0705	01/11/17 04:09:39	01/10/17 23:01:08
<b>Weights</b>					
Weight	---	---	---	103.1 kg (227 lb 4.8 oz) -DI (r) AK (t)	---
Weight Method	---	---	---	Actual -AK	---
<b>Intake (mL)</b>					
P.O.	240 mL -JA	---	---	---	200 mL -AK
<b>Simple Vitals</b>					
Pulse	---	64 -DI (r) MG (t)	---	65 -DI (r) AK (t)	64 -DI (r) AK (t)
Resp	---	18 -DI (r) MG (t)	---	18 -DI (r) AK (t)	18 -DI (r) AK (t)
Numeric Pain Intensity Score 1	---	---	0 -JA	---	---
<b>Urine Output</b>					
Urine Occurrence	---	---	---	1 -AK	1 -AK
Row Name	01/10/17 19:53:19	01/10/17 19:52:21	01/10/17 19:50:47	01/10/17 19:39:48	01/10/17 19:25:31
<b>Intake (mL)</b>					
P.O.	250 mL -AK	---	---	---	---
<b>Simple Vitals</b>					
Pulse	80 -DI (r) SM (t)	81 -DI (r) SM (t)	75 -DI (r) SM (t)	78 -DI (r) SM (t)	76 -DI (r) SM (t)
Resp	18 -DI (r) SM (t)	---	18 -DI (r) SM (t)	---	---
Numeric Pain Intensity Score 1	---	0 -SA	---	---	---
<b>Urine Output</b>					
Urine Occurrence	1 -AK	---	---	---	---
Row Name	01/10/17 19:09:48	01/10/17 18:54:53	01/10/17 18:39:42	01/10/17 18:24:44	01/10/17 18:09:43
<b>Simple Vitals</b>					
Pulse	71 -DI (r) SM (t)	76 -DI (r) SM (t)	71 -DI (r) SM (t)	71 -DI (r) SM (t)	71 -DI (r) SM (t)
Row Name	01/10/17 17:55:31	01/10/17 17:39:50	01/10/17 17:36:52	01/10/17 17:36:48	01/10/17 14:54:18
<b>Simple Vitals</b>					
Pulse	73 -DI (r) SM (t)	71 -DI (r) SM (t)	72 -DI (r) SM (t)	71 -DI (r) SM (t)	68 -DI (r) JA (t)
Resp	---	---	---	18 -SM	---
Row Name	01/10/17 14:39:18	01/10/17 14:24:20	01/10/17 14:09:18	01/10/17 1400	01/10/17 13:54:22
<b>Intake (mL)</b>					
P.O.	---	---	---	480 mL -JA	---
<b>Simple Vitals</b>					
Pulse	67 -DI (r) JA (t)	67 -DI (r) JA (t)	65 -DI (r) JA (t)	---	67 -DI (r) JA (t)
Row Name	01/10/17 13:39:59	01/10/17 13:24:21	01/10/17 12:54:21	01/10/17 12:39:20	01/10/17 1230
<b>Simple Vitals</b>					
Pulse	65 -DI (r) JA (t)	64 -DI (r) JA (t)	60 -DI (r) JA (t)	63 -DI (r) JA (t)	---
<b>Urine Output</b>					
Urine	---	---	---	---	300 mL -JA
Row Name	01/10/17 12:24:19	01/10/17 12:09:22	01/10/17 12:07:46	01/10/17 1200	01/10/17 1055
<b>Simple Vitals</b>					
Pulse	61 -DI (r) JA (t)	61 -DI (r) JA (t)	59 -DI (r) JA (t)	---	59 -DW
Resp	---	---	---	---	15 -DW
Numeric Pain Intensity Score 1	---	---	---	0 -JA	0 -DW
Row Name	01/10/17 1037	01/10/17 1027	01/10/17 1020	01/10/17 1004	01/10/17 09:38:57
<b>Simple Vitals</b>					
Pulse	60 -DW	60 -DW	57 -DW	58 -DW	---
Resp	14 -DW	16 -DW	15 -DW	16 -DW	---
Numeric Pain Intensity Score 1	0 -DW	0 -DW	0 -DW	0 -DW	---
<b>bivalirudin</b>					
bivalirudin Rate	---	---	---	---	0 mL/hr -JK
bivalirudin Concentration	---	---	---	---	5 mg/mL -JK
Row Name	01/10/17 09:19:08	01/10/17 08:59:32	01/10/17 08:59:25	01/10/17 08:30:42	01/10/17 08:27:18



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Flowsheets (all recorded) (continued)

Intake/Output (continued)

Row Name	01/10/17 09:19:08	01/10/17 08:59:32	01/10/17 08:59:25	01/10/17 08:30:42	01/10/17 08:27:18
bivalirudin					
bivalirudin Dose (mg/kg/hr)	1.75 mg/kg/hr -JK	1.75 mg/kg/hr -JK	---	---	---
bivalirudin Bolus (mg)	---	---	72.15 mg -JK	---	---
bivalirudin Rate	33.7 mL/hr -JK	33.7 mL/hr -JK	---	---	---
bivalirudin Concentration	5 mg/mL -JK	5 mg/mL -JK	5 mg/mL -JK	---	---
Heparin Drip					
heparin Bolus (Units)	---	---	---	5000 Units verified by dr sheikh -JK	---
heparin Rate	---	---	---	--- verified by dr sheikh -JK	---
Concentration	---	---	---	1000 Units/mL -JK	---
verapamil Infusion					
verapamil Dose (mcg/kg/min)	---	---	---	---	*2.5 mg -JK (r) AS (t)
verapamil Concentration	---	---	---	---	2.5 mg/mL -JK (r) AS (t)
Row Name	01/10/17 08:27:07	01/10/17 08:15:37	01/10/17 07:22	01/10/17 07:10	01/10/17 07:09
Weights					
Weight	---	---	---	---	96.2 kg (212 lb) -DW
Weight Method	---	---	---	---	Stated -DW
BSA (Calculated - sq m)	---	---	---	---	2.13 sq meters -DW
sodium chloride 0.9% (NS) bolus					
Bolus Dose	---	---	*3 mL/kg/hr -DW	---	---
Simple Vitals					
Pulse	---	---	---	64 -DW	---
Resp	---	---	---	16 -DW	---
Numeric Pain Intensity Score 1	---	---	---	0 -DW	---
Heparin Drip					
heparin Bolus (Units)	---	*2 Bag -JK (r) AS (t)	---	---	---
Concentration	---	2 Units/mL -JK (r) AS (t)	---	---	---
heparin (PORCINE) (PF) in 0.9 % sodium chloride 2,000 units/1,000 mL Start: 01/10/17 0815					
heparin Bolus Dose (Units) (View Only)	---	*2 Bag -JK (r) AS (t)	---	---	---
heparin Concentration (View Only)	---	2 Units/mL -JK (r) AS (t)	---	---	---
nitroglycerin Drip					
nitroglycerin Bolus Dose (mcg)	200 mcg -JK (r) AS (t)	---	---	---	---
nitroglycerin Concentration	200 mcg/mL -JK (r) AS (t)	---	---	---	---



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Flowsheets (all recorded)

Assessment

Row Name	01/11/17 08:13:32	01/11/17 07:15	01/11/17 04:09:39	01/10/17 23:01:08	01/10/17 21:00
<b>Neurological</b>					
Neuro (WDL)	---	WDL -JA	---	---	WDL -SA
<b>tPA Time out</b>					
Weight	---	---	103.1 kg (227 lb 4.8 oz) -DI (r) AK (t)	---	---
<b>HEENT</b>					
HEENT (WDL)	---	X -JA	---	---	---
R Eye	---	Impaired vision -JA	---	---	---
L Eye	---	Impaired vision -JA	---	---	---
<b>Respiratory</b>					
Respiratory Pattern	---	Regular -JA	---	---	---
Chest Assessment	---	Chest expansion symmetrical -JA	---	---	---
Bilateral Breath Sounds	---	Clear -JA	---	---	---
Respiratory (WDL)	---	WDL -JA	---	---	WDL -SA
<b>Oxygen Therapy</b>					
SpO2	94 % -DI (r) MG (t)	---	92 % -DI (r) AK (t)	93 % -DI (r) AK (t)	---
O2 Device	---	---	None (Room air) -AK	None (Room air) -OO	None (Room air) -SA
<b>Incentive Spirometer</b>					
Is pt using incentive spirometer?	---	No -JA	---	---	No -SA
IS Tx Not Given	---	Not Indicated -JA	---	---	Not Indicated -SA
<b>Cardiac</b>					
Cardiac (WDL)	---	---	---	---	X -SA
Heart Sounds	---	---	---	---	S1, S2 -SA
<b>Cardiac</b>					
Telemetry Monitor On	---	Yes -JA	---	---	Yes -SA
Telemetry Audible	---	Yes -JA	---	---	Yes -SA
Telemetry Alarms Set	---	Yes -JA	---	---	Yes -SA
Telemetry Box Number	---	mx22 -JA	---	---	mx22 -SA
<b>Peripheral Vascular</b>					
Peripheral Vascular (WDL)	---	WDL -JA	---	---	X -SA
Cyanosis	---	None -JA	---	---	None -SA
Capillary Refill	---	Less than/equal to 2 seconds (All extremities) -JA	---	---	Less than/equal to 2 seconds (All extremities) -SA
Pulses	---	R radial;L radial;R pedal;L pedal -JA	---	---	R radial;L radial;R pedal;L pedal -SA
<b>RUE Neurovascular Assessment</b>					
R Radial Pulse	---	+2 -JA	---	---	+2 -SA
<b>LUE Neurovascular Assessment</b>					
L Radial Pulse	---	+2 -JA	---	---	+1 -SA
<b>RLE Neurovascular Assessment</b>					
R Pedal Pulse	---	+2 -JA	---	---	+2 -SA
<b>LLE Neurovascular Assessment</b>					
L Pedal Pulse	---	+2 -JA	---	---	+2 -SA
<b>Integumentary</b>					
Integumentary (WDL)	---	X -JA	---	---	X -SA
Skin Color	---	Appropriate for ethnicity -JA	---	---	Appropriate for ethnicity -SA
Skin Condition/Temp	---	Dry;Warm -JA	---	---	Dry;Warm -SA
Skin Integrity	---	Other (Comment) surgical sites -JA	---	---	Other (Comment) puncture sites -SA
Skin Location	---	right groin, left radial -JA	---	---	left radial and right groin -SA
Skin Turgor	---	Non-tenting -JA	---	---	Non-tenting -SA
<b>Braden Scale</b>					



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Flowsheets (all recorded) (continued)

Assessment (continued)

Row Name	01/11/17 08:13:32	01/11/17 07:15	01/11/17 04:09:39	01/10/17 23:01:08	01/10/17 21:00
Sensory Perceptions	---	4 -JA	---	---	4 -SA
Moisture	---	4 -JA	---	---	4 -SA
Activity	---	3 -JA	---	---	3 -SA
Mobility	---	3 -JA	---	---	3 -SA
Nutrition	---	3 -JA	---	---	3 -SA
Friction and Shear	---	3 -JA	---	---	3 -SA
Braden Scale Score	---	20 -JA	---	---	20 -SA
[REMOVED] Surgical 01/10/17 Groin Right					
Incision Properties	Date Documented: 01/10/17 -JA Time Documented: 1200 -JA Location: Groin -JA Wound Location Orientation: Right -JA Final Assessment Date: 10/10/19 -CR (r) EI (t), automated removal, RA 1205 Final Assessment Time: 1608 -CR (r) EI (t), automated removal, RA 1205				
Dressing Assessment	---	Clean;Dry;Intact -JA	---	---	Clean;Dry;Intact -SA
[REMOVED] Surgical 01/10/17 Arm Left					
Incision Properties	Date Documented: 01/10/17 -JA Time Documented: 1200 -JA Location: Arm -JA Wound Location Orientation: Left -JA Final Assessment Date: 10/10/19 -CR (r) EI (t), automated removal, RA 1205 Final Assessment Time: 1608 -CR (r) EI (t), automated removal, RA 1205				
Dressing Assessment	---	Clean;Dry;Intact -JA	---	---	Clean;Dry;Intact -SA
Musculoskeletal					
Musculoskeletal (WDL)	---	WDL -JA	---	---	WDL -SA
Get-Up-And-Go Test					
Get-Up-And-Go Test: "Rising from Chair"	---	0 -JA	---	---	1 -SA
Gastrointestinal					
Gastrointestinal (WDL)	---	WDL -JA	---	---	WDL -SA
Abdomen Inspection	---	Soft -JA	---	---	---
Bowel Sounds (All Quadrants)	---	Active -JA	---	---	---
Last BM Date	---	01/10/17 -JA	---	---	---
Genitourinary					
Genitourinary (WDL)	---	WDL -JA	---	---	WDL -SA
Psychosocial					
Psychosocial (WDL)	---	WDL -JA	---	---	WDL -SA
Charting Type					
Charting Type	---	Shift assessment -JA	---	---	Shift assessment -SA
Cardiac					
Cardiac Rhythm	---	---	---	---	Sinus bradycardia;Normal sinus rhythm -SA
Heart Block Type	---	---	---	---	Bundle branch block -SA
Hendrich II Fall Risk Model (View Only)					
Confusion/Disorientation/Impulsivity (View Only)	---	0 -JA	---	---	0 -SA
Symptomatic Depression (View Only)	---	0 -JA	---	---	0 -SA
Altered Elimination (View Only)	---	0 -JA	---	---	0 -SA
Dizziness/Vertigo (View Only)	---	0 -JA	---	---	0 -SA
Gender (Male) View Only	---	1 -JA	---	---	1 -SA
Any Administered Benzodiazepines (View Only)	---	0 -JA	---	---	0 -SA
Hendrich II Total Score (Calculated) View Only	---	1 -JA	---	---	2 -SA
OTHER					
Any Administered Antiepileptics (Anticonvulsants) View Only	---	0 -JA	---	---	0 -SA
Row Name	01/10/17 19:53:19	01/10/17 19:52:21	01/10/17 19:50:47	01/10/17 1830	01/10/17 1812



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Flowsheets (all recorded) (continued)

Assessment (continued)

Row Name	01/10/17 19:53:19	01/10/17 19:52:21	01/10/17 19:50:47	01/10/17 1830	01/10/17 1812
Oxygen Therapy					
SpO2	94 % -DI (r) SM (t)	94 % -DI (r) SM (t)	92 % -DI (r) SM (t)	---	---
O2 Device	None (Room air) -AK	None (Room air) -AK	None (Room air) -AK	---	---

[REMOVED] Surgical 01/10/17 Groin Right

Incision Properties Date Documented: 01/10/17 -JA Time Documented: 1200 -JA Location: Groin -JA Wound Location Orientation: Right -JA Final Assessment Date: 10/10/19 -CR (r) EI (t), automated removal, RA 1205 Final Assessment Time: 1608 -CR (r) EI (t), automated removal, RA 1205

[REMOVED] Surgical 01/10/17 Arm Left

Incision Properties Date Documented: 01/10/17 -JA Time Documented: 1200 -JA Location: Arm -JA Wound Location Orientation: Left -JA Final Assessment Date: 10/10/19 -CR (r) EI (t), automated removal, RA 1205 Final Assessment Time: 1608 -CR (r) EI (t), automated removal, RA 1205

Provider Notification

Reason for Communication (View Only)	---	---	---	---	Other (comment) bleeding right grion -JA
Notification Time	---	---	---	1830 -JA	1812 -JA
Provider Name	---	---	---	Raquel DeCamp -JA	Raquel DeCamp -JA
Provider Role	---	---	---	PA -JA	PA -JA
Method of Communication	---	---	---	Call -JA	Perfect Serve -JA
Response	---	---	---	Other (Comment) continue to monitor -JA	Waiting for response -JA

Row Name	01/10/17 17:36:52	01/10/17 17:36:48	01/10/17 1730	01/10/17 1500	01/10/17 1450
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Oxygen Therapy

SpO2	90 % -DI (r) SM (t)	91 % -DI (r) SM (t)	---	---	---
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[REMOVED] Surgical 01/10/17 Groin Right

Incision Properties Date Documented: 01/10/17 -JA Time Documented: 1200 -JA Location: Groin -JA Wound Location Orientation: Right -JA Final Assessment Date: 10/10/19 -CR (r) EI (t), automated removal, RA 1205 Final Assessment Time: 1608 -CR (r) EI (t), automated removal, RA 1205

Drainage Amount	---	---	Small -JA	---	Moderate -JA
Drainage Description	---	---	Other (Comment) red -JA	---	Other (Comment) red -JA
Treatments	---	---	Other (Comment) pressure -JA	---	Other (Comment) pressure -JA
Dressing	---	---	Gauze stop at 1740 -JA	---	Gauze bleeding stop at 1505 -JA
Dressing Changed	---	---	New -JA	---	New -JA
Dressing Assessment	---	---	Clean;Dry;Intact -JA	---	Clean;Dry;Intact -JA

[REMOVED] Surgical 01/10/17 Arm Left

Incision Properties Date Documented: 01/10/17 -JA Time Documented: 1200 -JA Location: Arm -JA Wound Location Orientation: Left -JA Final Assessment Date: 10/10/19 -CR (r) EI (t), automated removal, RA 1205 Final Assessment Time: 1608 -CR (r) EI (t), automated removal, RA 1205

Drainage Amount	---	---	---	None -JA	---
Dressing	---	---	---	Gauze -JA	---
Dressing Changed	---	---	---	New -JA	---
Dressing Assessment	---	---	---	Clean;Dry;Intact -JA	---

Row Name	01/10/17 12:54:21	01/10/17 12:39:20	01/10/17 12:09:22	01/10/17 12:07:46	01/10/17 1200
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Neurological

Neuro (WDL)	---	---	---	---	WDL -JA
-------------	-----	-----	-----	-----	---------

HEENT

HEENT (WDL)	---	---	---	---	X -JA
R Eye	---	---	---	---	Impaired vision -JA
L Eye	---	---	---	---	Impaired vision -JA

Respiratory

Respiratory Pattern	---	---	---	---	Regular -JA
Chest Assessment	---	---	---	---	Chest expansion symmetrical -JA
Bilateral Breath Sounds	---	---	---	---	Clear -JA
Respiratory (WDL)	---	---	---	---	WDL -JA

Oxygen Therapy

SpO2	91 % -DI (r) JA (t)	92 % -DI (r) JA (t)	93 % -DI (r) JA (t)	96 % -DI (r) JA (t)	---
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Incentive Spirometer

Is pt using incentive spirometer?	---	---	---	---	No -JA
IS Tx Not Given	---	---	---	---	Not Indicated -JA



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Flowsheets (all recorded) (continued)

Assessment (continued)

Row Name	01/10/17 12:54:21	01/10/17 12:39:20	01/10/17 12:09:22	01/10/17 12:07:48	01/10/17 1200
<b>Cardiac</b>					
Cardiac (WDL)	---	---	---	---	X -JA
<b>Cardiac</b>					
Telemetry Monitor On	---	---	---	---	Yes -JA
Telemetry Audible	---	---	---	---	Yes -JA
Telemetry Alarms Set	---	---	---	---	Yes -JA
<b>Peripheral Vascular</b>					
LUE Capillary Refill	---	---	---	---	Less than/equal to 3 seconds -JA
<b>LUE Neurovascular Assessment</b>					
LUE Color	---	---	---	---	Appropriate for ethnicity -JA
LUE Temperature/Moisture	---	---	---	---	Warm;Dry -JA
LUE Sensation	---	---	---	---	Present -JA
L Radial Pulse	---	---	---	---	+1 -JA
<b>RLE Neurovascular Assessment</b>					
R Pedal Pulse	---	---	---	---	+2 -JA
<b>LLE Neurovascular Assessment</b>					
L Pedal Pulse	---	---	---	---	+2 -JA
<b>Integumentary</b>					
Integumentary (WDL)	---	---	---	---	X -JA
Skin Color	---	---	---	---	Appropriate for ethnicity -JA
Skin Condition/Temp	---	---	---	---	Dry;Warm -JA
Skin Integrity	---	---	---	---	Other (Comment) surgical -JA
Skin Location	---	---	---	---	left radial, right groin -JA
Skin Turgor	---	---	---	---	Non-tenting -JA
<b>Braden Scale</b>					
Sensory Perceptions	---	---	---	---	4 -JA
Moisture	---	---	---	---	4 -JA
Activity	---	---	---	---	3 -JA
Mobility	---	---	---	---	3 -JA
Nutrition	---	---	---	---	3 -JA
Friction and Shear	---	---	---	---	3 -JA
Braden Scale Score	---	---	---	---	20 -JA
<b>Wound</b>					
Type of Wound (LDA)	---	---	---	Surgical -JA	Surgical -JA
<b>[REMOVED] Surgical 01/10/17 Groin Right</b>					
Incision Properties	Date Documented: 01/10/17 -JA Time Documented: 1200 -JA Location: Groin -JA Wound Location Orientation: Right -JA Final Assessment Date: 10/10/19 -CR (r) EI (t), automated removal, RA 1205 Final Assessment Time: 1608 -CR (r) EI (t), automated removal, RA 1205				
Closure	---	---	---	Other (Comment) -JA	---
Drainage Amount	---	---	---	None -JA	---
Dressing	---	---	---	Other (Comment) -JA	---
Dressing Changed	---	---	---	New -JA	---
Dressing Assesment	---	---	---	Clean;Dry -JA	---
<b>[REMOVED] Surgical 01/10/17 Arm Left</b>					
Incision Properties	Date Documented: 01/10/17 -JA Time Documented: 1200 -JA Location: Arm -JA Wound Location Orientation: Left -JA Final Assessment Date: 10/10/19 -CR (r) EI (t), automated removal, RA 1205 Final Assessment Time: 1608 -CR (r) EI (t), automated removal, RA 1205				
<b>Musculoskeletal</b>					
Musculoskeletal (WDL)	---	---	---	---	WDL -JA
<b>Get-Up-And-Go Test</b>					
Get-Up-And-Go Test: "Rising from Chair"	---	---	---	---	0 -JA
<b>Gastrointestinal</b>					
Gastrointestinal (WDL)	---	---	---	---	WDL -JA
Abdomen Inspection	---	---	---	---	Soft -JA
Bowel Sounds (All)	---	---	---	---	Active -JA



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Flowsheets (all recorded) (continued)

Assessment (continued)

Row Name	01/10/17 12:54:21	01/10/17 12:39:20	01/10/17 12:09:22	01/10/17 12:07:48	01/10/17 1200
Quadrants)					
Genitourinary					
Genitourinary (WDL)	---	---	---	---	WDL -JA
Psychosocial					
Psychosocial (WDL)	---	---	---	---	WDL -JA
Charting Type					
Charting Type	---	---	---	---	Admission -JA
Cardiac					
Cardiac Rhythm	---	---	---	---	Sinus bradycardia -JA
Hendrich II Fall Risk Model (View Only)					
Confusion/Disorientation/Impulsivity (View Only)	---	---	---	---	0 -JA
Symptomatic Depression (View Only)	---	---	---	---	0 -JA
Altered Elimination (View Only)	---	---	---	---	0 -JA
Dizziness/Vertigo (View Only)	---	---	---	---	0 -JA
Gender (Male) View Only	---	---	---	---	1 -JA
Any Administered Benzodiazepines (View Only)	---	---	---	---	0 -JA
Hendrich II Total Score (Calculated) View Only	---	---	---	---	1 -JA
OTHER					
Any Administered Antiepileptics (Anticonvulsants) View Only	---	---	---	---	0 -JA

Row Name	01/10/17 1058	01/10/17 1055	01/10/17 1037	01/10/17 1027	01/10/17 1020
Oxygen Therapy					
SpO2	---	99 % -DW	97 % -DW	96 % -DW	95 % -DW
O2 Device	---	Nasal cannula -DW	Nasal cannula -DW	---	Nasal cannula -DW
O2 Flow Rate (L/min)	---	2 L/min -DW	2 L/min -DW	2 L/min -DW	2 L/min -DW
Peripheral Vascular					
LUE Capillary Refill	Less than/equal to 3 seconds -DW	---	---	---	---
LUE Neurovascular Assessment					
LUE Color	Appropriate for ethnicity -DW	---	---	---	---
LUE Sensation	Present -DW	---	---	---	---
L Radial Pulse	+1 -DW	---	---	---	---
Integumentary					
Skin Color	---	Appropriate for ethnicity -DW	Appropriate for ethnicity -DW	Appropriate for ethnicity -DW	Appropriate for ethnicity -DW
Skin Condition/Temp	---	Dry;Warm -DW	Dry;Warm -DW	Dry;Warm -DW	Dry;Warm -DW
[REMOVED] Surgical 01/10/17 Groin Right					
Incision Properties	Date Documented: 01/10/17 -JA Time Documented: 1200 -JA Location: Groin -JA Wound Location Orientation: Right -JA Final Assessment Date: 10/10/19 -CR (r) EI (t), automated removal, RA 1205 Final Assessment Time: 1608 -CR (r) EI (t), automated removal, RA 1205				
[REMOVED] Surgical 01/10/17 Arm Left					
Incision Properties	Date Documented: 01/10/17 -JA Time Documented: 1200 -JA Location: Arm -JA Wound Location Orientation: Left -JA Final Assessment Date: 10/10/19 -CR (r) EI (t), automated removal, RA 1205 Final Assessment Time: 1608 -CR (r) EI (t), automated removal, RA 1205				
Cardiac					
Cardiac Rhythm	---	Sinus bradycardia -DW	Normal sinus rhythm -DW	Normal sinus rhythm -DW	Sinus bradycardia -DW

Row Name	01/10/17 1004	01/10/17 08:07:03	01/10/17 0724	01/10/17 0710	01/10/17 0709
tpA Time out					





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Flowsheets (all recorded) (continued)

Assessment (continued)

Row Name	01/10/17 1004	01/10/17 08:07:03	01/10/17 0724	01/10/17 0710	01/10/17 0709
Weight	---	---	---	---	96.2 kg (212 lb) -DW
Oxygen Therapy					
SpO2	98 % -DW	---	---	97 % -DW	---
O2 Device	Nasal cannula -DW	Nasal cannula -RB	---	---	---
O2 Flow Rate (L/min)	2 L/min -DW	2 L/min -RB	---	---	---
Peripheral Vascular					
Peripheral Vascular (WDL)	---	---	X -DW	---	---
Pulses	---	---	R pedal;L posterior tibial;R posterior tibial;L pedal -DW	---	---
RLE Neurovascular Assessment					
R Posterior Tibial Pulse	---	---	+1 -DW	---	---
R Pedal Pulse	---	---	+2 -DW	---	---
LLE Neurovascular Assessment					
L Posterior Tibial Pulse	---	---	+1 -DW	---	---
L Pedal Pulse	---	---	+1 -DW	---	---
Integumentary					
Skin Color	Appropriate for ethnicity -DW	---	---	---	---
Skin Condition/Temp	Dry;Warm -DW	---	---	---	---
Braden Scale					
Sensory Perceptions	---	---	---	3 -DW	---
Moisture	---	---	---	4 -DW	---
Activity	---	---	---	4 -DW	---
Mobility	---	---	---	3 -DW	---
Nutrition	---	---	---	3 -DW	---
Friction and Shear	---	---	---	3 -DW	---
Braden Scale Score	---	---	---	20 -DW	---
Cardiac					
Cardiac Rhythm	Sinus bradycardia -DW	---	---	---	---



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Flowsheets (all recorded)

CCP Vitals, Intake and Output

Row Name	01/11/17 0830	01/11/17 08:13:32	01/11/17 04:09:39	01/10/17 23:01:08	01/10/17 2100
Vitals					
Temp	---	97.5 °F (36.4 °C) -DI (r) MG (t)	98 °F (36.7 °C) -DI (r) AK (t)	98.1 °F (36.7 °C) -DI (r) AK (t)	---
Temp src	---	---	Oral -AK	Oral -OO	---
Pulse	---	64 -DI (r) MG (t)	65 -DI (r) AK (t)	64 -DI (r) AK (t)	---
Heart Rate Source	---	---	Monitor -AK	Monitor -OO	---
Resp	---	18 -DI (r) MG (t)	18 -DI (r) AK (t)	18 -DI (r) AK (t)	---
Respiration Source	---	---	visual -AK	visual -OO	---
BP	---	135/69 -DI (r) MG (t)	158/66 -DI (r) AK (t)	132/55 -DI (r) AK (t)	---
BP Location	---	---	Left arm -AK	Right arm -OO	---
BP Method	---	---	Portable -AK	Portable -OO	---
Patient Position	---	---	Supine -AK	Supine -OO	---
SpO2	---	94 % -DI (r) MG (t)	92 % -DI (r) AK (t)	93 % -DI (r) AK (t)	---
O2 Device	---	---	None (Room air) -AK	None (Room air) -OO	None (Room air) -SA
Weight	---	---	103.1 kg (227 lb 4.8 oz) -DI (r) AK (t)	---	---
Weight Method	---	---	Actual -AK	---	---
Intake (mL)					
P.O.	240 mL -JA	---	---	200 mL -AK	---
Unmeasured Output					
Urine Occurrence	---	---	1 -AK	1 -AK	---

Row Name	01/10/17 19:53:19	01/10/17 19:52:21	01/10/17 19:50:47	01/10/17 19:39:48	01/10/17 19:25:31
Vitals					
Temp	---	---	98 °F (36.7 °C) -DI (r) SM (t)	---	---
Temp src	---	---	Oral -AK	---	---
Pulse	80 -DI (r) SM (t)	81 -DI (r) SM (t)	75 -DI (r) SM (t)	78 -DI (r) SM (t)	76 -DI (r) SM (t)
Heart Rate Source	Monitor -AK	Monitor -AK	Monitor -AK	---	---
Resp	18 -DI (r) SM (t)	---	18 -DI (r) SM (t)	---	---
Respiration Source	visual -AK	---	visual -AK	---	---
BP	154/70 -DI (r) SM (t)	148/69 -DI (r) SM (t)	131/64 -DI (r) SM (t)	140/68 -DI (r) SM (t)	139/66 -DI (r) SM (t)
BP Location	Right arm -AK	Right arm -AK	Right arm -AK	---	---
BP Method	Portable -AK	Portable -AK	Portable -AK	---	---
Patient Position	Standing -AK	Sitting -AK	Supine -AK	---	---
SpO2	94 % -DI (r) SM (t)	94 % -DI (r) SM (t)	92 % -DI (r) SM (t)	---	---
O2 Device	None (Room air) -AK	None (Room air) -AK	None (Room air) -AK	---	---
Intake (mL)					
P.O.	250 mL -AK	---	---	---	---
Unmeasured Output					
Urine Occurrence	1 -AK	---	---	---	---

Row Name	01/10/17 19:09:48	01/10/17 18:54:53	01/10/17 18:39:42	01/10/17 18:24:44	01/10/17 18:09:43
Vitals					
Pulse	71 -DI (r) SM (t)	76 -DI (r) SM (t)	71 -DI (r) SM (t)	71 -DI (r) SM (t)	71 -DI (r) SM (t)
BP	126/60 -DI (r) SM (t)	123/68 -DI (r) SM (t)	140/63 -DI (r) SM (t)	136/62 -DI (r) SM (t)	139/66 -DI (r) SM (t)

Row Name	01/10/17 17:55:31	01/10/17 17:39:50	01/10/17 17:36:52	01/10/17 17:36:48	01/10/17 14:54:18
Vitals					
Temp	---	---	---	98.6 °F (37 °C) -DI (r) SM (t)	---
Temp src	---	---	---	Oral -SM	---
Pulse	73 -DI (r) SM (t)	71 -DI (r) SM (t)	72 -DI (r) SM (t)	71 -DI (r) SM (t)	68 -DI (r) JA (t)
Heart Rate Source	---	---	---	Monitor -SM	---
Resp	---	---	---	18 -SM	---
Respiration Source	---	---	---	visual -SM	---
BP	146/67 -DI (r) SM (t)	119/58 -DI (r) SM (t)	---	147/65 -DI (r) SM (t)	121/61 -DI (r) JA (t)
BP Location	---	---	---	Right arm -SM	---
BP Method	---	---	---	Portable -SM	---
Patient Position	---	---	---	Supine -SM	---
SpO2	---	---	90 % -DI (r) SM (t)	91 % -DI (r) SM (t)	---

Row Name	01/10/17 14:39:18	01/10/17 14:24:20	01/10/17 14:09:18	01/10/17 1400	01/10/17 13:54:22
Vitals					
Pulse	67 -DI (r) JA (t)	67 -DI (r) JA (t)	65 -DI (r) JA (t)	---	67 -DI (r) JA (t)
BP	117/62 -DI (r) JA (t)	133/63 -DI (r) JA (t)	120/64 -DI (r) JA (t)	---	152/70 -DI (r) JA (t)



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Flowsheets (all recorded) (continued)

CCP Vitals, Intake and Output (continued)

Row Name	01/10/17 14:39:18	01/10/17 14:24:20	01/10/17 14:09:18	01/10/17 1400	01/10/17 13:54:22
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Intake (mL)

P.O. — — — 480 mL -JA —

Row Name	01/10/17 13:39:59	01/10/17 13:24:21	01/10/17 13:09:22	01/10/17 12:54:21	01/10/17 12:39:20
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Vitals

Pulse 65 -DI (r) JA (t) 64 -DI (r) JA (t) — 60 -DI (r) JA (t) 63 -DI (r) JA (t)  
BP 148/74 -DI (r) JA (t) 147/67 -DI (r) JA (t) 149/68 -DI (r) JA (t) 143/64 -DI (r) JA (t) 135/66 -DI (r) JA (t)  
SpO2 — — — 91 % -DI (r) JA (t) 92 % -DI (r) JA (t)

Row Name	01/10/17 1230	01/10/17 12:24:19	01/10/17 12:09:22	01/10/17 12:07:46	01/10/17 1055
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Vitals

Temp — 98.6 °F (37 °C) -DI (r) JA (t) — — —  
Pulse — 61 -DI (r) JA (t) 61 -DI (r) JA (t) 59 -DI (r) JA (t) 59 -DW  
Resp — — — — 15 -DW  
BP — 123/62 -DI (r) JA (t) 143/68 -DI (r) JA (t) 127/65 -DI (r) JA (t) 125/53 -DW  
SpO2 — — 93 % -DI (r) JA (t) 96 % -DI (r) JA (t) 99 % -DW  
O2 Device — — — — Nasal cannula -DW

Output (mL)

Urine 300 mL -JA — — — —

Row Name	01/10/17 1037	01/10/17 1027	01/10/17 1020	01/10/17 1004	01/10/17 08:07:03
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Vitals

Pulse 60 -DW 60 -DW 57 -DW 58 -DW —  
Resp 14 -DW 16 -DW 15 -DW 16 -DW —  
BP 132/58 -DW 131/58 -DW 131/58 -DW 146/67 -DW —  
SpO2 97 % -DW 96 % -DW 95 % -DW 98 % -DW —  
O2 Device Nasal cannula -DW — Nasal cannula -DW Nasal cannula -DW Nasal cannula -RB

Row Name	01/10/17 0722	01/10/17 0710	01/10/17 0709		
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Vitals

Temp — 97.6 °F (36.4 °C) -DW — — —  
Temp src — Oral -DW — — —  
Pulse — 64 -DW — — —  
Heart Rate Source — Monitor -DW — — —  
Resp — 16 -DW — — —  
BP — 137/55 -DW — — —  
Patient Position — Sitting -DW — — —  
SpO2 — 97 % -DW — — —  
Height — — — 67" (1.702 m) -DW  
Weight — — — 96.2 kg (212 lb) -DW  
Weight Method — — — Stated -DW

sodium chloride 0.9% (NS) bolus

Bolus Dose \*3 mL/kg/hr -DW — — —



WS Cobb Hospital  
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Maurice, Eugene George  
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Flowsheets (all recorded)

Screenings

Row Name	01/11/17 1200	01/11/17 0715	01/10/17 2100	01/10/17 1200	01/10/17 0711
<b>Advance Directives (For Healthcare)</b>					
Advance Directive	---	---	---	Patient does not have advance directive -JA	---
Healthcare Agent Appointed	---	---	---	Yes -JA	---
Healthcare Agent's Name	---	---	---	wife -JA	---
Pre-existing Allow Natural Death Order Information Provided on Healthcare Directives	---	---	---	No -JA	---
Patient Requests Assistance (Retired)	---	---	---	No -JA	---
<b>Nutrition Screen Scoring</b>					
Weight Loss in the past 3 months	---	---	---	1 -JA	---
BMI (Body Mass Index)	---	---	---	0 -JA	---
Appetite	---	---	---	0 -JA	---
Ability to eat/retain food	---	---	---	0 -JA	---
Stress factors	---	---	---	0 -JA	---
Total Nutrition Screen Score	---	---	---	1 -JA	---
<b>ADL Screening</b>					
Patient's Vision Adequate to Safely Complete Daily Activities	---	---	---	Yes -JA	---
Patient's Judgement Adequate to Safely Complete Daily Activities	---	---	---	Yes -JA	---
Patient's Memory Adequate to Safely Complete Daily Activities	---	---	---	Yes -JA	---
Patient Able to Express Needs/Desires	---	---	---	Yes -JA	---
Which is your dominant hand?	---	---	---	Right -JA	---
Dressing	---	---	---	Independent -JA	---
Grooming	---	---	---	Independent -JA	---
Feeding	---	---	---	Independent -JA	---
Bathing	---	---	---	Independent -JA	---
Toileting	---	---	---	Independent -JA	---
In/Out Bed	---	---	---	Independent -JA	---
Walks in Home	---	---	---	Independent -JA	---
Weakness of Legs	---	---	---	None -JA	---
Weakness of Arms/Hands	---	---	---	None -JA	---
Hearing - Right Ear	---	---	---	Functional -JA	---
Hearing - Left Ear	---	---	---	Functional -JA	---
<b>Assistive Devices</b>					
Assistive Devices	---	---	---	None -JA	---
<b>Therapy Consults (RETIRED)</b>					
PT Evaluation Needed (RETIRED)	2 -JA	---	---	---	---
OT Evaluation Needed (RETIRED)	2 -JA	---	---	---	---
SLP Evaluation Needed (RETIRED)	2 -JA	---	---	---	---
<b>Values/Beliefs</b>					
Cultural Preferences Affecting	No -JA	---	---	---	---



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Flowsheets (all recorded) (continued)

Screenings (continued)

Row Name	01/11/17 1200	01/11/17 0715	01/10/17 2100	01/10/17 1200	01/10/17 0711
<b>Hospitalization</b>					
Spiritual Preferences Affecting Hospitalization	No -JA	---	---	---	---
<b>Nursing Referrals</b>					
Spiritual Health Consult	No -JA	---	---	---	---
Social Services Consult	No -JA	---	---	---	---
<b>Suicide/Harm Risk</b>					
Ever harm self (Retired)	---	---	---	No -JA	No -DW
Current thoughts (Retired)	---	---	---	No -JA	No -DW
Self harm plan (Retired)	---	---	---	No -JA	---
Patient information obtained from	---	---	---	Patient -JA	Patient -DW
<b>Braden Scale</b>					
Sensory Perceptions	---	4 -JA	4 -SA	4 -JA	---
Moisture	---	4 -JA	4 -SA	4 -JA	---
Activity	---	3 -JA	3 -SA	3 -JA	---
Mobility	---	3 -JA	3 -SA	3 -JA	---
Nutrition	---	3 -JA	3 -SA	3 -JA	---
Friction and Shear	---	3 -JA	3 -SA	3 -JA	---
Braden Scale Score	---	20 -JA	20 -SA	20 -JA	---
<b>Discharge Planning</b>					
Living Situation Prior to Admission	---	---	---	Home -JA	---
Primary Caregiver	---	---	---	None -JA	---
Is Discharge Transport arranged?	---	---	---	No -JA	---
Anticipated assistance needed at discharge	---	---	---	No -JA	---
Barriers to discharge	---	---	---	No Barriers -JA	---
Discharge plan consult/Discharge referrals needed	---	---	---	n/a -JA	---
<b>Nurse-Driven Mobility Guidelines</b>					
Get-Up-And-Go Test: "Rising from Chair"	---	0 -JA	1 -SA	0 -JA	---
<b>Abuse Assessment</b>					
Safe in Home	---	---	---	Yes -JA	--- -JA
Do you feel threatened or unsafe in a relationship?	---	---	---	No -JA	--- -JA
Are you in immediate danger?	---	---	---	No -JA	--- -JA
Do you feel neglected?	---	---	---	No -JA	--- -JA
Physical harm?	---	---	---	No -JA	--- -JA
Verbal harm	---	---	---	No -JA	--- -JA
<b>Abuse Re-Assessment</b>					
Any new signs/symptoms of abuse?	---	---	---	No -JA	---

Row Name	01/10/17 0710	01/10/17 0708			
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Advance Directives (For Healthcare)

Have you reviewed your Advance Directive and is it valid for this stay?	---	Not applicable -DW			
Advance Directive	---	Patient does not have advance directive; Patient would not like information -DW			



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**Flowsheets (all recorded) (continued)**

**Screenings (continued)**

Row Name	01/10/17 0710	01/10/17 0706
Information Provided on Healthcare Directives	—	No -DW
<b>Patient Belongings at Bedside</b>		
Belongings at Bedside	—	Clothing -DW
Belongings sent to security (Retired)	—	No -DW
(RETIRED)Belongings Sent Home	—	No -DW
<b>Patient Medications</b>		
Medications brought by patient?	—	No -DW
<b>Braden Scale</b>		
Sensory Perceptions	3 -DW	—
Moisture	4 -DW	—
Activity	4 -DW	—
Mobility	3 -DW	—
Nutrition	3 -DW	—
Friction and Shear	3 -DW	—
Braden Scale Score	20 -DW	—
Pressure Ulcer Present on Admission (IF YES, DOCUMENT BY GOING TO: 1) NOTES ACTIVITY 2) PROGRESS NOTES 3) TYPE "PRESSURE ULCER ON ADMISSION" IN SMART TEXT BOX 4) CLICK CO-SIGN WITH MD SIGNATURE)		
Pressure ulcer present on admission	No -DW	—



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Flowsheets (all recorded)

Suicide Risk

Row Name	01/10/17 1200	01/10/17 0711
Suicide/Harm Risk		
Ever harm self (Retired)	No -JA	No -DW
Current thoughts (Retired)	No -JA	No -DW
Self harm plan (Retired)	No -JA	—
Patient information obtained from	Patient -JA	Patient -DW
Suicide Risk (Retired)		
Is patient at risk for suicide? (Retired)	—	No -DW



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Flowsheets (all recorded)

Daily Cares/Safety

Row Name	01/11/17 0715	01/11/17 0000	01/10/17 2200	01/10/17 2100	01/10/17 1800
<b>Safe Environment</b>					
Arm Bands On	ID;Allergies -JA	ID;Allergies -OO	---	---	ID;Allergies -SM
Safety Checks	Overbed table in reach;Bed in lowest position;Wheels on bed locked;Wheels on chair locked;NonSkid Footwear on;Call light in reach -JA	Overbed table in reach;Bed in lowest position;Wheels on bed locked;Wheels on chair locked;NonSkid Footwear on;Call light in reach -OO	---	---	Overbed table in reach;Bed in lowest position;Wheels on bed locked -SM
Bed type	Hillrom Clinitron Rite Hite -JA	---	---	---	Hillrom Clinitron Rite Hite -SM
Safety Alarm Verified	---	No alarm -OO	---	---	No alarm -SM
Side Rails/Bed Safety	3/4 -JA	3/4 -OO	---	---	3/4 -SM
<b>Fall Risk Interventions</b>					
Fall Prevention Interventions	Frequent Visual Checks/Rounding;Needed items within reach;Adequate room lighting;Medications reviewed;Orient to environment;Room decluttered -JA	---	---	---	Needed items within reach;Frequent Visual Checks/Rounding -SM
Fall Prevention Education Reviewed with :	Patient -JA	---	---	---	Patient;Family -SM
<b>Mobility</b>					
Mobility Intervention	Resting in bed -JA	Resting in bed -OO	---	---	Resting in bed -SM
Level of Assistance	Independent -JA	Minimal assist, patient does 75% or more -OO	---	---	Minimal assist, patient does 75% or more -SM
Active Range of Motion	Active -JA	---	---	---	---
Transport Method	Bed -JA	---	---	---	---
<b>Patient Position</b>					
Repositioned	Lying left side;Turns self -JA	Turns self -OO	---	---	Turns self -SM
<b>Anti-Embolism Devices</b>					
Anti-Embolism Devices	Off -JA	---	---	Off -SA	---
<b>Hygiene</b>					
Hygiene Performed	---	---	Linen change;Gown changed;Back rub -AK	---	---
Performed by	---	---	Nursing Staff -AK	---	---
<b>Incentive Spirometer</b>					
Is pt using incentive spirometer?	No -JA	---	---	No -SA	---
IS Tx Not Given	Not Indicated -JA	---	---	Not Indicated -SA	---
<b>Telemetry Details</b>					
Telemetry Monitor On	Yes -JA	---	---	Yes -SA	---
Telemetry Audible	Yes -JA	---	---	Yes -SA	---
Telemetry Box Number	mx22 -JA	---	---	mx22 -SA	---
Telemetry Alarms Set	Yes -JA	---	---	Yes -SA	---
<b>Row Name</b>	<b>01/10/17 1200</b>				
<b>Safe Environment</b>					
Arm Bands On	ID;Allergies -JA				
Safety Checks	Overbed table in reach;Bed in lowest position;Wheels on bed locked;Wheels on chair locked;NonSkid Footwear on;Call light in reach -JA				
Bed type	Hillrom Clinitron Rite Hite -JA				
Side Rails/Bed Safety	3/4 -JA				
<b>Fall Risk Interventions</b>					





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**Flowsheets (all recorded) (continued)**

**Daily Cares/Safety (continued)**

Row Name	01/10/17 1200
Fall Prevention Interventions	Frequent Visual Checks/Rounding; Needed items within reach; Adequate room lighting; Medications reviewed; Orient to environment; Room decluttered -JA
Fall Prevention Education Reviewed with :	Patient; Family -JA
<b>Mobility</b>	
Mobility Intervention	Resting in bed -JA
Level of Assistance	Independent after set-up -JA
Active Range of Motion	Active -JA
Transport Method	Wheelchair -JA
<b>Anti-Embolism Devices</b>	
Anti-Embolism Devices	Off -JA
<b>Incentive Spirometer</b>	
Is pt using incentive spirometer?	No -JA
IS Tx Not Given	Not Indicated -JA
<b>Telemetry Details</b>	
Telemetry Monitor On	Yes -JA
Telemetry Audible	Yes -JA
Telemetry Alarms Set	Yes -JA



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Flowsheets (all recorded)

Vital Signs

Row Name	01/11/17 08:13:32	01/11/17 04:09:39	01/10/17 23:01:08	01/10/17 2100	01/10/17 19:53:19
Vital Signs					
Automatic Restart	Yes -DI (r) MG (t)	Yes -DI (r) AK (t)	Yes -DI (r) AK (t)	---	Yes -DI (r) SM (t)
Vitals Timer					
Pulse	64 -DI (r) MG (t)	65 -DI (r) AK (t)	64 -DI (r) AK (t)	---	80 -DI (r) SM (t)
Heart Rate Source	---	Monitor -AK	Monitor -OO	---	Monitor -AK
Resp	18 -DI (r) MG (t)	18 -DI (r) AK (t)	18 -DI (r) AK (t)	---	18 -DI (r) SM (t)
Respiration Source	---	visual -AK	visual -OO	---	visual -AK
BP	135/69 -DI (r) MG (t)	158/66 -DI (r) AK (t)	132/55 -DI (r) AK (t)	---	154/70 -DI (r) SM (t)
BP Location	---	Left arm -AK	Right arm -OO	---	Right arm -AK
BP Method	---	Portable -AK	Portable -OO	---	Portable -AK
Patient Position	---	Supine -AK	Supine -OO	---	Standing -AK
Temp	97.5 °F (36.4 °C) -DI (r) MG (t)	98 °F (36.7 °C) -DI (r) AK (t)	98.1 °F (36.7 °C) -DI (r) AK (t)	---	---
Temp src	---	Oral -AK	Oral -OO	---	---
Oxygen Therapy					
SpO2	94 % -DI (r) MG (t)	92 % -DI (r) AK (t)	93 % -DI (r) AK (t)	---	94 % -DI (r) SM (t)
O2 Device	---	None (Room air) -AK	None (Room air) -OO	None (Room air) -SA	None (Room air) -AK

Row Name	01/10/17 19:52:21	01/10/17 19:50:47	01/10/17 19:39:48	01/10/17 19:25:31	01/10/17 19:09:48
Vital Signs					
Automatic Restart	---	Yes -DI (r) SM (t)	---	---	---
Vitals Timer					
Pulse	81 -DI (r) SM (t)	75 -DI (r) SM (t)	78 -DI (r) SM (t)	76 -DI (r) SM (t)	71 -DI (r) SM (t)
Heart Rate Source	Monitor -AK	Monitor -AK	---	---	---
Resp	---	18 -DI (r) SM (t)	---	---	---
Respiration Source	---	visual -AK	---	---	---
BP	148/69 -DI (r) SM (t)	131/64 -DI (r) SM (t)	140/68 -DI (r) SM (t)	139/66 -DI (r) SM (t)	126/60 -DI (r) SM (t)
BP Location	Right arm -AK	Right arm -AK	---	---	---
BP Method	Portable -AK	Portable -AK	---	---	---
Patient Position	Sitting -AK	Supine -AK	---	---	---
Temp	---	98 °F (36.7 °C) -DI (r) SM (t)	---	---	---
Temp src	---	Oral -AK	---	---	---
Oxygen Therapy					
SpO2	94 % -DI (r) SM (t)	92 % -DI (r) SM (t)	---	---	---
O2 Device	None (Room air) -AK	None (Room air) -AK	---	---	---

Row Name	01/10/17 18:54:53	01/10/17 18:39:42	01/10/17 18:24:44	01/10/17 18:09:43	01/10/17 17:55:31
Vital Signs					
Pulse	76 -DI (r) SM (t)	71 -DI (r) SM (t)	71 -DI (r) SM (t)	71 -DI (r) SM (t)	73 -DI (r) SM (t)
BP	123/68 -DI (r) SM (t)	140/63 -DI (r) SM (t)	136/62 -DI (r) SM (t)	139/66 -DI (r) SM (t)	146/67 -DI (r) SM (t)

Row Name	01/10/17 17:39:50	01/10/17 17:36:52	01/10/17 17:36:48	01/10/17 14:54:18	01/10/17 14:39:18
Vital Signs					
Automatic Restart	---	---	Yes -SM	---	---
Vitals Timer					
Pulse	71 -DI (r) SM (t)	72 -DI (r) SM (t)	71 -DI (r) SM (t)	68 -DI (r) JA (t)	67 -DI (r) JA (t)
Heart Rate Source	---	---	Monitor -SM	---	---
Resp	---	---	18 -SM	---	---
Respiration Source	---	---	visual -SM	---	---
BP	119/58 -DI (r) SM (t)	---	147/65 -DI (r) SM (t)	121/61 -DI (r) JA (t)	117/62 -DI (r) JA (t)
BP Location	---	---	Right arm -SM	---	---
BP Method	---	---	Portable -SM	---	---
Patient Position	---	---	Supine -SM	---	---
Temp	---	---	98.6 °F (37 °C) -DI (r) SM (t)	---	---
Temp src	---	---	Oral -SM	---	---
Oxygen Therapy					
SpO2	---	90 % -DI (r) SM (t)	91 % -DI (r) SM (t)	---	---

Row Name	01/10/17 14:24:20	01/10/17 14:09:18	01/10/17 13:54:22	01/10/17 13:39:59	01/10/17 13:24:21
Vital Signs					
Pulse	67 -DI (r) JA (t)	65 -DI (r) JA (t)	67 -DI (r) JA (t)	65 -DI (r) JA (t)	64 -DI (r) JA (t)
BP	133/63 -DI (r) JA (t)	120/64 -DI (r) JA (t)	152/70 -DI (r) JA (t)	146/74 -DI (r) JA (t)	147/67 -DI (r) JA (t)

Row Name	01/10/17 13:09:22	01/10/17 12:54:21	01/10/17 12:39:20	01/10/17 12:24:19	01/10/17 12:09:22
Vital Signs					



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**Flowsheets (all recorded) (continued)**

**Vital Signs (continued)**

Row Name	01/10/17 13:09:22	01/10/17 12:54:21	01/10/17 12:39:20	01/10/17 12:24:19	01/10/17 12:09:22
Pulse	—	60 -DI (r) JA (t)	63 -DI (r) JA (t)	61 -DI (r) JA (t)	61 -DI (r) JA (t)
BP	149/68 -DI (r) JA (t)	143/64 -DI (r) JA (t)	135/66 -DI (r) JA (t)	123/62 -DI (r) JA (t)	143/68 -DI (r) JA (t)
Temp	—	—	—	98.6 °F (37 °C) -DI (r) JA (t)	—

Oxygen Therapy

SpO2	—	91 % -DI (r) JA (t)	92 % -DI (r) JA (t)	—	93 % -DI (r) JA (t)
Row Name	01/10/17 12:07:46	01/10/17 1055	01/10/17 1037	01/10/17 1027	01/10/17 1020

Vital Signs

Automatic Restart	—	Yes -DW	Yes -DW	Yes -DW	Yes -DW
Vitals Timer	—	—	—	—	—
Pulse	59 -DI (r) JA (t)	59 -DW	60 -DW	60 -DW	57 -DW
Resp	—	15 -DW	14 -DW	16 -DW	15 -DW
BP	127/65 -DI (r) JA (t)	125/53 -DW	132/58 -DW	131/58 -DW	131/58 -DW

Oxygen Therapy

SpO2	96 % -DI (r) JA (t)	99 % -DW	97 % -DW	96 % -DW	95 % -DW
O2 Device	—	Nasal cannula -DW	Nasal cannula -DW	—	Nasal cannula -DW
O2 Flow Rate (L/min)	—	2 L/min -DW	2 L/min -DW	2 L/min -DW	2 L/min -DW
Row Name	01/10/17 1004	01/10/17 08:07:03	01/10/17 0710	—	—

Vital Signs

Automatic Restart	Yes -DW	—	Yes -DW	—	—
Vitals Timer	—	—	—	—	—
Pulse	58 -DW	—	64 -DW	—	—
Heart Rate Source	—	—	Monitor -DW	—	—
Resp	16 -DW	—	16 -DW	—	—
BP	146/67 -DW	—	137/55 -DW	—	—
Patient Position	—	—	Sitting -DW	—	—
Temp	—	—	97.6 °F (36.4 °C) -DW	—	—
Temp src	—	—	Oral -DW	—	—

Oxygen Therapy

SpO2	98 % -DW	—	97 % -DW	—	—
O2 Device	Nasal cannula -DW	Nasal cannula -RB	—	—	—
O2 Flow Rate (L/min)	2 L/min -DW	2 L/min -RB	—	—	—



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Flowsheets (all recorded)

O2 Therapy

Row Name	01/11/17 08:13:32	01/11/17 04:09:39	01/10/17 23:01:08	01/10/17 2100	01/10/17 19:53:19
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Oxygen Therapy

O2 Device	—	None (Room air) -AK	None (Room air) -OO	None (Room air) -SA	None (Room air) -AK
SpO2	94 % -DI (r) MG (t)	92 % -DI (r) AK (t)	93 % -DI (r) AK (t)	—	94 % -DI (r) SM (t)

Row Name	01/10/17 19:52:21	01/10/17 19:50:47	01/10/17 17:36:52	01/10/17 17:36:48	01/10/17 12:54:21
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Oxygen Therapy

O2 Device	None (Room air) -AK	None (Room air) -AK	—	—	—
SpO2	94 % -DI (r) SM (t)	92 % -DI (r) SM (t)	90 % -DI (r) SM (t)	91 % -DI (r) SM (t)	91 % -DI (r) JA (t)

Row Name	01/10/17 12:39:20	01/10/17 12:09:22	01/10/17 12:07:46	01/10/17 1055	01/10/17 1037
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Oxygen Therapy

O2 Device	—	—	—	Nasal cannula -DW	Nasal cannula -DW
O2 Flow Rate (L/min)	—	—	—	2 L/min -DW	2 L/min -DW
SpO2	92 % -DI (r) JA (t)	93 % -DI (r) JA (t)	96 % -DI (r) JA (t)	99 % -DW	97 % -DW

Row Name	01/10/17 1027	01/10/17 1020	01/10/17 1004	01/10/17 08:07:03	01/10/17 0710
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Oxygen Therapy

O2 Delivery	—	—	—	Oxygen -RB	—
O2 Device	—	Nasal cannula -DW	Nasal cannula -DW	Nasal cannula -RB	—
O2 Flow Rate (L/min)	2 L/min -DW	2 L/min -DW	2 L/min -DW	2 L/min -RB	—
SpO2	96 % -DW	95 % -DW	98 % -DW	—	97 % -DW



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Inpatient Record

Maurice, Eugene George  
MRN: 561253820, DOB: 1/2/1949, Sex: M  
Adm: 1/10/2017, D/C: 1/11/2017

Flowsheets (all recorded)

Post Sedation Assessment

Row Name	01/11/17 08:13:32	01/11/17 0715	01/11/17 0705	01/11/17 04:09:39	01/10/17 23:01:08
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Vitals

BP	135/69 -DI (r) MG (t)	---	---	158/66 -DI (r) AK (t)	132/55 -DI (r) AK (t)
Pulse	64 -DI (r) MG (t)	---	---	65 -DI (r) AK (t)	64 -DI (r) AK (t)
Resp	18 -DI (r) MG (t)	---	---	18 -DI (r) AK (t)	18 -DI (r) AK (t)
SpO2	94 % -DI (r) MG (t)	---	---	92 % -DI (r) AK (t)	93 % -DI (r) AK (t)
Temp	97.5 °F (36.4 °C) -DI (r) MG (t)	---	---	98 °F (36.7 °C) -DI (r) AK (t)	98.1 °F (36.7 °C) -DI (r) AK (t)
O2 Device	---	---	---	None (Room air) -AK	None (Room air) -OO

Assessment

Skin Color	---	Appropriate for ethnicity -JA	---	---	---
Skin Condition/Temp	---	Dry/Warm -JA	---	---	---
Numeric Pain Intensity Score 1	---	---	0 -JA	---	---

Row Name	01/10/17 2100	01/10/17 19:53:19	01/10/17 19:52:21	01/10/17 19:50:47	01/10/17 19:39:48
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Vitals

BP	---	154/70 -DI (r) SM (t)	148/69 -DI (r) SM (t)	131/64 -DI (r) SM (t)	140/68 -DI (r) SM (t)
Pulse	---	80 -DI (r) SM (t)	81 -DI (r) SM (t)	75 -DI (r) SM (t)	78 -DI (r) SM (t)
Resp	---	18 -DI (r) SM (t)	---	18 -DI (r) SM (t)	---
SpO2	---	94 % -DI (r) SM (t)	94 % -DI (r) SM (t)	92 % -DI (r) SM (t)	---
Temp	---	---	---	98 °F (36.7 °C) -DI (r) SM (t)	---

Cardiac Rhythm Sinus bradycardia, Normal sinus rhythm -SA

O2 Device	None (Room air) -SA	None (Room air) -AK	None (Room air) -AK	None (Room air) -AK	---
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Assessment

Skin Color	Appropriate for ethnicity -SA	---	---	---	---
Skin Condition/Temp	Dry/Warm -SA	---	---	---	---
Numeric Pain Intensity Score 1	---	---	0 -SA	---	---

Row Name	01/10/17 19:25:31	01/10/17 19:09:48	01/10/17 18:54:53	01/10/17 18:39:42	01/10/17 18:24:44
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Vitals

BP	139/66 -DI (r) SM (t)	126/60 -DI (r) SM (t)	123/68 -DI (r) SM (t)	140/63 -DI (r) SM (t)	136/62 -DI (r) SM (t)
Pulse	76 -DI (r) SM (t)	71 -DI (r) SM (t)	76 -DI (r) SM (t)	71 -DI (r) SM (t)	71 -DI (r) SM (t)

Row Name	01/10/17 18:09:43	01/10/17 17:55:31	01/10/17 17:39:50	01/10/17 17:36:52	01/10/17 17:36:48
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Vitals

BP	139/66 -DI (r) SM (t)	146/67 -DI (r) SM (t)	119/58 -DI (r) SM (t)	---	147/65 -DI (r) SM (t)
Pulse	71 -DI (r) SM (t)	73 -DI (r) SM (t)	71 -DI (r) SM (t)	72 -DI (r) SM (t)	71 -DI (r) SM (t)
Resp	---	---	---	---	18 -SM
SpO2	---	---	---	90 % -DI (r) SM (t)	91 % -DI (r) SM (t)
Temp	---	---	---	---	98.6 °F (37 °C) -DI (r) SM (t)

Row Name	01/10/17 14:54:18	01/10/17 14:39:18	01/10/17 14:24:20	01/10/17 14:09:18	01/10/17 13:54:22
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Vitals

BP	121/61 -DI (r) JA (t)	117/62 -DI (r) JA (t)	133/63 -DI (r) JA (t)	120/64 -DI (r) JA (t)	152/70 -DI (r) JA (t)
Pulse	68 -DI (r) JA (t)	67 -DI (r) JA (t)	67 -DI (r) JA (t)	65 -DI (r) JA (t)	67 -DI (r) JA (t)

Row Name	01/10/17 13:39:59	01/10/17 13:24:21	01/10/17 13:09:22	01/10/17 12:54:21	01/10/17 12:39:20
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Vitals

BP	146/74 -DI (r) JA (t)	147/67 -DI (r) JA (t)	149/68 -DI (r) JA (t)	143/64 -DI (r) JA (t)	135/66 -DI (r) JA (t)
Pulse	65 -DI (r) JA (t)	64 -DI (r) JA (t)	---	60 -DI (r) JA (t)	63 -DI (r) JA (t)
SpO2	---	---	---	91 % -DI (r) JA (t)	92 % -DI (r) JA (t)

Row Name	01/10/17 12:24:19	01/10/17 12:09:22	01/10/17 12:07:46	01/10/17 1200	01/10/17 1055
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Vitals

BP	123/62 -DI (r) JA (t)	143/68 -DI (r) JA (t)	127/65 -DI (r) JA (t)	---	125/63 -DW
Pulse	61 -DI (r) JA (t)	61 -DI (r) JA (t)	59 -DI (r) JA (t)	---	59 -DW
Resp	---	---	---	---	15 -DW
SpO2	---	93 % -DI (r) JA (t)	96 % -DI (r) JA (t)	---	99 % -DW
Temp	98.6 °F (37 °C) -DI (r) JA (t)	---	---	---	---

Cardiac Rhythm Sinus bradycardia -JA Sinus bradycardia -DW



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Flowsheets (all recorded) (continued)

Post Sedation Assessment (continued)

Row Name	01/10/17 12:24:19	01/10/17 12:09:22	01/10/17 12:07:46	01/10/17 1200	01/10/17 1055
O2 Device	---	---	---	---	Nasal cannula -DW
O2 Flow Rate (L/min)	---	---	---	---	2 L/min -DW
<b>Assessment</b>					
Skin Color	---	---	---	Appropriate for ethnicity -JA	Appropriate for ethnicity -DW
Skin Condition/Temp	---	---	---	Dry/Warm -JA	Dry/Warm -DW
Orient/LOC	---	---	---	---	Sleeping -DW
Numeric Pain Intensity Score 1	---	---	---	0 -JA	0 -DW
<b>Aldrete</b>					
Activity	---	---	---	---	2 -DW
Respiration	---	---	---	---	2 -DW
Circulation	---	---	---	---	2 -DW
Consciousness	---	---	---	---	1 -DW
Color	---	---	---	---	2 -DW
Aldrete Score	---	---	---	---	9 -DW

Row Name	01/10/17 1037	01/10/17 1027	01/10/17 1020	01/10/17 1004	01/10/17 08:07:03
<b>Vitals</b>					
BP	132/58 -DW	131/58 -DW	131/58 -DW	146/67 -DW	---
Pulse	60 -DW	60 -DW	57 -DW	58 -DW	---
Resp	14 -DW	16 -DW	15 -DW	16 -DW	---
SpO2	97 % -DW	96 % -DW	95 % -DW	98 % -DW	---
Cardiac Rhythm	Normal sinus rhythm -DW	Normal sinus rhythm -DW	Sinus bradycardia -DW	Sinus bradycardia -DW	---
O2 Device	Nasal cannula -DW	---	Nasal cannula -DW	Nasal cannula -DW	Nasal cannula -RB
O2 Flow Rate (L/min)	2 L/min -DW	2 L/min -DW	2 L/min -DW	2 L/min -DW	2 L/min -RB
<b>Assessment</b>					
Skin Color	Appropriate for ethnicity -DW	Appropriate for ethnicity -DW	Appropriate for ethnicity -DW	Appropriate for ethnicity -DW	---
Skin Condition/Temp	Dry/Warm -DW	Dry/Warm -DW	Dry/Warm -DW	Dry/Warm -DW	---
Orient/LOC	Sleeping -DW	Sleeping -DW	Sleeping -DW	WDL -DW	---
Numeric Pain Intensity Score 1	0 -DW	0 -DW	0 -DW	0 -DW	---
<b>Aldrete</b>					
Activity	2 -DW	2 -DW	2 -DW	2 -DW	---
Respiration	2 -DW	2 -DW	2 -DW	2 -DW	---
Circulation	2 -DW	2 -DW	2 -DW	2 -DW	---
Consciousness	1 -DW	1 -DW	1 -DW	2 -DW	---
Color	2 -DW	2 -DW	2 -DW	2 -DW	---
Aldrete Score	9 -DW	9 -DW	9 -DW	10 -DW	---

Row Name	01/10/17 0710				
<b>Vitals</b>					
BP	137/55 -DW				
Pulse	64 -DW				
Resp	16 -DW				
SpO2	97 % -DW				
Temp	97.6 °F (36.4 °C) -DW				
<b>Assessment</b>					
Numeric Pain Intensity Score 1	0 -DW				



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Flowsheets (all recorded)

VTE Screening

Row Name	01/10/17 1200
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Score 1 for each factor (RETIRED)

(RETIRED) History of prior major surgery (within past 1 month)	0 -JA
(RETIRED) Pregnancy or postpartum (less than 1 month)	0 -JA
(RETIRED) Varicose Veins	0 -JA
(RETIRED) Age 41 to 59 years	0 -JA
(RETIRED) Inflammatory Bowel Disease	0 -JA
(RETIRED) Obesity (BMI 30 to 40)	0 -JA
(RETIRED) Oral Contraceptives	0 -JA
(RETIRED) Hormone Therapy	0 -JA
(RETIRED) Abnormal Pulmonary Function, COPD or Pneumonia (less than 1 month)	0 -JA
(RETIRED) Medical Patient (on bedrest)	0 -JA
(RETIRED) MI (less than 1 month)	0 -JA
(RETIRED) CHF (less than 1 month)	0 -JA
(RETIRED) Sepsis (less than 1 month)	0 -JA
(RETIRED) Swollen Legs (current)	0 -JA
(RETIRED) Total Score	0 -JA

(RETIRED) Score 2 for each factor

(RETIRED) Major surgery (greater than 60 minutes, current admission)	0 -JA
(RETIRED) Laproscopic surgery (greater than 60 minutes)	0 -JA
(RETIRED) Arthroscopic surgery (greater than 60 minutes)	0 -JA
(RETIRED) Age 60 - 74 years	2 -JA
(RETIRED) Morbid Obesity (BMI greater than 40 to 50)	0 -JA
(RETIRED) Immobilizing cast or splint	0 -JA
(RETIRED) Central venous catheter	0 -JA
(RETIRED) Malignancy (previous)	0 -JA
(RETIRED) Total Score	2 -JA

(RETIRED) Score 3 for each factor

(RETIRED) History of SVT, DVT/PE	0 -JA
(RETIRED) Family History of DVT/PE	0 -JA
(RETIRED) Age 75	0 -JA



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Flowsheets (all recorded) (continued)

VTE Screening (continued)

Row Name	01/10/17 1200
years and over	
(RETIRED) Prior Major Surgery	0 -JA
(RETIRED) BMI > 50	0 -JA
(RETIRED) Venous stasis syndrome	0 -JA
(RETIRED) Hypercoagulable states	0 -JA
(RETIRED) Total Score	0 -JA
(RETIRED) Score 5 for each factor	
(RETIRED) Major surgery (greater than 3 hours)	0 -JA
(RETIRED) Elective Major Lower Extremity Arthroplasty	0 -JA
(RETIRED) Hip, pelvis, or leg fracture (less than 1 month)	0 -JA
(RETIRED) Stroke (less than 1 month)	0 -JA
(RETIRED) Major trauma (less than 1 month)	0 -JA
(RETIRED) Acute Spinal Cord Injury (less than 1 month)	0 -JA
(RETIRED) Paralysis (less than 1 month)	0 -JA
(RETIRED) Mechanical ventilation	0 -JA
(RETIRED) Total Score	0 -JA
Total Risk Factor Score	
VTE Total Risk Factor Score	2 -JA
VTE Prophylaxis Meets Requirements	
Is Recommended VTE Prophylaxis ordered?	Yes -JA





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Flowsheets (all recorded)

Anthropometrics

Row Name	01/11/17 04:09:39	01/10/17 0709			
Anthropometrics					
Height	---	67" (1.702 m) -DW			
Weight	103.1 kg (227 lb 4.8 oz) -DI (r) AK (t)	96.2 kg (212 lb) -DW			
Weight Method	Actual -AK	Stated -DW			
Weight Change	7.22 -DI (r) AK (t)	0 -DW			
BMI (Calculated)	---	33.2 -DW			



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Flowsheets (all recorded)

Severe Sepsis Screen

Row Name	01/11/17 0830	01/10/17 2200	01/10/17 1830	01/10/17 1812	01/10/17 1230
<b>Severe Sepsis Screening Tool</b>					
Current Sepsis Treatment AND On IV Pressors?	No - Continue Screening -JA	No - Continue Screening -SA	---	---	No - Continue Screening -JA
Antibiotic Therapy (Non-Prophylactic) (View Only)	No- Stop screen if no to both suspected infection and antibiotic -JA	No- Stop screen if no to both suspected infection and antibiotic -SA	---	---	No- Stop screen if no to both suspected infection and antibiotic -JA
<b>Infection</b>					
Suspected / Documented Infection?	No- Screen for antibiotic therapy -JA	No- Screen for antibiotic therapy -SA	---	---	No- Screen for antibiotic therapy -JA
<b>Screening Results</b>					
Positive For Severe Sepsis ?	No- Negative for Severe Sepsis -JA	---	---	---	No- Negative for Severe Sepsis -JA
<b>Provider Notification</b>					
Reason for Communication (View Only)	---	---	---	Other (comment) bleeding right grion -JA	---
Notification Time	---	---	1830 -JA	1812 -JA	---
Provider Name	---	---	Raquel DeCamp -JA	Raquel DeCamp -JA	---
Provider Role	---	---	PA -JA	PA -JA	---
Method of Communication	---	---	Call -JA	Perfect Serve -JA	---
Response	---	---	Other (Comment) continue to monitor -JA	Waiting for response -JA	---



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Flowsheets (all recorded)

Vitals/Pain

Row Name	01/11/17 08:13:32	01/11/17 0705	01/11/17 04:09:39	01/10/17 23:01:08	01/10/17 19:53:19
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OTHER

Patient Position	---	---	Supine -AK	Supine -OO	Standing -AK
Weight Method	---	---	Actual -AK	---	---

Vitals

BP	135/69 -DI (r) MG (t)	---	158/66 -DI (r) AK (t)	132/55 -DI (r) AK (t)	154/70 -DI (r) SM (t)
Temp	97.5 °F (36.4 °C) -DI (r) MG (t)	---	98 °F (36.7 °C) -DI (r) AK (t)	98.1 °F (36.7 °C) -DI (r) AK (t)	---
Temp src	---	---	Oral -AK	Oral -OO	---
Pulse	64 -DI (r) MG (t)	---	65 -DI (r) AK (t)	64 -DI (r) AK (t)	80 -DI (r) SM (t)
Resp	18 -DI (r) MG (t)	---	18 -DI (r) AK (t)	18 -DI (r) AK (t)	18 -DI (r) SM (t)
SpO2	94 % -DI (r) MG (t)	---	92 % -DI (r) AK (t)	93 % -DI (r) AK (t)	94 % -DI (r) SM (t)
Weight	---	---	103.1 kg (227 lb 4.8 oz) -DI (r) AK (t)	---	---

Vital Signs

Heart Rate Source	---	---	Monitor -AK	Monitor -OO	Monitor -AK
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Numeric Pain Intensity Scale 1

Numeric Pain Intensity Score 1	---	0 -JA	---	---	---
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Row Name	01/10/17 19:52:21	01/10/17 19:50:47	01/10/17 19:39:48	01/10/17 19:25:31	01/10/17 19:09:48
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OTHER

Patient Position	Sitting -AK	Supine -AK	---	---	---
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Vitals

BP	148/69 -DI (r) SM (t)	131/64 -DI (r) SM (t)	140/68 -DI (r) SM (t)	139/66 -DI (r) SM (t)	126/60 -DI (r) SM (t)
Temp	---	98 °F (36.7 °C) -DI (r) SM (t)	---	---	---
Temp src	---	Oral -AK	---	---	---
Pulse	81 -DI (r) SM (t)	75 -DI (r) SM (t)	78 -DI (r) SM (t)	76 -DI (r) SM (t)	71 -DI (r) SM (t)
Resp	---	18 -DI (r) SM (t)	---	---	---
SpO2	94 % -DI (r) SM (t)	92 % -DI (r) SM (t)	---	---	---

Vital Signs

Heart Rate Source	Monitor -AK	Monitor -AK	---	---	---
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Numeric Pain Intensity Scale 1

Numeric Pain Intensity Score 1	0 -SA	---	---	---	---
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Row Name	01/10/17 18:54:53	01/10/17 18:39:42	01/10/17 18:24:44	01/10/17 18:09:43	01/10/17 17:55:31
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Vitals

BP	123/68 -DI (r) SM (t)	140/63 -DI (r) SM (t)	136/62 -DI (r) SM (t)	139/66 -DI (r) SM (t)	146/67 -DI (r) SM (t)
Pulse	76 -DI (r) SM (t)	71 -DI (r) SM (t)	71 -DI (r) SM (t)	71 -DI (r) SM (t)	73 -DI (r) SM (t)

Row Name	01/10/17 17:39:50	01/10/17 17:36:52	01/10/17 17:36:48	01/10/17 14:54:18	01/10/17 14:39:18
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OTHER

Patient Position	---	---	Supine -SM	---	---
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Vitals

BP	119/58 -DI (r) SM (t)	---	147/65 -DI (r) SM (t)	121/61 -DI (r) JA (t)	117/62 -DI (r) JA (t)
Temp	---	---	98.6 °F (37 °C) -DI (r) SM (t)	---	---
Temp src	---	---	Oral -SM	---	---
Pulse	71 -DI (r) SM (t)	72 -DI (r) SM (t)	71 -DI (r) SM (t)	68 -DI (r) JA (t)	67 -DI (r) JA (t)
Resp	---	---	18 -SM	---	---
SpO2	---	90 % -DI (r) SM (t)	91 % -DI (r) SM (t)	---	---

Vital Signs

Heart Rate Source	---	---	Monitor -SM	---	---
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Row Name	01/10/17 14:24:20	01/10/17 14:09:18	01/10/17 13:54:22	01/10/17 13:39:59	01/10/17 13:24:21
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Vitals

BP	133/63 -DI (r) JA (t)	120/64 -DI (r) JA (t)	152/70 -DI (r) JA (t)	146/74 -DI (r) JA (t)	147/67 -DI (r) JA (t)
Pulse	67 -DI (r) JA (t)	65 -DI (r) JA (t)	67 -DI (r) JA (t)	65 -DI (r) JA (t)	64 -DI (r) JA (t)

Row Name	01/10/17 13:09:22	01/10/17 12:54:21	01/10/17 12:39:20	01/10/17 12:24:19	01/10/17 12:09:22
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Vitals

BP	149/68 -DI (r) JA (t)	143/64 -DI (r) JA (t)	135/66 -DI (r) JA (t)	123/62 -DI (r) JA (t)	143/68 -DI (r) JA (t)
Temp	---	---	---	98.6 °F (37 °C) -DI (r) JA	---



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**Flowsheets (all recorded) (continued)**

**Vitals/Pain (continued)**

Row Name	01/10/17 13:09:22	01/10/17 12:54:21	01/10/17 12:39:20	01/10/17 12:24:19	01/10/17 12:09:22
Pulse	—	60 -DI (r) JA (t)	63 -DI (r) JA (t)	61 -DI (r) JA (t)	61 -DI (r) JA (t)
SpO2	—	91 % -DI (r) JA (t)	92 % -DI (r) JA (t)	—	93 % -DI (r) JA (t)

Row Name	01/10/17 12:07:46	01/10/17 1200	01/10/17 1055	01/10/17 1037	01/10/17 1027
Vitals					
BP	127/65 -DI (r) JA (t)	—	125/53 -DW	132/58 -DW	131/58 -DW
Pulse	59 -DI (r) JA (t)	—	59 -DW	60 -DW	60 -DW
Resp	—	—	15 -DW	14 -DW	16 -DW
SpO2	96 % -DI (r) JA (t)	—	99 % -DW	97 % -DW	96 % -DW

**Numeric Pain Intensity Scale 1**

Numeric Pain Intensity Score 1	—	0 -JA	0 -DW	0 -DW	0 -DW
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Row Name	01/10/17 1020	01/10/17 1004	01/10/17 0710	01/10/17 0709
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**OTHER**

Patient Position	—	—	Sitting -DW	—
Weight Method	—	—	—	Stated -DW
BMI (Calculated)	—	—	—	33.2 -DW
BSA (Calculated - sq m)	—	—	—	2.13 sq meters -DW
Pain Assessment	—	—	0-10 -DW	—

**Vitals**

BP	131/58 -DW	146/67 -DW	137/55 -DW	—
Temp	—	—	97.6 °F (36.4 °C) -DW	—
Temp src	—	—	Oral -DW	—
Pulse	57 -DW	58 -DW	64 -DW	—
Resp	15 -DW	16 -DW	16 -DW	—
SpO2	95 % -DW	98 % -DW	97 % -DW	—
Height	—	—	—	67" (1.702 m) -DW
Weight	—	—	—	96.2 kg (212 lb) -DW

**Vital Signs**

Heart Rate Source	—	—	Monitor -DW	—
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**Numeric Pain Intensity Scale 1**

Numeric Pain Intensity Score 1	0 -DW	0 -DW	0 -DW	—
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WS Cobb Hospital  
3950 Austell Road SW  
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Inpatient Record

Maurice, Eugene George  
MRN: 561253820, DOB: 1/2/1949, Sex: M  
Adm: 1/10/2017, D/C: 1/11/2017

**Flowsheets (all recorded)**

**Fall Risk**

Row Name	01/10/17 0710				
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Fall Assessment

Patient Receiving Sedation	Yes -DW
Fall Risk	Yes -DW
Fall Band Applied	Yes -DW
Yellow socks	Yes -DW



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Flowsheets (all recorded)

CARDNT HEMODYNAMIC

Row Name	01/11/17 08:13:32	01/11/17 04:09:39	01/10/17 23:01:08	01/10/17 19:53:19	01/10/17 19:52:21
Vitals					
SpO2	94 % -DI (r) MG (t)	92 % -DI (r) AK (t)	93 % -DI (r) AK (t)	94 % -DI (r) SM (t)	94 % -DI (r) SM (t)
Pulse	64 -DI (r) MG (t)	65 -DI (r) AK (t)	64 -DI (r) AK (t)	80 -DI (r) SM (t)	81 -DI (r) SM (t)
Resp	18 -DI (r) MG (t)	18 -DI (r) AK (t)	18 -DI (r) AK (t)	18 -DI (r) SM (t)	—
Row Name	01/10/17 19:50:47	01/10/17 19:39:48	01/10/17 19:25:31	01/10/17 19:09:48	01/10/17 18:54:53
Vitals					
SpO2	92 % -DI (r) SM (t)	—	—	—	—
Pulse	75 -DI (r) SM (t)	78 -DI (r) SM (t)	76 -DI (r) SM (t)	71 -DI (r) SM (t)	76 -DI (r) SM (t)
Resp	18 -DI (r) SM (t)	—	—	—	—
Row Name	01/10/17 18:39:42	01/10/17 18:24:44	01/10/17 18:09:43	01/10/17 17:55:31	01/10/17 17:39:50
Vitals					
Pulse	71 -DI (r) SM (t)	71 -DI (r) SM (t)	71 -DI (r) SM (t)	73 -DI (r) SM (t)	71 -DI (r) SM (t)
Row Name	01/10/17 17:36:52	01/10/17 17:36:48	01/10/17 14:54:18	01/10/17 14:39:18	01/10/17 14:24:20
Vitals					
SpO2	90 % -DI (r) SM (t)	91 % -DI (r) SM (t)	—	—	—
Pulse	72 -DI (r) SM (t)	71 -DI (r) SM (t)	68 -DI (r) JA (t)	67 -DI (r) JA (t)	67 -DI (r) JA (t)
Resp	—	18 -SM	—	—	—
Row Name	01/10/17 14:09:18	01/10/17 13:54:22	01/10/17 13:39:59	01/10/17 13:24:21	01/10/17 12:54:21
Vitals					
SpO2	—	—	—	—	91 % -DI (r) JA (t)
Pulse	65 -DI (r) JA (t)	67 -DI (r) JA (t)	65 -DI (r) JA (t)	64 -DI (r) JA (t)	60 -DI (r) JA (t)
Row Name	01/10/17 12:39:20	01/10/17 12:24:19	01/10/17 12:09:22	01/10/17 12:07:46	01/10/17 1055
Vitals					
SpO2	92 % -DI (r) JA (t)	—	93 % -DI (r) JA (t)	96 % -DI (r) JA (t)	99 % -DW
Pulse	63 -DI (r) JA (t)	61 -DI (r) JA (t)	61 -DI (r) JA (t)	59 -DI (r) JA (t)	59 -DW
Resp	—	—	—	—	15 -DW
Row Name	01/10/17 1037	01/10/17 1027	01/10/17 1020	01/10/17 1004	01/10/17 09:54:55
Vitals					
Heart Rate	—	—	—	—	56 bpm -VI
Systolic Pressure	—	—	—	—	157 mmHg -VI
Diastolic Pressure	—	—	—	—	76 mmHg -VI
Mean Pressure	—	—	—	—	104 mmHg -VI
Respiration Rate	—	—	—	—	15 breaths/min -VI
SpO2	97 % -DW	96 % -DW	95 % -DW	98 % -DW	—
Pulse	60 -DW	60 -DW	57 -DW	58 -DW	—
Resp	14 -DW	16 -DW	15 -DW	16 -DW	—
Row Name	01/10/17 09:49:57	01/10/17 09:44:51	01/10/17 09:39:53	01/10/17 09:34:55	01/10/17 09:29:52
Vitals					
SpO2	100 % -VI	100 % -VI	100 % -VI	100 % -VI	100 % -VI
Heart Rate	58 bpm -VI	61 bpm -VI	57 bpm -VI	58 bpm -VI	55 bpm -VI
Systolic Pressure	151 mmHg -VI	158 mmHg -VI	138 mmHg -VI	135 mmHg -VI	145 mmHg -VI
Diastolic Pressure	75 mmHg -VI	70 mmHg -VI	65 mmHg -VI	68 mmHg -VI	62 mmHg -VI
Mean Pressure	105 mmHg -VI	111 mmHg -VI	84 mmHg -VI	85 mmHg -VI	87 mmHg -VI
Respiration Rate	15 breaths/min -VI	16 breaths/min -VI	13 breaths/min -VI	13 breaths/min -VI	14 breaths/min -VI
Row Name	01/10/17 09:24:52	01/10/17 09:19:52	01/10/17 09:14:49	01/10/17 09:09:51	01/10/17 0907
Vitals					
SpO2	100 % -VI	100 % -VI	99 % -VI	100 % -VI	—
Heart Rate	55 bpm -VI	56 bpm -VI	56 bpm -VI	56 bpm -VI	—
Systolic Pressure	124 mmHg -VI	131 mmHg -VI	131 mmHg -VI	107 mmHg -VI	—
Diastolic Pressure	63 mmHg -VI	62 mmHg -VI	60 mmHg -VI	60 mmHg -VI	—
Mean Pressure	83 mmHg -VI	95 mmHg -VI	78 mmHg -VI	74 mmHg -VI	—
Respiration Rate	15 breaths/min -VI	14 breaths/min -VI	15 breaths/min -VI	12 breaths/min -VI	—
Pressure Summary					
AO Systolic Cath Pressure	—	—	—	—	111 mmHg -VI
AO Diastolic Cath Pressure	—	—	—	—	54 mmHg -VI
AO Mean Cath Pressure	—	—	—	—	75 mmHg -VI
AO Heart Rate	—	—	—	—	56 bpm -VI



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Flowsheets (all recorded) (continued)

CARDNT HEMODYNAMIC (continued)

Row Name	01/10/17 09:04:45	01/10/17 08:59:46	01/10/17 08:57:02	01/10/17 08:56:58	01/10/17 08:56:28
Vitals					
SpO2	98 % -VI	98 % -VI	---	---	---
Heart Rate	64 bpm -VI	59 bpm -VI	---	---	---
Systolic Pressure	110 mmHg -VI	105 mmHg -VI	---	---	---
Diastolic Pressure	60 mmHg -VI	56 mmHg -VI	---	---	---
Mean Pressure	86 mmHg -VI	71 mmHg -VI	---	---	---
Respiration Rate	17 breaths/min -VI	14 breaths/min -VI	---	---	---
Pressure Summary					
LV Systolic Cath Pressure	---	---	---	92 mmHg -VI	105 mmHg -VI
LV Diastolic Cath Pressure	---	---	---	15 mmHg -VI	9 mmHg -VI
LV Heart Rate	---	---	---	90 bpm -VI	56 bpm -VI
AO Systolic Cath Pressure	---	---	90 mmHg -VI	---	---
AO Diastolic Cath Pressure	---	---	48 mmHg -VI	---	---
AO Mean Cath Pressure	---	---	54 mmHg -VI	---	---
AO Heart Rate	---	---	59 bpm -VI	---	---
LV End Diastolic	---	---	---	26 mmHg -VI	23 mmHg -VI
Row Name	01/10/17 08:56:24	01/10/17 08:54:48	01/10/17 08:49:48	01/10/17 08:44:50	01/10/17 08:39:43

Vitals					
SpO2	---	97 % -VI	97 % -VI	97 % -VI	98 % -VI
Heart Rate	---	59 bpm -VI	58 bpm -VI	57 bpm -VI	60 bpm -VI
Systolic Pressure	---	103 mmHg -VI	113 mmHg -VI	114 mmHg -VI	116 mmHg -VI
Diastolic Pressure	---	54 mmHg -VI	57 mmHg -VI	58 mmHg -VI	69 mmHg -VI
Mean Pressure	---	67 mmHg -VI	71 mmHg -VI	81 mmHg -VI	76 mmHg -VI
Respiration Rate	---	15 breaths/min -VI	15 breaths/min -VI	21 breaths/min -VI	17 breaths/min -VI
Pressure Summary					
LV Systolic Cath Pressure	103 mmHg -VI	---	---	---	---
LV Diastolic Cath Pressure	9 mmHg -VI	---	---	---	---
LV Heart Rate	60 bpm -VI	---	---	---	---
LV End Diastolic	21 mmHg -VI	---	---	---	---
Row Name	01/10/17 08:36:30	01/10/17 08:34:47	01/10/17 08:29:41	01/10/17 08:24:45	01/10/17 08:19:52

Vitals					
SpO2	---	95 % -VI	96 % -VI	97 % -VI	98 % -VI
Heart Rate	---	60 bpm -VI	61 bpm -VI	57 bpm -VI	57 bpm -VI
Systolic Pressure	---	107 mmHg -VI	119 mmHg -VI	101 mmHg -VI	114 mmHg -VI
Diastolic Pressure	---	54 mmHg -VI	58 mmHg -VI	55 mmHg -VI	59 mmHg -VI
Mean Pressure	---	66 mmHg -VI	72 mmHg -VI	66 mmHg -VI	79 mmHg -VI
Respiration Rate	---	17 breaths/min -VI	27 breaths/min -VI	15 breaths/min -VI	17 breaths/min -VI
Pressure Summary					
AO Systolic Cath Pressure	104 mmHg -VI	---	---	---	---
AO Diastolic Cath Pressure	27 mmHg -VI	---	---	---	---
AO Mean Cath Pressure	65 mmHg -VI	---	---	---	---
AO Heart Rate	59 bpm -VI	---	---	---	---
Row Name	01/10/17 08:14:48	01/10/17 08:10:54	01/10/17 08:07:30	01/10/17 07:10	

Vitals					
SpO2	99 % -VI	100 % -VI	---	---	---
Heart Rate	55 bpm -VI	69 bpm -VI	---	---	---
Systolic Pressure	144 mmHg -VI	165 mmHg -VI	---	---	---
Diastolic Pressure	66 mmHg -VI	78 mmHg -VI	---	---	---
Mean Pressure	88 mmHg -VI	108 mmHg -VI	---	---	---
Respiration Rate	14 breaths/min -VI	12 breaths/min -VI	---	---	---
SpO2	---	---	---	97 % -DW	---
Pulse	---	---	---	64 -DW	---
Resp	---	---	---	16 -DW	---



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**Flowsheets (all recorded) (continued)**

**CARDNT HEMODYNAMIC (continued)**

Row Name	01/10/17 08:14:48	01/10/17 08:10:54	01/10/17 08:07:30	01/10/17 07:10
<b>AO Pressures</b>				
AO Systolic	---	---	111 mmHg -VI	---
AO Diastolic	---	---	54 mmHg -VI	---
AO Mean	---	---	75 mmHg -VI	---
AO Heart Rate	---	---	56 bpm -VI	---
<b>LV Pressures</b>				
LV Systolic	---	---	92 mmHg -VI	---
LV End Diastolic	---	---	26 mmHg -VI	---
LV dP/dt	---	---	720 -VI	---
<b>Data Collected</b>				
Hemodynamic Phase	---	---	Phase: Baseline -VI	---





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**Flowsheets (all recorded)**

**Cath Lab Pain Assessment**

Row Name	01/10/17 08:06:58				
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Pain

Pain No -RB



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**Flowsheets (all recorded)**

**Preop Nurse**

Row Name	01/10/17 0705				
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Pre-op Nurse

Pre Procedure Nurse wehrle -DW



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Flowsheets (all recorded)

DCP Assessment

Row Name	01/11/17 1200	01/10/17 1200
<b>Patient Information</b>		
Living Situation Prior to Admission	---	Home -JA
Primary Caregiver	---	None -JA
<b>Discharge Plan</b>		
Is Discharge Transport arranged?	---	No -JA
Barriers to discharge	---	No Barriers -JA
<b>IA/UM Assessments Completed</b>		
UM Assessment Complete	Yes -AP	---



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Flowsheets (all recorded)

Daily Cares

Row Name	01/11/17 0715	01/11/17 0000	01/10/17 2200	01/10/17 2100	01/10/17 1800
<b>Safe Environment</b>					
Arm Bands On	ID:Allergies -JA	ID:Allergies -OO	---	---	ID:Allergies -SM
Safety Checks	Overbed table in reach;Bed in lowest position;Wheels on bed locked;Wheels on chair locked;NonSkid Footwear on;Call light in reach -JA	Overbed table in reach;Bed in lowest position;Wheels on bed locked;Wheels on chair locked;NonSkid Footwear on;Call light in reach -OO	---	---	Overbed table in reach;Bed in lowest position;Wheels on bed locked -SM
Bed type	Hillrom Clinitron Rite Hite -JA	---	---	---	Hillrom Clinitron Rite Hite -SM
Safety Alarm Verified	---	No alarm -OO	---	---	No alarm -SM
Side Rails/Bed Safety	3/4 -JA	3/4 -OO	---	---	3/4 -SM
<b>Fall Risk Interventions</b>					
Fall Prevention Interventions	Frequent Visual Checks/Rounding;Needed items within reach;Adequate room lighting;Medications reviewed;Orient to environment;Room decluttered -JA	---	---	---	Needed items within reach;Frequent Visual Checks/Rounding -SM
Fall Prevention Education Reviewed with :	Patient -JA	---	---	---	Patient;Family -SM
<b>Mobility</b>					
Mobility Intervention	Resting in bed -JA	Resting in bed -OO	---	---	Resting in bed -SM
Level of Assistance	Independent -JA	Minimal assist, patient does 75% or more -OO	---	---	Minimal assist, patient does 75% or more -SM
Active Range of Motion	Active -JA	---	---	---	---
Transport Method	Bed -JA	---	---	---	---
<b>Patient Position</b>					
Repositioned	Lying left side;Turns self -JA	Turns self -OO	---	---	Turns self -SM
<b>Hygiene</b>					
Hygiene Performed	---	---	Linen change;Gown changed;Back rub -AK	---	---
Performed by	---	---	Nursing Staff -AK	---	---
<b>Anti-Embolism Devices</b>					
Anti-Embolism Devices	Off -JA	---	---	Off -SA	---
<b>Telemetry Details</b>					
Telemetry Monitor On	Yes -JA	---	---	Yes -SA	---
Telemetry Audible	Yes -JA	---	---	Yes -SA	---
Telemetry Box Number	mx22 -JA	---	---	mx22 -SA	---
Telemetry Alarms Set	Yes -JA	---	---	Yes -SA	---
<b>Incentive Spirometer</b>					
Is pt using incentive spirometer?	No -JA	---	---	No -SA	---

Row Name	01/10/17 1200				
<b>Safe Environment</b>					
Arm Bands On	ID:Allergies -JA				
Safety Checks	Overbed table in reach;Bed in lowest position;Wheels on bed locked;Wheels on chair locked;NonSkid Footwear on;Call light in reach -JA				
Bed type	Hillrom Clinitron Rite Hite -JA				
Side Rails/Bed Safety	3/4 -JA				
<b>Fall Risk Interventions</b>					
Fall Prevention	Frequent Visual				



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**Flowsheets (all recorded) (continued)**

**Daily Cares (continued)**

Row Name	01/10/17 1200
Interventions	Checks/Rounding;Needed items within reach;Adequate room lighting;Medications reviewed;Orient to environment;Room decluttered -JA
Fall Prevention Education Reviewed with :	Patient;Family -JA
<b>Mobility</b>	
Mobility Intervention	Resting in bed -JA
Level of Assistance	Independent after set-up -JA
Active Range of Motion	Active -JA
Transport Method	Wheelchair -JA
<b>Anti-Embolism Devices</b>	
Anti-Embolism Devices	Off -JA
<b>Telemetry Details</b>	
Telemetry Monitor On	Yes -JA
Telemetry Audible	Yes -JA
Telemetry Alarms Set	Yes -JA
<b>Incentive Spirometer</b>	
Is pt using incentive spirometer?	No -JA



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Flowsheets (all recorded)

Arterial/Venous Sheath Assessment

Row Name	01/11/17 08:13:32	01/11/17 07:15	01/11/17 04:09:39	01/10/17 23:01:08	01/10/17 21:00
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Sheath Insertion Site Location - Assessment

R Radial Pulse	---	+2 -JA	---	---	+2 -SA
L Pedal Pulse	---	+2 -JA	---	---	+2 -SA
R Pedal Pulse	---	+2 -JA	---	---	+2 -SA

LUE Neurovascular Assessment

L Radial Pulse	---	+2 -JA	---	---	+1 -SA
----------------	-----	--------	-----	-----	--------

Vitals

Temp	97.5 °F (36.4 °C) -DI (r) MG (t)	---	98 °F (36.7 °C) -DI (r) AK (t)	98.1 °F (36.7 °C) -DI (r) AK (t)	---
Temp src	---	---	Oral -AK	Oral -OO	---
Pulse	64 -DI (r) MG (t)	---	65 -DI (r) AK (t)	64 -DI (r) AK (t)	---
Heart Rate Source	---	---	Monitor -AK	Monitor -OO	---
Resp	18 -DI (r) MG (t)	---	18 -DI (r) AK (t)	18 -DI (r) AK (t)	---
BP	135/69 -DI (r) MG (t)	---	158/66 -DI (r) AK (t)	132/55 -DI (r) AK (t)	---
Patient Position	---	---	Supine -AK	Supine -OO	---

Oxygen Therapy

SpO2	94 % -DI (r) MG (t)	---	92 % -DI (r) AK (t)	93 % -DI (r) AK (t)	---
O2 Device	---	---	None (Room air) -AK	None (Room air) -OO	None (Room air) -SA

Row Name	01/10/17 19:53:19	01/10/17 19:52:21	01/10/17 19:50:47	01/10/17 19:39:48	01/10/17 19:25:31
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Vitals

Temp	---	---	98 °F (36.7 °C) -DI (r) SM (t)	---	---
Temp src	---	---	Oral -AK	---	---
Pulse	80 -DI (r) SM (t)	81 -DI (r) SM (t)	75 -DI (r) SM (t)	78 -DI (r) SM (t)	76 -DI (r) SM (t)
Heart Rate Source	Monitor -AK	Monitor -AK	Monitor -AK	---	---
Resp	18 -DI (r) SM (t)	---	18 -DI (r) SM (t)	---	---
BP	154/70 -DI (r) SM (t)	148/69 -DI (r) SM (t)	131/64 -DI (r) SM (t)	140/68 -DI (r) SM (t)	139/66 -DI (r) SM (t)
Patient Position	Standing -AK	Sitting -AK	Supine -AK	---	---

Oxygen Therapy

SpO2	94 % -DI (r) SM (t)	94 % -DI (r) SM (t)	92 % -DI (r) SM (t)	---	---
O2 Device	None (Room air) -AK	None (Room air) -AK	None (Room air) -AK	---	---

Row Name	01/10/17 19:09:48	01/10/17 18:54:53	01/10/17 18:39:42	01/10/17 18:24:44	01/10/17 18:09:43
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Vitals

Pulse	71 -DI (r) SM (t)	76 -DI (r) SM (t)	71 -DI (r) SM (t)	71 -DI (r) SM (t)	71 -DI (r) SM (t)
BP	126/60 -DI (r) SM (t)	123/68 -DI (r) SM (t)	140/63 -DI (r) SM (t)	136/62 -DI (r) SM (t)	139/66 -DI (r) SM (t)

Row Name	01/10/17 17:55:31	01/10/17 17:39:50	01/10/17 17:36:52	01/10/17 17:36:48	01/10/17 14:54:18
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Vitals

Temp	---	---	---	98.6 °F (37 °C) -DI (r) SM (t)	---
Temp src	---	---	---	Oral -SM	---
Pulse	73 -DI (r) SM (t)	71 -DI (r) SM (t)	72 -DI (r) SM (t)	71 -DI (r) SM (t)	68 -DI (r) JA (t)
Heart Rate Source	---	---	---	Monitor -SM	---
Resp	---	---	---	18 -SM	---
BP	146/67 -DI (r) SM (t)	119/58 -DI (r) SM (t)	---	147/65 -DI (r) SM (t)	121/61 -DI (r) JA (t)
Patient Position	---	---	---	Supine -SM	---

Oxygen Therapy

SpO2	---	---	90 % -DI (r) SM (t)	91 % -DI (r) SM (t)	---
------	-----	-----	---------------------	---------------------	-----

Row Name	01/10/17 14:39:18	01/10/17 14:24:20	01/10/17 14:09:18	01/10/17 13:54:22	01/10/17 13:39:59
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Vitals

Pulse	67 -DI (r) JA (t)	67 -DI (r) JA (t)	65 -DI (r) JA (t)	67 -DI (r) JA (t)	65 -DI (r) JA (t)
BP	117/62 -DI (r) JA (t)	133/63 -DI (r) JA (t)	120/64 -DI (r) JA (t)	152/70 -DI (r) JA (t)	146/74 -DI (r) JA (t)

Row Name	01/10/17 13:24:21	01/10/17 13:09:22	01/10/17 12:54:21	01/10/17 12:39:20	01/10/17 12:24:19
----------	-------------------	-------------------	-------------------	-------------------	-------------------

Vitals

Temp	---	---	---	---	98.6 °F (37 °C) -DI (r) JA (t)
Pulse	64 -DI (r) JA (t)	---	60 -DI (r) JA (t)	63 -DI (r) JA (t)	61 -DI (r) JA (t)
BP	147/67 -DI (r) JA (t)	149/68 -DI (r) JA (t)	143/64 -DI (r) JA (t)	135/66 -DI (r) JA (t)	123/62 -DI (r) JA (t)

Oxygen Therapy

SpO2	---	---	91 % -DI (r) JA (t)	92 % -DI (r) JA (t)	---
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Flowsheets (all recorded) (continued)

Arterial/Venous Sheath Assessment (continued)

Row Name	01/10/17 12:09:22	01/10/17 12:07:46	01/10/17 12:00	01/10/17 10:58	01/10/17 10:55
<b>Sheath Insertion Site Location - Assessment</b>					
Upper Extremity	---	---	---	Lt Radial -DW	---
L Pedal Pulse	---	---	+2 -JA	---	---
R Pedal Pulse	---	---	+2 -JA	---	---
<b>Radial Band Assessment - TR Band</b>					
TR Band Radial Compression Device?	---	---	---	Yes -DW	---
(A) Amount of air infused? (ml)	---	---	---	15 ml -DW	---
(B) Amount of Air Released? (ml)	---	---	---	3 ml -DW	---
(C) Amount of Air Remaining? (ml)	---	---	---	12 ml -DW	---
<b>LUE Neurovascular Assessment</b>					
LUE Capillary Refill	---	---	Less than/equal to 3 seconds -JA	Less than/equal to 3 seconds -DW	---
LUE Color	---	---	Appropriate for ethnicity -JA	Appropriate for ethnicity -DW	---
LUE Temperature/Moisture	---	---	Warm;Dry -JA	---	---
LUE Sensation	---	---	Present -JA	Present -DW	---
L Radial Pulse	---	---	+1 -JA	+1 -DW	---
<b>Vitals</b>					
Pulse	61 -DI (r) JA (t)	59 -DI (r) JA (t)	---	---	59 -DW
Resp	---	---	---	---	15 -DW
BP	143/68 -DI (r) JA (t)	127/65 -DI (r) JA (t)	---	---	125/53 -DW
<b>Oxygen Therapy</b>					
SpO2	93 % -DI (r) JA (t)	96 % -DI (r) JA (t)	---	---	99 % -DW
O2 Device	---	---	---	---	Nasal cannula -DW
O2 Flow Rate (L/min)	---	---	---	---	2 L/min -DW

Row Name	01/10/17 10:37	01/10/17 10:27	01/10/17 10:20	01/10/17 10:04	01/10/17 08:30:42
<b>Vitals</b>					
Pulse	60 -DW	60 -DW	57 -DW	58 -DW	---
Resp	14 -DW	16 -DW	15 -DW	16 -DW	---
BP	132/58 -DW	131/58 -DW	131/58 -DW	146/67 -DW	---
<b>Oxygen Therapy</b>					
SpO2	97 % -DW	96 % -DW	95 % -DW	98 % -DW	---
O2 Device	Nasal cannula -DW	---	Nasal cannula -DW	Nasal cannula -DW	---
O2 Flow Rate (L/min)	2 L/min -DW	2 L/min -DW	2 L/min -DW	2 L/min -DW	---
<b>ACT (Activated Clotting Time) Ref</b>					
Dose (units/kg/hr) Heparin	---	---	---	---	*5000 Units verified by dr sheikh -JK

Row Name	01/10/17 08:15:37	01/10/17 08:07:03	01/10/17 07:24	01/10/17 07:10	
<b>Sheath Insertion Site Location - Assessment</b>					
L Pedal Pulse	---	---	+1 -DW	---	---
R Pedal Pulse	---	---	+2 -DW	---	---
L Posterior Tibial Pulse	---	---	+1 -DW	---	---
R Posterior Tibial Pulse	---	---	+1 -DW	---	---
<b>Vitals</b>					
Temp	---	---	---	97.6 °F (36.4 °C) -DW	---
Temp src	---	---	---	Oral -DW	---
Pulse	---	---	---	64 -DW	---
Heart Rate Source	---	---	---	Monitor -DW	---
Resp	---	---	---	16 -DW	---
BP	---	---	---	137/55 -DW	---
Patient Position	---	---	---	Sitting -DW	---
<b>Oxygen Therapy</b>					
SpO2	---	---	---	97 % -DW	---
O2 Device	---	Nasal cannula -RB	---	---	---



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**Flowsheets (all recorded) (continued)**

**Arterial/Venous Sheath Assessment (continued)**

Row Name	01/10/17 08:15:37	01/10/17 08:07:03	01/10/17 0724	01/10/17 0710
O2 Flow Rate (L/min)	—	2 L/min -RB	—	—
ACT (Activated Clotting Time) Ref				
Dose (units/kg/hr) Heparin	'2 Bag -JK (r) AS (t)	—	—	—





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**Flowsheets (all recorded)**

**Patient Belongings**

Row Name	01/10/17 0706				
----------	---------------	--	--	--	--

**Patient Belongings at Bedside**

Belongings at Bedside	Clothing -DW
Belongings sent to security (Retired)	No -DW
(RETIRED)Belongings Sent Home	No -DW

**Patient Medications**

Medications brought by patient?	No -DW
---------------------------------	--------



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**Flowsheets (all recorded)**

**CAGE Questionnaire**

Row Name	01/10/17 1200				
----------	---------------	--	--	--	--

CAGE Questionnaire

Have you felt the need to cut down on your drinking? 0 -JA

Have you ever felt annoyed by criticizing of your drinking? 0 -JA

Have you ever felt guilty about your drinking? 0 -JA

Have you ever felt you needed an eye-opener? 0 -JA

CAGE Score Total 0 -JA



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Flowsheets (all recorded)

Adult Immunization Screening

Row Name	01/11/17 1356
Pneumococcal Screening - Age >=65	
Age >=65	NONE-Continue
Pneumococcal CONTRAINDICATION S [Do any of the following exist?]	Screening -JA
Have you ever had a pneumococcal vaccination?	Yes -JA
Date of the Vaccine? (if Known)	03/16/16 -JA
What type vaccine received ?	Unknown -JA
When did you receive the vaccine?	Received after age 65 OR less than 5 years ago (Follow up with PCP) -JA
Influenza Vaccine (Sept - March 31st)	
Have you received the Influenza Vaccine during this Flu season?	Yes -JA
Date of Immunization?	09/26/16 -JA
Meets Criteria for Influenza Vaccine?	
Patient Meets Criteria For Influenza Vaccine?	No -JA



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**Flowsheets (all recorded)**

**Cardiac Rehab Follow-up**

Row Name	01/11/17 1100				
----------	---------------	--	--	--	--

Cardiac Rehab follow-up needed?

Cardiac Rehab Follow — CABG hx -MT  
up needed?



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Flowsheets (all recorded)

Complex Assessment

Row Name	01/11/17 0715	01/10/17 2100	01/10/17 1830	01/10/17 1812	01/10/17 1730
<b>HEENT</b>					
HEENT (WDL)	X -JA	---	---	---	---
R Eye	Impaired vision -JA	---	---	---	---
L Eye	Impaired vision -JA	---	---	---	---
<b>Respiratory</b>					
Respiratory Pattern	Regular -JA	---	---	---	---
Chest Assessment	Chest expansion symmetrical -JA	---	---	---	---
Bilateral Breath Sounds	Clear -JA	---	---	---	---
<b>Cardiac</b>					
Heart Sounds	---	S1, S2 -SA	---	---	---
Cardiac Rhythm	---	Sinus bradycardia; Normal sinus rhythm -SA	---	---	---
Heart Block Type	---	Bundle branch block -SA	---	---	---
<b>Cardiac Monitor</b>					
Telemetry Monitor On	Yes -JA	Yes -SA	---	---	---
Telemetry Audible	Yes -JA	Yes -SA	---	---	---
Telemetry Alarms Set	Yes -JA	Yes -SA	---	---	---
Telemetry Box Number	mx22 -JA	mx22 -SA	---	---	---
<b>Peripheral Vascular</b>					
Peripheral Vascular (WDL)	WDL -JA	X -SA	---	---	---
Cyanosis	None -JA	None -SA	---	---	---
Capillary Refill	Less than/equal to 2 seconds (All extremities) -JA	Less than/equal to 2 seconds (All extremities) -SA	---	---	---
Pulses	R radial; L radial; R pedal; L pedal -JA	R radial; L radial; R pedal; L pedal -SA	---	---	---
<b>RUE Neurovascular Assessment</b>					
R Radial Pulse	+2 -JA	+2 -SA	---	---	---
<b>LUE Neurovascular Assessment</b>					
L Radial Pulse	+2 -JA	+1 -SA	---	---	---
<b>RLE Neurovascular Assessment</b>					
R Pedal Pulse	+2 -JA	+2 -SA	---	---	---
<b>LLE Neurovascular Assessment</b>					
L Pedal Pulse	+2 -JA	+2 -SA	---	---	---
<b>Integumentary</b>					
Integumentary (WDL)	X -JA	X -SA	---	---	---
Skin Color	Appropriate for ethnicity -JA	Appropriate for ethnicity -SA	---	---	---
Skin Condition/Temp	Dry/Warm -JA	Dry/Warm -SA	---	---	---
Skin Integrity	Other (Comment) surgical sites -JA	Other (Comment) puncture sites -SA	---	---	---
Skin Location	right groin, left radial -JA	left radial and right groin -SA	---	---	---
Skin Turgor	Non-tenting -JA	Non-tenting -SA	---	---	---
<b>Braden Scale</b>					
Sensory Perceptions	4 -JA	4 -SA	---	---	---
Moisture	4 -JA	4 -SA	---	---	---
Activity	3 -JA	3 -SA	---	---	---
Mobility	3 -JA	3 -SA	---	---	---
Nutrition	3 -JA	3 -SA	---	---	---
Friction and Shear	3 -JA	3 -SA	---	---	---
Braden Scale Score	20 -JA	20 -SA	---	---	---
<b>[REMOVED] Surgical 01/10/17 Groin Right</b>					
Incision Properties	Date Documented: 01/10/17 -JA Time Documented: 1200 -JA Location: Groin -JA Wound Location Orientation: Right -JA Final Assessment Date: 10/10/19 -CR (r) EI (t), automated removal, RA 1205 Final Assessment Time: 1608 -CR (r) EI (t), automated removal, RA 1205				
Drainage Amount	---	---	---	---	Small -JA
Drainage Description	---	---	---	---	Other (Comment) red



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Flowsheets (all recorded) (continued)

Complex Assessment (continued)

Row Name	01/11/17 0715	01/10/17 2100	01/10/17 1830	01/10/17 1812	01/10/17 1730
Treatments	---	---	---	---	-JA Other (Comment) pressure -JA
Dressing	---	---	---	---	Gauze stop at 1740 -JA
Dressing Changed	---	---	---	---	New -JA
Dressing Assesment	Clean;Dry;Intact -JA	Clean;Dry;Intact -SA	---	---	Clean;Dry;Intact -JA
[REMOVED] Surgical 01/10/17 Arm Left					
Incision Properties	Date Documented: 01/10/17 -JA Time Documented: 1200 -JA Location: Arm -JA Wound Location Orientation: Left -JA Final Assessment Date: 10/10/19 -CR (r) EI (t), automated removal, RA 1205 Final Assessment Time: 1608 -CR (r) EI (t), automated removal, RA 1205				
Dressing Assesment	Clean;Dry;Intact -JA	Clean;Dry;Intact -SA	---	---	---
Gastrointestinal					
Gastrointestinal (WDL)	WDL -JA	WDL -SA	---	---	---
Abdomen Inspection	Soft -JA	---	---	---	---
Bowel Sounds (All Quadrants)	Active -JA	---	---	---	---
Last BM Date	01/10/17 -JA	---	---	---	---
Psychosocial					
Psychosocial (WDL)	WDL -JA	WDL -SA	---	---	---
Provider Notification					
Reason for Communication (View Only)	---	---	---	Other (comment) bleeding right grion -JA	---
Notification Time	---	---	1830 -JA	1812 -JA	---
Provider Name	---	---	Raquel DeCamp -JA	Raquel DeCamp -JA	---
Provider Role	---	---	PA -JA	PA -JA	---
Method of Communication	---	---	Call -JA	Perfect Serve -JA	---
Response	---	---	Other (Comment) continue to monitor -JA	Waiting for response -JA	---
Charting Type					
Charting Type	Shift assessment -JA	Shift assessment -SA	---	---	---
Row Name	01/10/17 1500	01/10/17 1450	01/10/17 12:07:46	01/10/17 1200	01/10/17 1058
HEENT					
HEENT (WDL)	---	---	---	X -JA	---
R Eye	---	---	---	Impaired vision -JA	---
L Eye	---	---	---	Impaired vision -JA	---
Respiratory					
Respiratory Pattern	---	---	---	Regular -JA	---
Chest Assessment	---	---	---	Chest expansion symmetrical -JA	---
Bilateral Breath Sounds	---	---	---	Clear -JA	---
Cardiac					
Cardiac Rhythm	---	---	---	Sinus bradycardia -JA	---
Cardiac Monitor					
Telemetry Monitor On	---	---	---	Yes -JA	---
Telemetry Audible	---	---	---	Yes -JA	---
Telemetry Alarms Set	---	---	---	Yes -JA	---
Peripheral Vascular					
LUE Capillary Refill	---	---	---	Less than/equal to 3 seconds -JA	Less than/equal to 3 seconds -DW
LUE Neurovascular Assessment					
LUE Color	---	---	---	Appropriate for ethnicity -JA	Appropriate for ethnicity -DW
LUE Temperature/Moisture	---	---	---	Warm;Dry -JA	---
LUE Sensation	---	---	---	Present -JA	Present -DW
L Radial Pulse	---	---	---	+1 -JA	+1 -DW
RLE Neurovascular Assessment					
R Pedal Pulse	---	---	---	+2 -JA	---
LLE Neurovascular Assessment					



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Flowsheets (all recorded) (continued)

Complex Assessment (continued)

Row Name	01/10/17 1500	01/10/17 1450	01/10/17 12:07:46	01/10/17 1200	01/10/17 1058
L Pedal Pulse	—	—	—	+2 -JA	—
<b>Integumentary</b>					
Integumentary (WDL)	—	—	—	X -JA	—
Skin Color	—	—	—	Appropriate for ethnicity -JA	—
Skin Condition/Temp	—	—	—	Dry;Warm -JA	—
Skin Integrity	—	—	—	Other (Comment) surgical -JA	—
Skin Location	—	—	—	left radial, right grion -JA	—
Skin Turgor	—	—	—	Non-tenting -JA	—
<b>Braden Scale</b>					
Sensory Perceptions	—	—	—	4 -JA	—
Moisture	—	—	—	4 -JA	—
Activity	—	—	—	3 -JA	—
Mobility	—	—	—	3 -JA	—
Nutrition	—	—	—	3 -JA	—
Friction and Shear	—	—	—	3 -JA	—
Braden Scale Score	—	—	—	20 -JA	—
<b>Wound</b>					
Type of Wound (LDA)	—	—	Surgical -JA	Surgical -JA	—
[REMOVED] Surgical 01/10/17 Groin Right					
Incision Properties	Date Documented: 01/10/17 -JA Time Documented: 1200 -JA Location: Groin -JA Wound Location Orientation: Right -JA Final Assessment Date: 10/10/19 -CR (r) EI (t), automated removal, RA 1205 Final Assessment Time: 1608 -CR (r) EI (t), automated removal, RA 1205				
Closure	—	—	Other (Comment) -JA	—	—
Drainage Amount	—	Moderate -JA	None -JA	—	—
Drainage Description	—	Other (Comment) red -JA	—	—	—
Treatments	—	Other (Comment) pressure -JA	—	—	—
Dressing	—	Gauze bleeding stop at 1505 -JA	Other (Comment) -JA	—	—
Dressing Changed	—	New -JA	New -JA	—	—
Dressing Assesment	—	Clean;Dry;Intact -JA	Clean;Dry -JA	—	—
[REMOVED] Surgical 01/10/17 Arm Left					
Incision Properties	Date Documented: 01/10/17 -JA Time Documented: 1200 -JA Location: Arm -JA Wound Location Orientation: Left -JA Final Assessment Date: 10/10/19 -CR (r) EI (t), automated removal, RA 1205 Final Assessment Time: 1608 -CR (r) EI (t), automated removal, RA 1205				
Drainage Amount	None -JA	—	—	—	—
Dressing	Gauze -JA	—	—	—	—
Dressing Changed	New -JA	—	—	—	—
Dressing Assesment	Clean;Dry;Intact -JA	—	—	—	—
<b>Gastrointestinal</b>					
Gastrointestinal (WDL)	—	—	—	WDL -JA	—
Abdomen Inspection	—	—	—	Soft -JA	—
Bowel Sounds (All Quadrants)	—	—	—	Active -JA	—
<b>Psychosocial</b>					
Psychosocial (WDL)	—	—	—	WDL -JA	—
<b>Charting Type</b>					
Charting Type	—	—	—	Admission -JA	—

Row Name	01/10/17 1055	01/10/17 1037	01/10/17 1027	01/10/17 1020	01/10/17 1004
<b>Cardiac</b>					
Cardiac Rhythm	Sinus bradycardia -DW	Normal sinus rhythm -DW	Normal sinus rhythm -DW	Sinus bradycardia -DW	Sinus bradycardia -DW
<b>Integumentary</b>					
Skin Color	Appropriate for ethnicity -DW	Appropriate for ethnicity -DW	Appropriate for ethnicity -DW	Appropriate for ethnicity -DW	Appropriate for ethnicity -DW
Skin Condition/Temp	Dry;Warm -DW	Dry;Warm -DW	Dry;Warm -DW	Dry;Warm -DW	Dry;Warm -DW
<b>Peripheral Vascular</b>					
Peripheral Vascular (WDL)	X -DW	—	—	—	—
Pulses	R pedal;L posterior	—	—	—	—



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**Flowsheets (all recorded) (continued)**

**Complex Assessment (continued)**

Row Name	01/10/17 0724	01/10/17 0710
	tibial;R posterior tibial;L pedal -DW	
<b>RLE Neurovascular Assessment</b>		
R Posterior Tibial Pulse	+1 -DW	---
R Pedal Pulse	+2 -DW	---
<b>LLE Neurovascular Assessment</b>		
L Posterior Tibial Pulse	+1 -DW	---
L Pedal Pulse	+1 -DW	---
<b>Braden Scale</b>		
Sensory Perceptions	---	3 -DW
Moisture	---	4 -DW
Activity	---	4 -DW
Mobility	---	3 -DW
Nutrition	---	3 -DW
Friction and Shear	---	3 -DW
Braden Scale Score	---	20 -DW





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Flowsheets (all recorded)

Vital Signs

Row Name	01/11/17 08:13:32	01/11/17 0705	01/11/17 0418	01/11/17 04:09:39	01/10/17 23:01:08
<b>Vital Signs</b>					
Temp	97.5 °F (36.4 °C) -DI (r) MG (t)	---	---	98 °F (36.7 °C) -DI (r) AK (t)	98.1 °F (36.7 °C) -DI (r) AK (t)
Temp src	---	---	---	Oral -AK	Oral -OO
Pulse	64 -DI (r) MG (t)	---	---	65 -DI (r) AK (t)	64 -DI (r) AK (t)
Heart Rate Source	---	---	---	Monitor -AK	Monitor -OO
Resp	18 -DI (r) MG (t)	---	---	18 -DI (r) AK (t)	18 -DI (r) AK (t)
Respiration Source	---	---	---	visual -AK	visual -OO
BP	135/69 -DI (r) MG (t)	---	---	158/66 -DI (r) AK (t)	132/55 -DI (r) AK (t)
BP Location	---	---	---	Left arm -AK	Right arm -OO
BP Method	---	---	---	Portable -AK	Portable -OO
Patient Position	---	---	---	Supine -AK	Supine -OO
<b>Oxygen Therapy</b>					
SpO2	94 % -DI (r) MG (t)	---	---	92 % -DI (r) AK (t)	93 % -DI (r) AK (t)
O2 Device	---	---	---	None (Room air) -AK	None (Room air) -OO
<b>Pain Assessment</b>					
Currently in Pain	---	Yes -JA	---	---	---
Which Pain	---	Numeric (0-10) -JA	---	---	---
Assessment Tool ?	---	---	---	---	---
Pain Intervention(s)	---	Medication (see MAR) -JA	---	---	---
<b>Numeric Pain Intensity Scale</b>					
Numeric Pain Intensity Score 1	---	0 -JA	---	---	---
<b>Height and Weight</b>					
Weight	---	---	---	103.1 kg (227 lb 4.8 oz) -DI (r) AK (t)	---
Weight Method	---	---	---	Actual -AK	---
<b>24 Chart Check</b>					
24 hour chart check complete	---	---	Yes -SA	---	---

Row Name	01/10/17 2100	01/10/17 19:53:19	01/10/17 19:52:21	01/10/17 19:50:47	01/10/17 19:39:48
<b>Vital Signs</b>					
Temp	---	---	---	98 °F (36.7 °C) -DI (r) SM (t)	---
Temp src	---	---	---	Oral -AK	---
Pulse	---	80 -DI (r) SM (t)	81 -DI (r) SM (t)	75 -DI (r) SM (t)	78 -DI (r) SM (t)
Heart Rate Source	---	Monitor -AK	Monitor -AK	Monitor -AK	---
Resp	---	18 -DI (r) SM (t)	---	18 -DI (r) SM (t)	---
Respiration Source	---	visual -AK	---	visual -AK	---
BP	---	154/70 -DI (r) SM (t)	148/69 -DI (r) SM (t)	131/64 -DI (r) SM (t)	140/68 -DI (r) SM (t)
BP Location	---	Right arm -AK	Right arm -AK	Right arm -AK	---
BP Method	---	Portable -AK	Portable -AK	Portable -AK	---
Patient Position	---	Standing -AK	Sitting -AK	Supine -AK	---
<b>Oxygen Therapy</b>					
SpO2	---	94 % -DI (r) SM (t)	94 % -DI (r) SM (t)	92 % -DI (r) SM (t)	---
O2 Device	None (Room air) -SA	None (Room air) -AK	None (Room air) -AK	None (Room air) -AK	---
<b>Numeric Pain Intensity Scale</b>					
Numeric Pain Intensity Score 1	---	---	0 -SA	---	---

Row Name	01/10/17 19:25:31	01/10/17 19:09:48	01/10/17 18:54:53	01/10/17 18:39:42	01/10/17 18:24:44
<b>Vital Signs</b>					
Pulse	76 -DI (r) SM (t)	71 -DI (r) SM (t)	76 -DI (r) SM (t)	71 -DI (r) SM (t)	71 -DI (r) SM (t)
BP	139/68 -DI (r) SM (t)	126/60 -DI (r) SM (t)	123/68 -DI (r) SM (t)	140/63 -DI (r) SM (t)	136/62 -DI (r) SM (t)

Row Name	01/10/17 18:09:43	01/10/17 17:55:31	01/10/17 17:39:50	01/10/17 17:36:52	01/10/17 17:36:48
<b>Vital Signs</b>					
Temp	---	---	---	---	98.6 °F (37 °C) -DI (r) SM (t)
Temp src	---	---	---	---	Oral -SM
Pulse	71 -DI (r) SM (t)	73 -DI (r) SM (t)	71 -DI (r) SM (t)	72 -DI (r) SM (t)	71 -DI (r) SM (t)
Heart Rate Source	---	---	---	---	Monitor -SM



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Flowsheets (all recorded) (continued)

Vital Signs (continued)

Row Name	01/10/17 18:09:43	01/10/17 17:55:31	01/10/17 17:39:50	01/10/17 17:36:52	01/10/17 17:36:48
Resp	---	---	---	---	18 -SM
Respiration Source	---	---	---	---	visual -SM
BP	139/66 -DI (r) SM (t)	146/67 -DI (r) SM (t)	119/58 -DI (r) SM (t)	---	147/65 -DI (r) SM (t)
BP Location	---	---	---	---	Right arm -SM
BP Method	---	---	---	---	Portable -SM
Patient Position	---	---	---	---	Supine -SM
Oxygen Therapy					
SpO2	---	---	---	90 % -DI (r) SM (t)	91 % -DI (r) SM (t)

Row Name	01/10/17 14:54:18	01/10/17 14:39:18	01/10/17 14:24:20	01/10/17 14:09:18	01/10/17 13:54:22
Vital Signs					
Pulse	68 -DI (r) JA (t)	67 -DI (r) JA (t)	67 -DI (r) JA (t)	65 -DI (r) JA (t)	67 -DI (r) JA (t)
BP	121/61 -DI (r) JA (t)	117/62 -DI (r) JA (t)	133/63 -DI (r) JA (t)	120/64 -DI (r) JA (t)	152/70 -DI (r) JA (t)

Row Name	01/10/17 13:39:59	01/10/17 13:24:21	01/10/17 13:09:22	01/10/17 12:54:21	01/10/17 12:39:20
Vital Signs					
Pulse	65 -DI (r) JA (t)	64 -DI (r) JA (t)	---	60 -DI (r) JA (t)	63 -DI (r) JA (t)
BP	146/74 -DI (r) JA (t)	147/67 -DI (r) JA (t)	149/68 -DI (r) JA (t)	143/64 -DI (r) JA (t)	135/66 -DI (r) JA (t)

Oxygen Therapy					
SpO2	---	---	---	91 % -DI (r) JA (t)	92 % -DI (r) JA (t)

Row Name	01/10/17 12:24:19	01/10/17 12:09:22	01/10/17 12:07:46	01/10/17 1200	01/10/17 1055
Vital Signs					
Temp	98.6 °F (37 °C) -DI (r) JA (t)	---	---	---	---
Pulse	61 -DI (r) JA (t)	61 -DI (r) JA (t)	59 -DI (r) JA (t)	---	59 -DW
Resp	---	---	---	---	15 -DW
BP	123/62 -DI (r) JA (t)	143/68 -DI (r) JA (t)	127/65 -DI (r) JA (t)	---	125/53 -DW

Oxygen Therapy					
SpO2	---	93 % -DI (r) JA (t)	96 % -DI (r) JA (t)	---	99 % -DW
O2 Device	---	---	---	---	Nasal cannula -DW
O2 Flow Rate (L/min)	---	---	---	---	2 L/min -DW

Pain Assessment					
Currently in Pain	---	---	---	No -JA	---
Which Pain	---	---	---	Numeric (0-10) -JA	---
Assessment Tool ?	---	---	---	---	---
Pain Intervention(s)	---	---	---	Medication (see MAR) -JA	---

Pain Goal					
Patient's Stated Pain Goal	---	---	---	0 (No Pain) -JA	---

Numeric Pain Intensity Scale					
Numeric Pain Intensity Score 1	---	---	---	0 -JA	0 -DW

Row Name	01/10/17 1037	01/10/17 1027	01/10/17 1020	01/10/17 1004	01/10/17 08:07:03
Vital Signs					
Pulse	60 -DW	60 -DW	57 -DW	58 -DW	---
Resp	14 -DW	16 -DW	15 -DW	16 -DW	---
BP	132/58 -DW	131/58 -DW	131/58 -DW	146/67 -DW	---

Oxygen Therapy					
SpO2	97 % -DW	96 % -DW	95 % -DW	98 % -DW	---
O2 Device	Nasal cannula -DW	---	Nasal cannula -DW	Nasal cannula -DW	Nasal cannula -RB
O2 Flow Rate (L/min)	2 L/min -DW	2 L/min -DW	2 L/min -DW	2 L/min -DW	2 L/min -RB

Numeric Pain Intensity Scale					
Numeric Pain Intensity Score 1	0 -DW	0 -DW	0 -DW	0 -DW	---

Row Name	01/10/17 0710	01/10/17 0709			
Vital Signs					
Temp	97.6 °F (36.4 °C) -DW	---	---	---	---
Temp src	Oral -DW	---	---	---	---
Pulse	64 -DW	---	---	---	---
Heart Rate Source	Monitor -DW	---	---	---	---



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 MRN: 561253820, DOB: 1/2/1949, Sex: M  
 Adm: 1/10/2017, D/C: 1/11/2017

**Flowsheets (all recorded) (continued)**

**Vital Signs (continued)**

Row Name	01/10/17 0710	01/10/17 0709
Resp	16 -DW	---
BP	137/55 -DW	---
Patient Position	Sitting -DW	---
<b>Oxygen Therapy</b>		
SpO2	97 % -DW	---
<b>Numeric Pain Intensity Scale</b>		
Numeric Pain Intensity Score 1	0 -DW	---
<b>Height and Weight</b>		
Height	---	67" (1.702 m) -DW
Weight	---	96.2 kg (212 lb) -DW
Weight Method	---	Stated -DW
BSA (Calculated - sq m)	---	2.13 sq meters -DW
BMI (Calculated)	---	33.2 -DW
Weight in (lb) to have BMI = 25	---	159.3 -DW

**User Key**

(r) = Recorded By, (t) = Taken By, (c) = Cosigned By

Initials	Name	Effective Dates
JK	Julie Kraftzenk, RN	09/03/14 - 02/02/17
MG	Marie O Germain	05/27/14 - 02/02/17
SA	Sophia B Agyepong, RN	04/02/14 - 02/02/17
AP	Aleyamma Philip, RN	04/02/14 - 02/02/17
AK	Anna Kanguie, CNA	04/05/14 - 02/02/17
AS	Abdul M Sheikh, MD	01/07/17 - 01/12/17
OO	Ololade Olutoia, CNA	04/05/14 - 02/02/17
MT	Marie Thomas-Stanley, RN	04/02/14 - 02/02/17
SS	Shawn J Shy, RN	04/02/14 - 02/02/17
DW	Dianne W Wehrte, RN	09/03/14 - 02/02/17
SM	Samantha McGill	11/19/14 - 02/02/17
JA	Jane Abey, RN	01/29/16 - 02/02/17
RB	Robert Beyerlein	10/17/16 - 02/02/17
CR	Chris Russell	---
DI	Interface, Doc Flowsheet In	---
VI	Interface, Vs Maclab Incoming	---
EI	Epicweb Interface	---

**Flowsheet Notes**

No notes of this type exist for this encounter.

**All Scans**



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---

**Encounter-Level Documents - 01/10/2017:**

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Scan on 1/12/2017 8:22 AM (below)



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Inpatient Record

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---

Scan on 1/12/2017 8:22 AM (below)



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Adm: 1/10/2017, D/C: 1/11/2017

---

Scan on 1/10/2017 7:03 AM by Crystal D Johnson: Perceptive Content Scan (below)

---

**Encounter-Level E-Signatures:**

No documentation.



WS Cobb Hospital  
3950 Austell Road SW  
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Maurice, Eugene George  
MRN: 561253820, DOB: 1/2/1949, Sex: M  
Adm: 5/1/2017, D/C: 5/1/2017

### ENCOUNTER

Patient Class:	IP	Unit:	CH CARD ARU
Hospital Service:	Cardiology	Bed:	CH Cardiac ARU Pool/CH C*
Admitting Provider:	Abdul M Sheikh, Md	Referring Physician:	
Attending Provider:	Abdul m sheikh	AD: N	Adm Diagnosis: Palpitations [R00.2]
Admission Date:	5/1/2017	Admission Time:	0645

### PATIENT

Name	Eugene George Maurice	Sex:	Male	DOB:	1/2/1949 (68 yrs)
Address:	61 SHOCKLEY WAY	Religion:	Catholic	Race:	White or caucasian
City:	DALLAS GA 30157-8973				
County:	PAULDING				
Email Address:	Gene.maurice@sgmservice.*				
Primary Care Provider:	Jeffrey L Tharp, MD	Primary Phone:	678-910-2298		

EMERGENCY CONTACT					
Contact Name	Legal Guardian?	Relationship to Patient	Home Phone	Work Phone	Mobile Phone
1. Maurice, Shirley		Spouse	(678)398-9479		678-910-2476
2. *No Contact Specified*					678-910-2476

### GUARANTOR

Guarantor:	MAURICE,EUGENE GEORGE	DOB:	1/2/1949
Address:	61 SHOCKLEY WAY	Sex:	Male
	DALLAS, GA 30157-8973	Home Phone:	678-398-9479
Relation to Patient:	Self	Work Phone:	
Guarantor ID:	123805	Mobile Phone:	678-910-2298

GUARANTOR EMPLOYER		
Employer:	Phone:	Status: RETIRED

### COVERAGE

PRIMARY INSURANCE					
Payor:	COVENTRY ADVANTRA M*	Plan:	COVENTRY ADVANTRA /PPO		
Group Number:	4916004101	Insurance Type:	INDEMNITY		
Subscriber Name:	MAURICE,EUGENE GEOR*	Subscriber DOB:	01/02/1949		
Coverage	P O BOX 7156	Subscriber ID:	80459609601		
	LONDON, KY 40742-7156	Pat. Rel. to Subscriber:	Self		
Phone:	(866)613-4977	Co-In: Deductible: Out of Pocket Max:			

SECONDARY INSURANCE					
Payor:		Plan:	N/A		
Group Number:		Insurance Type:			
Subscriber Name:		Subscriber DOB:			
Coverage		Subscriber ID:			
Phone:		Pat. Rel. to Subscriber:			

Contact Serial#



April 7, 2020

Chart ID





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Maurice, Eugene George  
MRN: 561253820, DOB: 1/2/1949, Sex: M  
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**Admission Information**

Arrival Date/Time:		Admit Date/Time:	05/01/2017 0645	IP Adm. Date/Time:	05/01/2017 0703
Admission Type:	Elective	Point of Origin:	Physician Or Clinic Referral	Admit Category:	
Means of Arrival:	Car	Primary Service:	Cardiology	Secondary Service:	N/A
Transfer Source:		Service Area:	WS SERVICE AREA	Unit:	WellStar Cobb Hospital (CH CARDIAC ARU)
Admit Provider:	Abdul M Sheikh, MD	Attending Provider:	Abdul M Sheikh, MD	Referring Provider:	

**Discharge Information**

Discharge Date/Time	Discharge Disposition	Discharge Destination	Discharge Provider	Unit
05/01/2017 1148	Home Or Self Care	Home	None	WellStar Cobb Hospital (CH CARDIAC ARU)

**Final Diagnoses (ICD-10-CM)**

Code	Description	POA	CC	HAC	Affects DRG
I25.119 [Principal]	Atherosclerotic heart disease of native coronary artery with unspecified angina pectoris	Yes	No		Yes
I10	Essential (primary) hypertension	Yes	No		No
E78.5	Hyperlipidemia, unspecified	Yes	No		No
I25.719	Atherosclerosis of autologous vein coronary artery bypass graft(s) with unspecified angina pectoris	Yes	No		No
I73.9	Peripheral vascular disease, unspecified	Yes	No		No
E66.9	Obesity, unspecified	Yes	No		No
Z68.33	Body mass index (bmi) 33.0-33.9, adult	Exempt from POA reporting	No		No
Z87.891	Personal history of nicotine dependence	Exempt from POA reporting	No		No
Z95.5	Presence of coronary angioplasty implant and graft	Exempt from POA reporting	No		No
Z82.49	Family history of ischemic heart disease and other diseases of the circulatory system	Exempt from POA reporting	No		No
Z79.82	Long term (current) use of aspirin	Exempt from POA reporting	No		No
Z79.899	Other long term (current) drug therapy	Exempt from POA reporting	No		No

**Events**

**Admission at 5/1/2017 0645**

Unit: WellStar Cobb Hospital (CH CATH/EP LAB) Room: CH CATH Pool Bed: CH Cath/EP Lab Pool  
Patient class: Hospital Outpatient Surgery Service: General Surgery

**Patient Update at 5/1/2017 0703**

Unit: WellStar Cobb Hospital (CH CATH/EP LAB) Room: CH CATH Pool Bed: CH Cath/EP Lab Pool  
Patient class: Inpatient Service: Cardiology

**Transfer Out at 5/1/2017 0705**

Unit: WellStar Cobb Hospital (CH CATH/EP LAB) Room: CH CATH Pool Bed: CH Cath/EP Lab Pool  
Patient class: Inpatient Service: Cardiology

**Transfer In at 5/1/2017 0705**

Unit: WellStar Cobb Hospital (CH CARDIAC ARU) Room: CH Cardiac ARU Pool Bed: CH Cardiac ARU Pool  
Patient class: Inpatient Service: Cardiology

**Transfer Out at 5/1/2017 0809**

Unit: WellStar Cobb Hospital (CH CARDIAC ARU) Room: CH Cardiac ARU Pool Bed: CH Cardiac ARU Pool  
Patient class: Inpatient Service: Cardiology

**Transfer In at 5/1/2017 0809**

Unit: WellStar Cobb Hospital (CH CATH/EP LAB) Room: CH CATH Pool Bed: CH Cath/EP Lab Pool





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**All Scans (continued)**

**Events (continued)**

Patient class: Inpatient Service: Cardiology

**Surgery at 5/1/2017 0809**

Unit: CH CARDIAC CATH LAB Room: CH CATH/EP LAB 1  
Patient class: Hospital Outpatient Surgery Service: Cardiovascular

**Transfer Out at 5/1/2017 0842**

Unit: WellStar Cobb Hospital (CH CATH/EP LAB) Room: CH CATH Pool Bed: CH Cath/EP Lab Pool  
Patient class: Inpatient Service: Cardiology

**Transfer In at 5/1/2017 0842**

Unit: WellStar Cobb Hospital (CH CARDIAC ARU) Room: CH Cardiac ARU Pool Bed: CH Cardiac ARU Pool  
Patient class: Inpatient Service: Cardiology

**Discharge at 5/1/2017 1148**

Unit: WellStar Cobb Hospital (CH CARDIAC ARU) Room: CH Cardiac ARU Pool Bed: CH Cardiac ARU Pool  
Patient class: Inpatient Service: Cardiology

**Allergies as of 5/1/2017**

Reviewed on 5/1/2017

No Known Allergies

**Immunizations as of 5/1/2017**

Immunizations never marked as reviewed

**INFLUENZA HD, 65 YEARS AND ABOVE**

Administered by: Jade Westover, LPN Administered on: 9/26/2016 Dose: 0.5 mL  
Site: Left deltoid Route: Intramuscular NDC: 49281-399-88  
CVX code: 135 VIS date: 8/7/2015  
Manufacturer: Sanofi Pasteur Lot number: UI700AA

**Questionnaire**

Question	Answer
Have you ever had a serious reaction to eggs?	NO
Have you ever had Guillain Barre Syndrome?	No

**Pneumococcal Conjugate 13-Valent**

Administered by: Mary S Wray, MA Administered on: 3/16/2016 Dose: 0.5 mL  
Site: Left deltoid Route: Intramuscular NDC: 0005-1971-01  
CVX code: 133 VIS date: 031616  
Manufacturer: Wyeth-Ayerst Lot number: M51193

**Medical as of 5/1/2017**

**Past Medical History**

Diagnosis	Date	Comments	Source
CAD (coronary artery disease) [I25.10]	---	---	Provider
Coronary atherosclerosis of native coronary artery [I25.10]	---	---	Provider
Diabetes mellitus (HCC) [E11.9]	---	---	Provider
Essential hypertension, benign [I10]	---	---	Provider
Family history of ischemic heart disease [Z82.49]	---	---	Provider
Hyperlipidemia [E78.5]	---	---	Provider
Hypertension [I10]	---	---	Provider
Infectious viral hepatitis [B15.9]	---	as teen/cannot recall what type	Provider
Obesity [E66.9]	---	---	Provider
Other and unspecified hyperlipidemia [E78.5]	---	---	Provider
Other symptoms involving cardiovascular system [R09.89]	---	---	Provider
PVD (peripheral vascular disease) (HCC) [I73.9]	---	---	Provider

**Pertinent Negatives**

Diagnosis	Date Noted	Comments	Source
-----------	------------	----------	--------



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**All Scans (continued)**

**Medical as of 5/1/2017 (continued)**

Abnormal ECG [R94.31]	04/07/2014	---	Provider
Aneurysm (HCC) [I72.9]	04/07/2014	---	Provider
Arrhythmia [I49.9]	04/07/2014	---	Provider
Asthma [J45.909]	04/07/2014	---	Provider
Cancer (HCC) [C80.1]	04/07/2014	---	Provider
Chronic kidney disease [N18.9]	04/07/2014	---	Provider
Clotting disorder (HCC) [D68.9]	04/07/2014	---	Provider
Congenital heart disease [Q24.9]	04/07/2014	---	Provider
Deep vein thrombosis (HCC) [I82.409]	04/07/2014	---	Provider
Heart failure (HCC) [I50.9]	04/07/2014	---	Provider
Heart murmur [R01.1]	04/07/2014	---	Provider
Mitral valve prolapse [I34.1]	04/07/2014	---	Provider
Myocardial infarction [I21.3]	04/07/2014	---	Provider
Pulmonary embolism (HCC) [I26.99]	04/07/2014	---	Provider
Sleep apnea [G47.30]	04/07/2014	---	Provider
Stroke (HCC) [I63.9]	04/07/2014	---	Provider
Valvular disease [I38]	04/07/2014	---	Provider

**ED Records**

**ED Arrival Information**

Patient not seen in ED

**ED Disposition**

None

**H&P - Encounter Notes**

**H&P by Abdul M Sheikh, MD at 5/1/2017 8:01 AM**

Author: Abdul M Sheikh, MD  
Filed: 5/1/2017 8:01 AM  
Editor: Abdul M Sheikh, MD (Physician)

Service: Cardiology  
Date of Service: 5/1/2017 8:01 AM

Author Type: Physician  
Status: Signed

**EUGENE G MAURICE**  
1/2/1949  
561253820

**HPI**

Eugene G Maurice is a 66 y.o. male seen in the office today for follow up of CAD. He underwent catheterization and PTCA of stenosed vein grafts earlier this year. Comes back now with recurrent anginal symptoms. Suspicion is of recurrent stenosis within the same grafts. Has also noted intermittent palpitation symptoms. When he has his palpitations he does have some associated chest discomfort.

**ROS**

General	denies c/o	Abdominal	denies c/o
Skin	denies c/o	Musculoskeletal	denies c/o
Eyes	denies c/o	Neuro	denies c/o
Ears/nose/throat	denies c/o	Psych	denies c/o
Resp	denies c/o	Endocrine	denies c/o
CV	see HPI	Heme	denies c/o



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H&P - Encounter Notes (continued)

H&P by Abdul M Sheikh, MD at 5/1/2017 8:01 AM (continued)

**DATA REVIEW**

Data Review

	1/30/17
EKG	1-11-17 EKG-NSR, LAD, LBBB
Echocardiogram	03/29/16 ejection fraction is 50-55%. There is mild mitral valve regurgitation present.
Carotid Duplex	08/20/2014 Hemodynamically significant stenosis of 50-79% in the right internal carotid artery. Essentially normal post-carotid endarterectomy duplex evaluation of the left internal carotid artery. Normal antegrade right and left vertebral artery flow. There has been no significant change from the previous study.
Myocardial Perfusion Imaging, Exercise	5/15: Positive, high risk
Myocardial Perfusion Imaging, Lexiscan	1/08: negative for ischemia
Cardiac Catheterization	1-10-17 heart cath-Severe native vessel disease, Patent LIMA-LAD. Severe ISR (DES) of SVGs to OMs and PDA, Preserved EF, Successful POBA of SVGs to OM and PDA with NC/cutting balloons.
PCI	5/14: 4.0/15 Resolute DES to prox SVG-OM, 4.0/18 Resolute DES to SVG-PDA, 5/15: 4.0/16 Promus in SVG-PDA (distal to prior stent), 3.5/16, 3.5/38, and 3.0/38 Promus in SVG-OM
Cardiac Surgery	1992: CABG (in Nashville, TN)
Peripheral Vascular Procedures	Right CEA January 2014

**PAST MEDICAL HX**

he has a past medical history of 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); Obesity; Hypertension; Hyperlipidemia; and CAD (coronary artery disease).

**SOCIAL HX**

History	History	History
Smoking status	Alcohol Use	Drug Use No
<ul style="list-style-type: none"> <li>Former Smoker -- 1.00 packs/day for 25 years</li> <li>Types: Cigarettes</li> <li>Quit date: 04/07/1992</li> </ul>	<ul style="list-style-type: none"> <li>Yes</li> </ul>	
Smokeless tobacco		
<ul style="list-style-type: none"> <li>Never Used</li> </ul>		



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

H&P by Abdul M Sheikh, MD at 5/1/2017 8:01 AM (continued)

**FAMILY HX**

family history includes Coronary artery disease in his mother and Other in his brother and mother. There is no history of Anemia, and Arrhythmia, and Asthma, and Clotting disorder, and Fainting, and Heart attack, and Heart disease, and Heart failure, and Hyperlipidemia, and Hypertension, and Stroke, .

**ALLERGIES**

Allergies as of 04/07/2014

- (No Known Allergies)

**MEDICATIONS**

**Current Outpatient Prescriptions**

Medication	Sig	Dispense	Refill
• aspirin, buffered 81 mg Tab	Take 81 mg by mouth daily.		
• carvedilol (COREG) 12.5 MG tablet	Take 12.5 mg by mouth 2 (two) times a day with meals.		
• chlorthalidone (HYGROTEN) 50 MG tablet	Take 1 tablet (50 mg total) by mouth daily.	30 tablet	11
• ezetimibe-simvastatin (VYTORIN 10-80) 10-80 mg per tablet	Take 1 tablet by mouth 3 (three) times a week.		
• ramipril (ALTACE) 10 MG capsule	Take 10 mg by mouth 2 (two) times a day.		
• isosorbide mononitrate (IMDUR) 30 MG 24 hr tablet	Take 1 tablet (30 mg total) by mouth daily.	30 tablet	4

No current facility-administered medications for this visit.

**EXAM**

Vitals

Vitals:

	04/25/
	17
	1606

BP: 118/5  
 8  
 Pulse: 60  
 Weight: 99.3  
 kg  
 (219  
 lb)



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

H&P by Abdul M Sheikh, MD at 5/1/2017 8:01 AM (continued)

Height: 67"  
(1.702  
m)

General	Alert, oriented, NAD	Extremities	No edema, normal pulses
Skin	Warm, no rashes	Abdomen	Soft, nt/nd, normal bowel sound
Neck	JVP normal, no bruit	Neuro	Grossly normal
Chest	clear bilaterally, normal effort	Psych	Grossly normal
Cardiac	Regular, 2/6 SEM, no r/g, PMI nl		

**LABS**

**Lab Results**

Component	Value	Date
POTASSIUM	4.7	2/21/2014
BUN	30*	2/21/2014
CREATININE	1.17	2/21/2014
GFRNONAA	>60	2/21/2014
ALT	30	2/17/2014
AST	26	2/17/2014

No results found for this basename: CHOL, TRIG, HDL, LDLCHOL

**Lab Results**

Component	Value	Date
HGB	11.1*	2/21/2014
HCT	34*	2/21/2014
PLT	146*	2/21/2014

No results found for this basename: BNP, TSH

**ASSESSMENT/PLAN**

1. CAD (coronary artery disease)
2. Essential hypertension, benign
3. PVD (peripheral vascular disease)
4. Hyperlipidemia

Mr. Maurice is a pleasant 68 y.o. male with CAD. Now with recurrence of anginal symptoms. Suspicion is of recurrent stenosis within his pain graft to his circumflex and right coronary arteries. Also having palpitations which are new.

- I will schedule him for repeat catheterization. If he does have recurrent stenosis in his vein grafts I



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H&P - Encounter Notes (continued)

H&P by Abdul M Sheikh, MD at 5/1/2017 8:01 AM (continued)

think the best option for him would be redo bypass surgery. His native vessels are not well suited for CTO intervention.

- He will continue his current medications.
- I will have him wear an event recorder given his symptoms of palpitations.

Thank you for allowing us to participate in the care of your patients.

Abdul M Sheikh, MD

Electronically Signed by Abdul M Sheikh, MD on 5/1/2017 8:01 AM



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**Surgery Report**

**General Information**

Date: 5/1/2017	Time: 0750	Status: Posted
Location: CH CARDIAC CATH LAB	Room: Cath Lab 1	Service: Cardiovascular
Patient class: Hospital Outpatient Surgery	Case classification:	

**Diagnosis Information**

<b>Diagnosis</b>
Palpitations
Coronary arteriosclerosis
Coronary artery disease involving native coronary artery of native heart without angina pectoris

**Case Tracking Events**

Event	Time In
In Facility	0645
In ARU Prep	0705
ARU Prep Complete	
Out of ARU Prep	0807
Ready for Procedure	
In Room	0809
Moderate Sedation Begin	0819
Moderate Sedation End	0838
Out of Room	0842
In ARU Recovery	0843
ARU Recovery Complete	1148
Out of ARU Recovery	1148
Remove from Status Board	1150
In Phase I	
Phase I Criteria Met	
Out of Phase I	
In Phase II	
Phase II Care Complete	
Out of Phase II	
Anesthesia Ready	
Anesthesia Start	
Anesthesia Stop	
Anesthesia Follow-up Complete	
Anesthesia Follow-up Needed	

**Panel Information**

**Panel 1**

Provider	Role	Service
Abdul M Sheikh, MD	Primary	Cardiovascular

**Procedure: ~**

Laterality	Wound Class	Incision Closure	Anesthesia	Op Region
N/A			Local	

**~ (N/A) - Position 1**

Body:	Left Arm:	Right Arm:
Head:	Left Leg:	Right Leg:

**Procedure: Left ventriculography**

Laterality	Wound Class	Incision Closure	Anesthesia	Op Region

**Left ventriculography - Position 1**

Body:	Left Arm:	Right Arm:
Head:	Left Leg:	Right Leg:

**Procedure: Coronary angiography**

Laterality	Wound Class	Incision Closure	Anesthesia	Op Region

**Coronary angiography - Position 1**



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Inpatient Record

Maurice, Eugene George  
MRN: 561253820, DOB: 1/2/1949, Sex: M  
Adm: 5/1/2017, D/C: 5/1/2017

**Surgery Report (continued)**

**Panel Information (continued)**

Body: Left Arm: Right Arm:  
Head: Left Leg: Right Leg:

**Procedure: Left heart cath - bypass graft**

Laterality	Wound Class	Incision Closure	Anesthesia	Op Region
------------	-------------	------------------	------------	-----------

**Left heart cath - bypass graft - Position 1**

Body: Left Arm: Right Arm:  
Head: Left Leg: Right Leg:

**Staff Info**

Staff Type	Staff Member	Start	End	OT
CV Monitor	Lauren W Kems, ARRT	0809	0813	
CV Scrub Person	Isis Zometa, RCIS	0809	0842	
CV Circulator	Julie Kraftzenk, RN	0809	0842	
CV Monitor	Kathryn M Vise, RN	0813	0842	

**Questionnaire Data**

None

**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	Risk for infection (X28)
Yes	Risk for injury (X29)
Yes	Deficient knowledge (X30)
Yes	Acute pain (X38)
Yes	Anxiety (X4)
Yes	Risk for impaired skin integrity (X51)
Yes	Risk for imbalanced body temperature (X57)
Yes	Ineffective breathing pattern (X7)

**Log Completed By**

Kathryn M Vise, RN 5/1/2017 0843

**Log Verified By**

Kathryn M Vise, RN 5/1/2017 0823  
Rebecca Chism, RN 5/1/2017 0841  
Kathryn M Vise, RN 5/1/2017 0843





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Adm: 5/1/2017, D/C: 5/1/2017

**Surgery Report (continued)**

**Log Verified By (continued)**

Abdul M Sheikh, MD 5/1/2017 0846

**Do Not Proceed History**

No information present

**Implants**

**Implants**

**STARCLOSE SE 6F CLOSURE - LOG377622**

Inventory Item: STARCLOSE SE 6F CLOSURE	Serial no.:	Model/Cat no.: 14679-05
Implant name: STARCLOSE SE 6F CLOSURE - LOG377622	Laterality: Right	Area: Arterial
Manufacturer: ABBOTT VASCULAR	Date of Manufacture:	
Action: Implanted	Number Used: 1	
Device Identifier: 08717648175060	Device Identifier Type: GS1	

**Timeouts**

**Pre-Procedure Timeout**

Right Patient, Right Site, Right Procedure	Pre-Procedure Verification
Correct patient?: Yes	H&P note verified?: Yes
Correct site?: Yes	Consents verified?: Yes
Correct procedure?: Yes	Site marked?: N/A
Correct laterality?: Yes	Allergies reviewed?: Yes

Surgeons Present: Abdul M Sheikh, MD  
Staff Present: Lauren W Kerns, ARRT, Isis Zometa, RCIS, Julie Kraftzenk, RN, Kathryn M Vise, RN

Verification Date and Time: 5/1/2017 8:23 AM

**Nursing - Orders and Results**

**DAILY WEIGHTS [669536695]**

Electronically signed by: Abdul M Sheikh, MD on 05/01/17 0844	Status: Discontinued
Ordering user: Abdul M Sheikh, MD 05/01/17 0844	Ordering provider: Abdul M Sheikh, MD
Authorized by: Abdul M Sheikh, MD	Ordering mode: Standard
Frequency: Routine Daily 05/02/17 0600 - Until Specified	Quantity: 1
Released by: Susan Colston, RN 05/01/17 0845	Discontinued by: Automatic Discharge Provider 05/01/17 1349 [Patient Discharge]
Acknowledged: Susan Colston, RN 05/01/17 0845 for Placing Order	

**AMBULATE PATIENT [669536705]**

Electronically signed by: Abdul M Sheikh, MD on 05/01/17 0844	Status: Discontinued
Ordering user: Abdul M Sheikh, MD 05/01/17 0844	Ordering provider: Abdul M Sheikh, MD
Authorized by: Abdul M Sheikh, MD	Ordering mode: Standard
Quantity: 1	Instance released by: Susan Colston, RN (auto-released) 5/1/2017 8:45 AM
Discontinued by: Automatic Discharge Provider 05/01/17 1349 [Patient Discharge]	
Order comments: With assistance after bedrest complete. If tolerated, may resume previously ordered activity level	

**VITAL SIGNS [669536708]**

Electronically signed by: Abdul M Sheikh, MD on 05/01/17 0844	Status: Discontinued
Ordering user: Abdul M Sheikh, MD 05/01/17 0844	Ordering provider: Abdul M Sheikh, MD
Authorized by: Abdul M Sheikh, MD	Ordering mode: Standard
Quantity: 1	Instance released by: Susan Colston, RN (auto-released) 5/1/2017 8:45 AM
Discontinued by: Automatic Discharge Provider 05/01/17 1349 [Patient Discharge]	

**Questionnaire**

Question	Answer
Q15 minutes x	4
Q30 minutes x	4

Order comments: Check while sheath is intact. Repeat immediately after sheath removal. If oozing check every hour.



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**Nursing - Orders and Results (continued)**

**VITAL SIGNS [669536708] (continued)**

**PUNCTURE SITE CARE [669536709]**

Electronically signed by: **Abdul M Sheikh, MD on 05/01/17 0844** Status: **Discontinued**  
 Ordering user: Abdul M Sheikh, MD 05/01/17 0844 Ordering provider: Abdul M Sheikh, MD  
 Authorized by: Abdul M Sheikh, MD Ordering mode: Standard  
 Quantity: 1 Instance released by: Susan Colston, RN (auto-released) 5/1/2017 8:45 AM  
 Discontinued by: Automatic Discharge Provider 05/01/17 1349 [Patient Discharge]

**Questionnaire**

Question	Answer
Q15 minutes x	4
Q30 minutes x	4

Order comments: Check while sheath is intact. Repeat immediately after sheath removal. If oozing check every hour.

**POST PROCEDURE SITE ASSESSMENT [669536710]**

Electronically signed by: **Abdul M Sheikh, MD on 05/01/17 0844** Status: **Discontinued**  
 Ordering user: Abdul M Sheikh, MD 05/01/17 0844 Ordering provider: Abdul M Sheikh, MD  
 Authorized by: Abdul M Sheikh, MD Ordering mode: Standard  
 Quantity: 1 Instance released by: Susan Colston, RN (auto-released) 5/1/2017 8:45 AM  
 Discontinued by: Automatic Discharge Provider 05/01/17 1349 [Patient Discharge]

**Questionnaire**

Question	Answer
Q15 minutes x	4
Q30 minutes x	4

Order comments: Check pulses while sheath is intact. Repeat immediately after sheath removal. If oozing check every hour.

**NEURO/VASCULAR CHECKS [669536711]**

Electronically signed by: **Abdul M Sheikh, MD on 05/01/17 0844** Status: **Discontinued**  
 Ordering user: Abdul M Sheikh, MD 05/01/17 0844 Ordering provider: Abdul M Sheikh, MD  
 Authorized by: Abdul M Sheikh, MD Ordering mode: Standard  
 Quantity: 1 Instance released by: Susan Colston, RN (auto-released) 5/1/2017 8:45 AM  
 Discontinued by: Automatic Discharge Provider 05/01/17 1349 [Patient Discharge]

**Questionnaire**

Question	Answer
Q15 minutes x	4
Q30 minutes x	4
Q2 hours x	6
Then:	Q2h

**ORTHOSTATIC BLOOD PRESSURE [669536712]**

Electronically signed by: **Abdul M Sheikh, MD on 05/01/17 0844** Status: **Discontinued**  
 Ordering user: Abdul M Sheikh, MD 05/01/17 0844 Ordering provider: Abdul M Sheikh, MD  
 Authorized by: Abdul M Sheikh, MD Ordering mode: Standard  
 Quantity: 1 Instance released by: Susan Colston, RN (auto-released) 5/1/2017 8:45 AM  
 Discontinued by: Automatic Discharge Provider 05/01/17 1349 [Patient Discharge]  
 Order comments: Check standing blood pressure post sheath removal when first allowed to stand.

**INTAKE AND OUTPUT [669536713]**

Electronically signed by: **Abdul M Sheikh, MD on 05/01/17 0844** Status: **Discontinued**  
 Ordering user: Abdul M Sheikh, MD 05/01/17 0844 Ordering provider: Abdul M Sheikh, MD  
 Authorized by: Abdul M Sheikh, MD Ordering mode: Standard  
 Quantity: 1 Instance released by: Susan Colston, RN (auto-released) 5/1/2017 8:45 AM  
 Discontinued by: Automatic Discharge Provider 05/01/17 1349 [Patient Discharge]

**STRAIGHT CATH [669536714]**

Electronically signed by: **Abdul M Sheikh, MD on 05/01/17 0844** Status: **Discontinued**  
 Ordering user: Abdul M Sheikh, MD 05/01/17 0844 Ordering provider: Abdul M Sheikh, MD



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**Nursing - Orders and Results (continued)**

**STRAIGHT CATH [669536714] (continued)**

Authorized by: Abdul M Sheikh, MD  
Quantity: 1  
Discontinued by: Automatic Discharge Provider 05/01/17 1349 [Patient Discharge]  
Order comments: If unable to void  
Ordering mode: Standard  
Instance released by: Susan Colston, RN (auto-released) 5/1/2017 8:45 AM

**NURSING COMMUNICATION [669536715]**

Electronically signed by: Abdul M Sheikh, MD on 05/01/17 0844  
Ordering user: Abdul M Sheikh, MD 05/01/17 0844  
Authorized by: Abdul M Sheikh, MD  
Quantity: 1  
Discontinued by: Automatic Discharge Provider 05/01/17 1349 [Patient Discharge]  
Ordering provider: Abdul M Sheikh, MD  
Ordering mode: Standard  
Instance released by: Susan Colston, RN (auto-released) 5/1/2017 8:45 AM  
Status: Discontinued

**NURSING COMMUNICATION [669536716]**

Electronically signed by: Abdul M Sheikh, MD on 05/01/17 0844  
Ordering user: Abdul M Sheikh, MD 05/01/17 0844  
Authorized by: Abdul M Sheikh, MD  
Quantity: 1  
Discontinued by: Automatic Discharge Provider 05/01/17 1349 [Patient Discharge]  
Ordering provider: Abdul M Sheikh, MD  
Ordering mode: Standard  
Instance released by: Susan Colston, RN (auto-released) 5/1/2017 8:45 AM  
Status: Discontinued

**NURSING COMMUNICATION [669536717]**

Electronically signed by: Abdul M Sheikh, MD on 05/01/17 0844  
Ordering user: Abdul M Sheikh, MD 05/01/17 0844  
Authorized by: Abdul M Sheikh, MD  
Quantity: 1  
Discontinued by: Automatic Discharge Provider 05/01/17 1349 [Patient Discharge]  
Ordering provider: Abdul M Sheikh, MD  
Ordering mode: Standard  
Instance released by: Susan Colston, RN (auto-released) 5/1/2017 8:45 AM  
Status: Discontinued

**NURSING COMMUNICATION [669536718]**

Electronically signed by: Abdul M Sheikh, MD on 05/01/17 0844  
Ordering user: Abdul M Sheikh, MD 05/01/17 0844  
Authorized by: Abdul M Sheikh, MD  
Quantity: 1  
Discontinued by: Automatic Discharge Provider 05/01/17 1349 [Patient Discharge]  
Ordering provider: Abdul M Sheikh, MD  
Ordering mode: Standard  
Instance released by: Susan Colston, RN (auto-released) 5/1/2017 8:45 AM  
Status: Discontinued

**NURSING COMMUNICATION [669536719]**

Electronically signed by: Abdul M Sheikh, MD on 05/01/17 0844  
Ordering user: Abdul M Sheikh, MD 05/01/17 0844  
Authorized by: Abdul M Sheikh, MD  
Quantity: 1  
Discontinued by: Automatic Discharge Provider 05/01/17 1349 [Patient Discharge]  
Ordering provider: Abdul M Sheikh, MD  
Ordering mode: Standard  
Instance released by: Susan Colston, RN (auto-released) 5/1/2017 8:45 AM  
Status: Discontinued

**BED REST [669536720]**

Electronically signed by: Abdul M Sheikh, MD on 05/01/17 0844  
Ordering user: Abdul M Sheikh, MD 05/01/17 0844  
Authorized by: Abdul M Sheikh, MD  
Quantity: 1  
Discontinued by: Automatic Discharge Provider 05/01/17 1349 [Patient Discharge]  
Order comments: And for 2 hours post sheath removal/closure device placement. May elevate head of bed to 30 degrees, keep punctured leg straight while on bedrest  
Ordering provider: Abdul M Sheikh, MD  
Ordering mode: Standard  
Instance released by: Susan Colston, RN (auto-released) 5/1/2017 8:45 AM  
Status: Discontinued

**NURSING COMMUNICATION [669536721]**

Electronically signed by: Sandra Nerestil, NP on 05/01/17 0715  
Ordering user: Sandra Nerestil, NP 05/01/17 0715  
Authorized by: Abdul M Sheikh, MD  
Cosigning events  
Electronically cosigned by Abdul M Sheikh, MD 05/01/17 1242 for Ordering  
Quantity: 1  
Discontinued by: Automatic Discharge Provider 05/01/17 1349 [Patient Discharge]  
Order comments: This was discussed with the patient and/or patient representative.  
Ordering provider: Sandra Nerestil, NP  
Ordering mode: Standard  
Instance released by: Susan Colston, RN (auto-released) 5/1/2017 8:45 AM  
Status: Discontinued

**NOTIFY PHYSICIAN (SPECIFY) [669536722]**



WS Cobb Hospital  
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Inpatient Record

Maurice, Eugene George  
MRN: 561253820, DOB: 1/2/1949, Sex: M  
Adm: 5/1/2017, D/C: 5/1/2017

**Nursing - Orders and Results (continued)**

**NOTIFY PHYSICIAN (SPECIFY) [669536722] (continued)**

Electronically signed by: **Sandra Nerestil, NP on 05/01/17 0715** Status: **Discontinued**  
Ordering user: Sandra Nerestil, NP 05/01/17 0715 Ordering provider: Sandra Nerestil, NP  
Authorized by: Abdul M Sheikh, MD Ordering mode: Standard  
Cosigning events  
Electronically cosigned by Abdul M Sheikh, MD 05/01/17 1242 for Ordering  
Quantity: 1 Instance released by: Susan Colston, RN (auto-released) 5/1/2017 8:45 AM  
Discontinued by: Automatic Discharge Provider 05/01/17 1349 [Patient Discharge]  
Order comments: if glucose less than 80 OR greater than 400, GFR less than 50 AND patient NOT on dialysis, potassium less than 3.5 or greater than 5.1, platelet count less than 100,000, INR greater than 1.5 (for patients on warfarin).

**PROVIDE PATIENT EDUCATION MATERIALS [669536723]**

Electronically signed by: **Sandra Nerestil, NP on 05/01/17 0715** Status: **Discontinued**  
Ordering user: Sandra Nerestil, NP 05/01/17 0715 Ordering provider: Sandra Nerestil, NP  
Authorized by: Abdul M Sheikh, MD Ordering mode: Standard  
Cosigning events  
Electronically cosigned by Abdul M Sheikh, MD 05/01/17 1242 for Ordering  
Quantity: 1 Instance released by: Susan Colston, RN (auto-released) 5/1/2017 8:45 AM  
Discontinued by: Automatic Discharge Provider 05/01/17 1349 [Patient Discharge]  
Order comments: Provide patient/family pre-procedure education and document. Place patient on Cardiac Cath/Intervention Clinical Pathway

**VERIFY INFORMED CONSENT [669536724]**

Electronically signed by: **Sandra Nerestil, NP on 05/01/17 0715** Status: **Discontinued**  
Ordering user: Sandra Nerestil, NP 05/01/17 0715 Ordering provider: Sandra Nerestil, NP  
Authorized by: Abdul M Sheikh, MD Ordering mode: Standard  
Cosigning events  
Electronically cosigned by Abdul M Sheikh, MD 05/01/17 1242 for Ordering  
Quantity: 1 Instance released by: Susan Colston, RN (auto-released) 5/1/2017 8:45 AM  
Discontinued by: Automatic Discharge Provider 05/01/17 1349 [Patient Discharge]  
Order comments: Verify cardiac catheterization consent form is signed, dated, timed, and witnessed prior to start of procedure

**NURSING COMMUNICATION [669536725]**

Electronically signed by: **Sandra Nerestil, NP on 05/01/17 0715** Status: **Discontinued**  
Ordering user: Sandra Nerestil, NP 05/01/17 0715 Ordering provider: Sandra Nerestil, NP  
Authorized by: Abdul M Sheikh, MD Ordering mode: Standard  
Cosigning events  
Electronically cosigned by Abdul M Sheikh, MD 05/01/17 1242 for Ordering  
Quantity: 1 Instance released by: Susan Colston, RN (auto-released) 5/1/2017 8:45 AM  
Discontinued by: Automatic Discharge Provider 05/01/17 1349 [Patient Discharge]

**HEIGHT AND WEIGHT [669536726]**

Electronically signed by: **Sandra Nerestil, NP on 05/01/17 0715** Status: **Discontinued**  
Ordering user: Sandra Nerestil, NP 05/01/17 0715 Ordering provider: Sandra Nerestil, NP  
Authorized by: Abdul M Sheikh, MD Ordering mode: Standard  
Cosigning events  
Electronically cosigned by Abdul M Sheikh, MD 05/01/17 1242 for Ordering  
Quantity: 1 Instance released by: Susan Colston, RN (auto-released) 5/1/2017 8:45 AM  
Discontinued by: Automatic Discharge Provider 05/01/17 1349 [Patient Discharge]

**NURSING COMMUNICATION [669536727]**

Electronically signed by: **Sandra Nerestil, NP on 05/01/17 0715** Status: **Discontinued**  
Ordering user: Sandra Nerestil, NP 05/01/17 0715 Ordering provider: Sandra Nerestil, NP  
Authorized by: Abdul M Sheikh, MD Ordering mode: Standard  
Cosigning events  
Electronically cosigned by Abdul M Sheikh, MD 05/01/17 1242 for Ordering  
Quantity: 1 Instance released by: Susan Colston, RN (auto-released) 5/1/2017 8:45 AM  
Discontinued by: Automatic Discharge Provider 05/01/17 1349 [Patient Discharge]  
Order comments: Hold diuretics and oral hypoglycemic medications including metformin and sulfonylureas (e.g. glipizide, glyburide, glimepiride) the morning of the procedure.

**NURSING COMMUNICATION [669536728]**

Electronically signed by: **Sandra Nerestil, NP on 05/01/17 0715** Status: **Discontinued**  
Ordering user: Sandra Nerestil, NP 05/01/17 0715 Ordering provider: Sandra Nerestil, NP  
Authorized by: Abdul M Sheikh, MD Ordering mode: Standard



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Adm: 5/1/2017, D/C: 5/1/2017

**Nursing - Orders and Results (continued)**

**NURSING COMMUNICATION [669536728] (continued)**

Cosigning events  
Electronically cosigned by Abdul M Sheikh, MD 05/01/17 1242 for Ordering  
Quantity: 1  
Discontinued by: Automatic Discharge Provider 05/01/17 1349 [Patient Discharge]  
Order comments: Obtain BBG on call to cath lab and document on pre-procedure checklist.  
Instance released by: Susan Colston, RN (auto-released) 5/1/2017 8:45 AM

**NURSING COMMUNICATION [669536729]**

Electronically signed by: **Sandra Nerestil, NP on 05/01/17 0715** Status: **Discontinued**  
Ordering user: Sandra Nerestil, NP 05/01/17 0715  
Authorized by: Abdul M Sheikh, MD  
Ordering provider: Sandra Nerestil, NP  
Ordering mode: Standard  
Cosigning events  
Electronically cosigned by Abdul M Sheikh, MD 05/01/17 1242 for Ordering  
Quantity: 1  
Discontinued by: Automatic Discharge Provider 05/01/17 1349 [Patient Discharge]  
Order comments: Have patient void before transport, no metal snaps on gown, patient may wear dentures, glasses, hearing aids  
Instance released by: Susan Colston, RN (auto-released) 5/1/2017 8:45 AM

**NURSING COMMUNICATION [669536731]**

Electronically signed by: **Sandra Nerestil, NP on 05/01/17 0715** Status: **Discontinued**  
Ordering user: Sandra Nerestil, NP 05/01/17 0715  
Authorized by: Abdul M Sheikh, MD  
Ordering provider: Sandra Nerestil, NP  
Ordering mode: Standard  
Cosigning events  
Electronically cosigned by Abdul M Sheikh, MD 05/01/17 1242 for Ordering  
Quantity: 1  
Discontinued by: Automatic Discharge Provider 05/01/17 1349 [Patient Discharge]  
Instance released by: Susan Colston, RN (auto-released) 5/1/2017 8:45 AM

**NURSING COMMUNICATION [669536732]**

Electronically signed by: **Sandra Nerestil, NP on 05/01/17 0715** Status: **Discontinued**  
Ordering user: Sandra Nerestil, NP 05/01/17 0715  
Authorized by: Abdul M Sheikh, MD  
Ordering provider: Sandra Nerestil, NP  
Ordering mode: Standard  
Cosigning events  
Electronically cosigned by Abdul M Sheikh, MD 05/01/17 1242 for Ordering  
Quantity: 1  
Discontinued by: Automatic Discharge Provider 05/01/17 1349 [Patient Discharge]  
Instance released by: Susan Colston, RN (auto-released) 5/1/2017 8:45 AM

**NURSING COMMUNICATION [669536733]**

Electronically signed by: **Sandra Nerestil, NP on 05/01/17 0715** Status: **Discontinued**  
Ordering user: Sandra Nerestil, NP 05/01/17 0715  
Authorized by: Abdul M Sheikh, MD  
Ordering provider: Sandra Nerestil, NP  
Ordering mode: Standard  
Cosigning events  
Electronically cosigned by Abdul M Sheikh, MD 05/01/17 1242 for Ordering  
Quantity: 1  
Discontinued by: Automatic Discharge Provider 05/01/17 1349 [Patient Discharge]  
Instance released by: Susan Colston, RN (auto-released) 5/1/2017 8:45 AM

**NURSING COMMUNICATION [669536734]**

Electronically signed by: **Sandra Nerestil, NP on 05/01/17 0715** Status: **Discontinued**  
Ordering user: Sandra Nerestil, NP 05/01/17 0715  
Authorized by: Abdul M Sheikh, MD  
Ordering provider: Sandra Nerestil, NP  
Ordering mode: Standard  
Cosigning events  
Electronically cosigned by Abdul M Sheikh, MD 05/01/17 1242 for Ordering  
Quantity: 1  
Discontinued by: Automatic Discharge Provider 05/01/17 1349 [Patient Discharge]  
Instance released by: Susan Colston, RN (auto-released) 5/1/2017 8:45 AM

**NURSING COMMUNICATION [669536735]**

Electronically signed by: **Sandra Nerestil, NP on 05/01/17 0715** Status: **Discontinued**  
Ordering user: Sandra Nerestil, NP 05/01/17 0715  
Authorized by: Abdul M Sheikh, MD  
Ordering provider: Sandra Nerestil, NP  
Ordering mode: Standard  
Cosigning events  
Electronically cosigned by Abdul M Sheikh, MD 05/01/17 1242 for Ordering  
Quantity: 1  
Discontinued by: Automatic Discharge Provider 05/01/17 1349 [Patient Discharge]  
Instance released by: Susan Colston, RN (auto-released) 5/1/2017 8:45 AM



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MRN: 561253820, DOB: 1/2/1949, Sex: M  
Adm: 5/1/2017, D/C: 5/1/2017

**Nursing - Orders and Results (continued)**

**NURSING COMMUNICATION [669536736]**

Electronically signed by: **Sandra Nerestil, NP on 05/01/17 0715** Status: **Discontinued**  
 Ordering user: Sandra Nerestil, NP 05/01/17 0715  
 Authorized by: Abdul M Sheikh, MD  
 Cosigning events  
 Ordering provider: Sandra Nerestil, NP  
 Ordering mode: Standard  
 Electronically cosigned by Abdul M Sheikh, MD 05/01/17 1242 for Ordering  
 Quantity: 1  
 Discontinued by: Automatic Discharge Provider 05/01/17 1349 [Patient Discharge]  
 Instance released by: Susan Colston, RN (auto-released) 5/1/2017 8:45 AM

**NURSING COMMUNICATION [669536737]**

Electronically signed by: **Sandra Nerestil, NP on 05/01/17 0715** Status: **Discontinued**  
 Ordering user: Sandra Nerestil, NP 05/01/17 0715  
 Authorized by: Abdul M Sheikh, MD  
 Cosigning events  
 Ordering provider: Sandra Nerestil, NP  
 Ordering mode: Standard  
 Electronically cosigned by Abdul M Sheikh, MD 05/01/17 1242 for Ordering  
 Quantity: 1  
 Discontinued by: Automatic Discharge Provider 05/01/17 1349 [Patient Discharge]  
 Instance released by: Susan Colston, RN (auto-released) 5/1/2017 8:45 AM

**NURSING COMMUNICATION [669536738]**

Electronically signed by: **Sandra Nerestil, NP on 05/01/17 0715** Status: **Discontinued**  
 Ordering user: Sandra Nerestil, NP 05/01/17 0715  
 Authorized by: Abdul M Sheikh, MD  
 Cosigning events  
 Ordering provider: Sandra Nerestil, NP  
 Ordering mode: Standard  
 Electronically cosigned by Abdul M Sheikh, MD 05/01/17 1242 for Ordering  
 Quantity: 1  
 Discontinued by: Automatic Discharge Provider 05/01/17 1349 [Patient Discharge]  
 Instance released by: Susan Colston, RN (auto-released) 5/1/2017 8:45 AM

**NURSING COMMUNICATION [669536739]**

Electronically signed by: **Sandra Nerestil, NP on 05/01/17 0715** Status: **Discontinued**  
 Ordering user: Sandra Nerestil, NP 05/01/17 0715  
 Authorized by: Abdul M Sheikh, MD  
 Cosigning events  
 Ordering provider: Sandra Nerestil, NP  
 Ordering mode: Standard  
 Electronically cosigned by Abdul M Sheikh, MD 05/01/17 1242 for Ordering  
 Quantity: 1  
 Discontinued by: Automatic Discharge Provider 05/01/17 1349 [Patient Discharge]  
 Instance released by: Susan Colston, RN (auto-released) 5/1/2017 8:45 AM  
 Order comments: Clip bilateral groin and thighs from lower abdomen to knee, and from the medial aspect to the lateral aspect of the thigh

**NURSING COMMUNICATION [669536740]**

Electronically signed by: **Sandra Nerestil, NP on 05/01/17 0715** Status: **Discontinued**  
 Ordering user: Sandra Nerestil, NP 05/01/17 0715  
 Authorized by: Abdul M Sheikh, MD  
 Cosigning events  
 Ordering provider: Sandra Nerestil, NP  
 Ordering mode: Standard  
 Electronically cosigned by Abdul M Sheikh, MD 05/01/17 1242 for Ordering  
 Quantity: 1  
 Discontinued by: Automatic Discharge Provider 05/01/17 1349 [Patient Discharge]  
 Instance released by: Susan Colston, RN (auto-released) 5/1/2017 8:45 AM

**Questionnaire**

Question	Answer
Right or Left	Right

Order comments: Clip the arm from the medial aspect to the lateral aspect of the arm (complete groin prep in addition to radial prep)

**MAINTAIN IV ACCESS [669537048]**

Electronically signed by: **Sandra Nerestil, NP on 05/01/17 0715** Status: **Discontinued**  
 Ordering user: Sandra Nerestil, NP 05/01/17 0715  
 Authorized by: Abdul M Sheikh, MD  
 Cosigning events  
 Ordering provider: Sandra Nerestil, NP  
 Ordering mode: Standard  
 Electronically cosigned by Abdul M Sheikh, MD 05/01/17 1242 for Ordering  
 Quantity: 1  
 Discontinued by: Automatic Discharge Provider 05/01/17 1349 [Patient Discharge]  
 Instance released by: Susan Colston, RN (auto-released) 5/1/2017 8:45 AM

**Code Status - Orders and Results**



WS Cobb Hospital  
3950 Austell Road SW  
Austell GA 30106  
Inpatient Record

Maurice, Eugene George  
MRN: 561253820, DOB: 1/2/1949, Sex: M  
Adm: 5/1/2017, D/C: 5/1/2017

**Code Status - Orders and Results (continued)**

**FULL CODE [669536707]**

Electronically signed by: **Abdul M Sheikh, MD on 05/01/17 0844** Status: **Discontinued**  
 Ordering user: Abdul M Sheikh, MD 05/01/17 0844  
 Authorized by: Abdul M Sheikh, MD  
 Quantity: 1  
 Instance released by: Susan Colston, RN (auto-released) 5/1/2017 8:45 AM  
 Ordering provider: Abdul M Sheikh, MD  
 Ordering mode: Standard  
 Code status: Full Code  
 Discontinued by: Automatic Discharge Provider 05/01/17 1349 [Patient Discharge]

**ECG - Orders and Results**

**EKG, 12-LEAD [669537046]**

Electronically signed by: **Sandra Nerestil, NP on 05/01/17 0715** Status: **Active**  
 Ordering user: Sandra Nerestil, NP 05/01/17 0715  
 Authorized by: Abdul M Sheikh, MD  
 Cosigning events  
 Electronically cosigned by Abdul M Sheikh, MD 05/01/17 1242 for Ordering  
 Quantity: 1  
 Instance released by: Susan Colston, RN (auto-released) 5/1/2017 8:45 AM  
 Ordering provider: Sandra Nerestil, NP  
 Ordering mode: Standard

**Questionnaire**

Question	Answer
Reason for Exam:	Chest pain

Order comments: if not done within the past 48 hours for inpatients or 1 week for outpatients. Have results by 6 am

**IV - Orders and Results**

**INSERT PERIPHERAL IV [669536730]**

Electronically signed by: **Sandra Nerestil, NP on 05/01/17 0715** Status: **Discontinued**  
 Ordering user: Sandra Nerestil, NP 05/01/17 0715  
 Authorized by: Abdul M Sheikh, MD  
 Cosigning events  
 Electronically cosigned by Abdul M Sheikh, MD 05/01/17 1242 for Ordering  
 Quantity: 1  
 Discontinued by: Automatic Discharge Provider 05/01/17 1349 [Patient Discharge]  
 Order comments: Start one IV, 20 gauge or larger (preferably in left arm by 6am day of procedure). Saline flush every 8 hours (Avoid Right arm for radial cath)  
 Instance released by: Susan Colston, RN (auto-released) 5/1/2017 8:45 AM  
 Ordering provider: Sandra Nerestil, NP  
 Ordering mode: Standard

**INSERT PERIPHERAL IV [669537047]**

Electronically signed by: **Sandra Nerestil, NP on 05/01/17 0715** Status: **Discontinued**  
 Ordering user: Sandra Nerestil, NP 05/01/17 0715  
 Authorized by: Abdul M Sheikh, MD  
 Cosigning events  
 Electronically cosigned by Abdul M Sheikh, MD 05/01/17 1242 for Ordering  
 Quantity: 1  
 Discontinued by: Automatic Discharge Provider 05/01/17 1349 [Patient Discharge]  
 Instance released by: Susan Colston, RN (auto-released) 5/1/2017 8:45 AM  
 Ordering provider: Sandra Nerestil, NP  
 Ordering mode: Standard

**INT [669537049]**

Electronically signed by: **Sandra Nerestil, NP on 05/01/17 0715** Status: **Discontinued**  
 Ordering user: Sandra Nerestil, NP 05/01/17 0715  
 Authorized by: Abdul M Sheikh, MD  
 Cosigning events  
 Electronically cosigned by Abdul M Sheikh, MD 05/01/17 1242 for Ordering  
 Quantity: 1  
 Discontinued by: Automatic Discharge Provider 05/01/17 1349 [Patient Discharge]  
 Instance released by: Susan Colston, RN (auto-released) 5/1/2017 8:45 AM  
 Ordering provider: Sandra Nerestil, NP  
 Ordering mode: Standard

**Admission - Orders and Results**

**ADMIT AS INPATIENT [669521893]**

Electronically signed by: **Abdul M Sheikh, MD on 05/01/17 1242** Status: **Completed**  
 Mode: Ordering in Per protocol: cosign required mode  
 Ordering user: Susan Colston, RN 05/01/17 0703  
 Authorized by: Abdul M Sheikh, MD  
 Quantity: 1  
 Instance released by: Susan Colston, RN (auto-released) 5/1/2017 7:03 AM  
 Communicated by: Susan Colston, RN  
 Ordering provider: Abdul M Sheikh, MD  
 Ordering mode: Per protocol: cosign required

**Questionnaire**



WS Cobb Hospital  
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Inpatient Record

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MRN: 561253820, DOB: 1/2/1949, Sex: M  
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**Admission - Orders and Results (continued)**

**ADMIT AS INPATIENT [669521893] (continued)**

Question	Answer
Estimated inpatient length of stay?	<2 Midnights
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.
Diagnosis	S/P cardiac cath
Admitting Provider	SHEIKH, ABDUL M
Attending Provider	SHEIKH, ABDUL M
Bed Type	Cardiac Telemetry
Hospital Area	WS Cobb Hospital
Bed request comments	PCI bed please

**Discharge - Orders and Results**

**DISCHARGE PATIENT [669536704]**

Electronically signed by: **Abdul M Sheikh, MD** on 05/01/17 0844 Status: **Completed**  
 Ordering user: Abdul M Sheikh, MD 05/01/17 0844  
 Authorized by: Abdul M Sheikh, MD  
 Quantity: 1  
 Ordering provider: Abdul M Sheikh, MD  
 Ordering mode: Standard  
 Instance released by: Susan Colston, RN (auto-released) 5/1/2017 8:45 AM

**Cardiac Cath - Orders and Results**

**CARDIAC PROCEDURE [653604307]**

Electronically signed by: **Tammy R Riddle Threatt** on 04/26/17 1016 Status: **Completed**  
 This order may be acted on in another encounter.  
 Ordering user: Tammy R Riddle Threatt 04/26/17 1016  
 Authorized by: Abdul M Sheikh, MD  
 Quantity: 1  
 Instance released by: Tammy R Riddle Threatt 4/26/2017 10:16 AM  
 Diagnoses  
 Palpitations [R00.2]  
 Coronary arteriosclerosis [I25.10]  
 Coronary artery disease involving native coronary artery of native heart without angina pectoris [I25.10]

**CARDIAC PROCEDURE [653604307]**

Resulted: 05/01/17 0844, Result status: Final result

Ordering provider: Abdul M Sheikh, MD 04/26/17 1016  
 Resulted by: Abdul M Sheikh, MD  
 Performed: 05/01/17 0809 - 05/01/17 0842  
 Resulting lab: CATH/EP  
 Narrative:  
 · Severe native vessel disease.  
 · Low normal EF with mild inferobasal hypokinesis.  
 · Patent LIMA to D1/LAD.  
 · SVG to PDA with mild ISR proximally and moderate disease in mid segment.  
 · SVG to OM2/3 occluded.

Order status: Completed  
 Filed by: Abdul M Sheikh, MD 05/01/17 0846  
 Accession number: 28308410  
 Result details

Procedures Performed	Chargeables
CORONARY ANGIOGRAPHY [CATH03]	
LEFT HEART CATHETERIZATION W/GRAFTS [CATH71]	
LEFT HEART CATHETERIZATION W/O GRAFTS [CATH27]	
LEFT VENTRICULOGRAPHY [CATH05]	

**Lab - Orders and Results**

**HCG,QUANT (FEMALE ONLY) [669521917]**

Electronically signed by: **Sandra Nerestil, NP** on 05/01/17 0715 Status: **Discontinued**  
 Ordering user: Sandra Nerestil, NP 05/01/17 0715  
 Authorized by: Abdul M Sheikh, MD  
 Ordering provider: Sandra Nerestil, NP  
 Ordering mode: Standard





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**Lab - Orders and Results (continued)**

**HCG, QUANT (FEMALE ONLY) [669521917] (continued)**

**Cosigning events**

Electronically cosigned by Abdul M Sheikh, MD 05/01/17 1242 for Ordering

Frequency: AM Draw AM Draw @ 0400 05/02/17 0400 - 1 occurrence

Released by: Susan Colston, RN 05/01/17 0845

Acknowledged: Susan Colston, RN 05/01/17 0845 for Placing Order

Order comments: For all pre-menopausal females capable of pregnancy (exceptions include history of hysterectomy, tubal ligation). Patients refusing pregnancy testing must complete the Statement of Pregnancy / Nursing Conditions and Consent for X-Ray and Nuclear Medicine Exams form prior to procedure.

Quantity: 1

Discontinued by: Automatic Discharge Provider 05/01/17 1349 [Patient Discharge]

**Specimen Information**

Type	Source	Collected By
Blood	Blood	—

**CBC W/O DIFFERENTIAL [669537044]**

Electronically signed by: Sandra Nerestil, NP on 05/01/17 0715

Ordering user: Sandra Nerestil, NP 05/01/17 0715

Authorized by: Abdul M Sheikh, MD

**Cosigning events**

Electronically cosigned by Abdul M Sheikh, MD 05/01/17 1242 for Ordering

Quantity: 1

Discontinued by: Automatic Discharge Provider 05/01/17 1349 [Patient Discharge]

Status: **Discontinued**

Ordering provider: Sandra Nerestil, NP

Ordering mode: Standard

Instance released by: Susan Colston, RN (auto-released) 5/1/2017 8:45 AM

**Specimen Information**

Type	Source	Collected By
Blood	Blood	—

**BASIC METABOLIC PANEL (7) [669537045]**

Electronically signed by: Sandra Nerestil, NP on 05/01/17 0715

Ordering user: Sandra Nerestil, NP 05/01/17 0715

Authorized by: Abdul M Sheikh, MD

**Cosigning events**

Electronically cosigned by Abdul M Sheikh, MD 05/01/17 1242 for Ordering

Quantity: 1

Discontinued by: Automatic Discharge Provider 05/01/17 1349 [Patient Discharge]

Order comments: Fasting

Status: **Discontinued**

Ordering provider: Sandra Nerestil, NP

Ordering mode: Standard

Instance released by: Susan Colston, RN (auto-released) 5/1/2017 8:45 AM

**Specimen Information**

Type	Source	Collected By
Blood	Blood	—

**Case Request - Orders and Results**

**CASE REQUEST CATH LAB [669521926]**

Electronically signed by: Sandra Nerestil, NP on 05/01/17 0715

Ordering user: Sandra Nerestil, NP 05/01/17 0715

Authorized by: Abdul M Sheikh, MD

**Cosigning events**

Electronically cosigned by Abdul M Sheikh, MD 05/01/17 1242 for Ordering

Quantity: 1

Discontinued by: Daniel Becigneul, RN 08/06/18 0654 [The associated case was canceled: Scheduling - Error]

Status: **Discontinued**

Ordering provider: Sandra Nerestil, NP

Ordering mode: Standard

Instance released by: Sandra Nerestil, NP (auto-released) 5/1/2017 7:15 AM

**Questionnaire**

Question	Answer
Add on case?	Yes
Pre-procedure diagnosis	CP
Case Classification	Class E - <24H Non-Urgent

**Diet - Orders and Results**

**DIET, CARDIAC [669536706]**

Electronically signed by: Abdul M Sheikh, MD on 05/01/17 0844

Status: **Discontinued**



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Inpatient Record

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**Diet - Orders and Results (continued)**

**DIET, CARDIAC [669536706] (continued)**

Ordering user: Abdul M Sheikh, MD 05/01/17 0844	Ordering provider: Abdul M Sheikh, MD
Authorized by: Abdul M Sheikh, MD	Ordering mode: Standard
Quantity: 1	Diet: Cardiac
Instance released by: Susan Colston, RN (auto-released) 5/1/2017 8:45 AM	Discontinued by: Automatic Discharge Provider 05/01/17 1349 [Patient Discharge]

**DIET, NPO [669521895]**

Electronically signed by: Sandra Nerestil, NP on 05/01/17 0715	Status: <b>Discontinued</b>
Ordering user: Sandra Nerestil, NP 05/01/17 0715	Ordering provider: Sandra Nerestil, NP
Authorized by: Abdul M Sheikh, MD	Ordering mode: Standard
Cosigning events	
Electronically cosigned by Abdul M Sheikh, MD 05/01/17 1242 for Ordering	
Frequency: Routine Effective Midnight 05/02/17 0001 - Until Specified	Quantity: 1
Diet: NPO	Released by: Susan Colston, RN 05/01/17 0845
Discontinued by: Automatic Discharge Provider 05/01/17 1349 [Patient Discharge]	
Acknowledged: Susan Colston, RN 05/01/17 0845 for Placing Order	

**Questionnaire**

Question	Answer
Medications Allowed?	Whole with sips of water

**Medications - Orders and Results**

**fentaNYL (PF) (SUBLIMAZE) injection 50 mcg/mL [669521934]**

Electronically signed by: Abdul M Sheikh, MD on 05/01/17 1242	Status: <b>Discontinued</b>
Mode: Ordering in Verbal with readback mode	Communicated by: Rebecca Chism, RN
Ordering user: Rebecca Chism, RN 05/01/17 0820	Ordering provider: Abdul M Sheikh, MD
Authorized by: Abdul M Sheikh, MD	Ordering mode: Verbal with readback
Frequency: Routine PRN 05/01/17 0820 - 05/01/17 0842	Discontinued by: Kathryn M Vise, RN 05/01/17 0842 [(Patient Discharge - Internal Use Only)]
Acknowledged: Rebecca Chism, RN 05/01/17 0820 for Placing Order	
Package: 0409-9094-22	

**midazolam (VERSED) injection 1 mg/mL [669521935]**

Electronically signed by: Abdul M Sheikh, MD on 05/01/17 1242	Status: <b>Discontinued</b>
Mode: Ordering in Verbal with readback mode	Communicated by: Rebecca Chism, RN
Ordering user: Rebecca Chism, RN 05/01/17 0820	Ordering provider: Abdul M Sheikh, MD
Authorized by: Abdul M Sheikh, MD	Ordering mode: Verbal with readback
Frequency: Routine PRN 05/01/17 0820 - 05/01/17 0842	Discontinued by: Kathryn M Vise, RN 05/01/17 0842 [(Patient Discharge - Internal Use Only)]
Acknowledged: Rebecca Chism, RN 05/01/17 0820 for Placing Order	
Package: 0409-2305-21	

**lidocaine (XYLOCAINE) local injection 2 % [669521936]**

Electronically signed by: Abdul M Sheikh, MD on 05/01/17 1242	Status: <b>Discontinued</b>
Mode: Ordering in Verbal with readback mode	Communicated by: Rebecca Chism, RN
Ordering user: Rebecca Chism, RN 05/01/17 0824	Ordering provider: Abdul M Sheikh, MD
Authorized by: Abdul M Sheikh, MD	Ordering mode: Verbal with readback
Frequency: Routine PRN 05/01/17 0824 - 05/01/17 0842	Discontinued by: Kathryn M Vise, RN 05/01/17 0842 [(Patient Discharge - Internal Use Only)]
Acknowledged: Rebecca Chism, RN 05/01/17 0824 for Placing Order	
Package: 0409-4277-01	

**heparin (PORCINE) (PF) in 0.9 % sodium chloride 2,000 units/1,000 mL [669521937]**

Electronically signed by: Abdul M Sheikh, MD on 05/01/17 1242	Status: <b>Discontinued</b>
Mode: Ordering in Verbal with readback mode	Communicated by: Rebecca Chism, RN
Ordering user: Rebecca Chism, RN 05/01/17 0827	Ordering provider: Abdul M Sheikh, MD
Authorized by: Abdul M Sheikh, MD	Ordering mode: Verbal with readback
Frequency: Routine PRN 05/01/17 0827 - 05/01/17 0842	Discontinued by: Kathryn M Vise, RN 05/01/17 0842 [(Patient Discharge - Internal Use Only)]
Acknowledged: Rebecca Chism, RN 05/01/17 0827 for Placing Order	
Package: 0409-7620-59	



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Inpatient Record

Maurice, Eugene George  
MRN: 561253820, DOB: 1/2/1949, Sex: M  
Adm: 5/1/2017, D/C: 5/1/2017

**Medications - Orders and Results (continued)**

**iohexol (OMNIPAQUE) injection 350 mg/mL [669521938]**

Electronically signed by: **Abdul M Sheikh, MD on 05/01/17 1242**  
Mode: Ordering in Verbal with readback mode  
Ordering user: Rebecca Chism, RN 05/01/17 0838  
Authorized by: Abdul M Sheikh, MD  
Frequency: Routine PRN 05/01/17 0838 - 05/01/17 0842  
  
Acknowledged: Rebecca Chism, RN 05/01/17 0838 for Placing Order  
Package: 0407-1414-89

Communicated by: Rebecca Chism, RN  
Ordering provider: Abdul M Sheikh, MD  
Ordering mode: Verbal with readback  
Discontinued by: Kathryn M Vise, RN 05/01/17 0842 [(Patient Discharge - Internal Use Only)]

Status: **Discontinued**

**sodium chloride 0.9% (NS) infusion [669536703]**

Electronically signed by: **Abdul M Sheikh, MD on 05/01/17 0844**  
Ordering user: Abdul M Sheikh, MD 05/01/17 0844  
Authorized by: Abdul M Sheikh, MD  
Frequency: Routine Continuous 05/01/17 0900 - 2 hours  
Acknowledged: Susan Colston, RN 05/01/17 0845 for Placing Order  
Package: 0409-7983-09

Ordering provider: Abdul M Sheikh, MD  
Ordering mode: Standard  
Released by: Susan Colston, RN 05/01/17 0845

Status: **Expired**

**sodium chloride 0.9 % (NS) flush [669521922]**

Electronically signed by: **Sandra Nerestil, NP on 05/01/17 0715**  
Ordering user: Sandra Nerestil, NP 05/01/17 0715  
Authorized by: Sandra Nerestil, NP  
PRN reasons: line care  
Cosigning events  
Electronically cosigned by Abdul M Sheikh, MD 05/01/17 1242 for Ordering  
Frequency: Routine Q1 min PRN 05/01/17 0845 - 05/01/17 1349  
Discontinued by: Automatic Discharge Provider 05/01/17 1349 [(Patient Discharge - Internal Use Only)]  
Acknowledged: Susan Colston, RN 05/01/17 0845 for Placing Order  
Admin instructions: INT Flush  
Package: 8881-571121

Ordering provider: Sandra Nerestil, NP  
Ordering mode: Standard

Status: **Discontinued**

Released by: Susan Colston, RN 05/01/17 0845

**sodium chloride 0.9% (NS) bolus [669521923]**

Electronically signed by: **Sandra Nerestil, NP on 05/01/17 0715**  
Ordering user: Sandra Nerestil, NP 05/01/17 0715  
Authorized by: Sandra Nerestil, NP  
Cosigning events  
Electronically cosigned by Abdul M Sheikh, MD 05/01/17 1242 for Ordering  
Frequency: Routine Continuous 05/01/17 0845 - 05/01/17 1349  
Discontinued by: Automatic Discharge Provider 05/01/17 1349 [(Patient Discharge - Internal Use Only)]  
Acknowledged: Susan Colston, RN 05/01/17 0845 for Placing Order  
Admin instructions: Start on arrival to ARU (outpatients) or on arrival to precath holding (inpatients). Infuse at 3 mL/kg/hr for 1 hour prior to the procedure, after one hour reduce rate to 1 mL/kg/hr - See second order in panel. (MAXimum infusion rate 300 mL/hr).  
Package: 0409-7984-36

Ordering provider: Sandra Nerestil, NP  
Ordering mode: Standard

Status: **Discontinued**

Released by: Susan Colston, RN 05/01/17 0845

**sodium chloride 0.9% (NS) infusion [669521924]**

Electronically signed by: **Sandra Nerestil, NP on 05/01/17 0715**  
Ordering user: Sandra Nerestil, NP 05/01/17 0715  
Authorized by: Sandra Nerestil, NP  
Cosigning events  
Electronically cosigned by Abdul M Sheikh, MD 05/01/17 1242 for Ordering  
Frequency: Routine Continuous 05/01/17 0900 - 2 hours  
Acknowledged: Susan Colston, RN 05/01/17 0845 for Placing Order  
Admin instructions: \*\* Start reduced rate after 1 hour bolus completed.\*\* After first hour (see first order in panel), reduce rate to 1 mL/kg/hr. (MAXimum infusion rate 100 mL/hr). Discontinue IV fluids after a total of 3 hours (500 mL max) if cardiac cath has not yet been performed.  
Package: 0409-7983-09

Ordering provider: Sandra Nerestil, NP  
Ordering mode: Standard

Status: **Expired**

Released by: Susan Colston, RN 05/01/17 0845

**Testing Performed By**

Lab - Abbreviation	Name	Director	Address	Valid Date Range
118001 - Cath/EP	CATH/EP	Unknown	Unknown	01/02/13 1112 - Present



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Maurice, Eugene George  
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Adm: 5/1/2017, D/C: 5/1/2017

**Medications**

**All Meds and Administrations**

**sodium chloride 0.9 % (NS) flush [669521922]**

Ordering Provider: Sandra Nerestil, NP  
  
Ordered On: 05/01/17 0845  
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: 05/01/17 0845 - 05/01/17 1349  
Route: Intravenous  
Rate/Duration: — / —

(No admins scheduled or recorded for this medication)

**sodium chloride 0.9% (NS) bolus [669521923]**

Ordering Provider: Sandra Nerestil, NP  
  
Ordered On: 05/01/17 0845  
Dose (Remaining/Total): 3 mL/kg/hr (—/—)  
Frequency: Continuous

Status: Discontinued (Past End Date/Time), Reason: (Patient Discharge - Internal Use Only)  
Starts/Ends: 05/01/17 0845 - 05/01/17 1349  
Route: Intravenous  
Rate/Duration: 290 mL/hr / 1 Hours

Admin Instructions: Start on arrival to ARU (outpatients) or on arrival to precath holding (inpatients). Infuse at 3 mL/kg/hr for 1 hour prior to the procedure, after one hour reduce rate to 1 mL/kg/hr - See second order in panel. (MAXimum infusion rate 300 mL/hr).

Timestamps	Action	Dose / Rate / Duration	Route / Site / Linked Line	Other Information
Due 05/01/17 0900	Due	—	—	—
Scheduled: 05/01/17 0845				

**sodium chloride 0.9% (NS) infusion [669521924]**

Ordering Provider: Sandra Nerestil, NP  
Ordered On: 05/01/17 0845  
Dose (Remaining/Total): 1 mL/kg/hr (—/—)  
Frequency: Continuous

Status: Verified (Past End Date/Time)  
Starts/Ends: 05/01/17 0900 - 05/01/17 1059  
Route: Intravenous  
Rate/Duration: 96.6 mL/hr / —

Admin Instructions: \*\* Start reduced rate after 1 hour bolus completed.\*\* After first hour (see first order in panel), reduce rate to 1 mL/kg/hr. (MAXimum infusion rate 100 mL/hr). Discontinue IV fluids after a total of 3 hours (500 mL max) if cardiac cath has not yet been performed."

Timestamps	Action	Dose / Rate / Duration	Route / Site / Linked Line	Other Information
Due 05/01/17 0900	Due	—	—	—
Scheduled: 05/01/17 0845				

**fentaNYL (PF) (SUBLIMAZE) injection 50 mcg/mL [669521934]**

Ordering Provider: Abdul M Sheikh, MD  
  
Ordered On: 05/01/17 0820

Status: Discontinued (Past End Date/Time), Reason: (Patient Discharge - Internal Use Only)  
Frequency: As needed

Timestamps	Action	Dose	Route	Other Information
Performed 05/01/17 0820	Given	50 mcg	Intravenous	Performed by: Rebecca Chism, RN
Documented: 05/01/17 0820				

**midazolam (VERSED) injection 1 mg/mL [669521935]**

Ordering Provider: Abdul M Sheikh, MD  
  
Ordered On: 05/01/17 0820

Status: Discontinued (Past End Date/Time), Reason: (Patient Discharge - Internal Use Only)  
Frequency: As needed

Timestamps	Action	Dose	Route	Other Information
Performed 05/01/17 0820	Given	1 mg	Intravenous	Performed by: Rebecca Chism, RN
Documented: 05/01/17 0820				



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**Medications (continued)**

**All Meds and Administrations (continued)**

**lidocaine (XYLOCAINE) local injection 2 % [669521936]**

Ordering Provider: Abdul M Sheikh, MD

Status: Discontinued (Past End Date/Time), Reason: (Patient Discharge - Internal Use Only)

Ordered On: 05/01/17 0824

Frequency: As needed

Timestamps	Action	Dose	Route	Other Information
Performed 05/01/17 0824 Documented: 05/01/17 0824	Given	5 mL	Subcutaneous	Performed by: Abdul M Sheikh, MD Documented by: Rebecca Chism, RN Comments: rt groin

**heparin (PORCINE) (PF) in 0.9 % sodium chloride 2,000 units/1,000 mL [669521937]**

Ordering Provider: Abdul M Sheikh, MD

Status: Discontinued (Past End Date/Time), Reason: (Patient Discharge - Internal Use Only)

Ordered On: 05/01/17 0827

Frequency: As needed

Timestamps	Action	Dose	Route	Other Information
Performed 05/01/17 0827 Documented: 05/01/17 0827	Given	2 Bag	Intravenous	Performed by: Abdul M Sheikh, MD Documented by: Rebecca Chism, RN

**iohexol (OMNIPAQUE) injection 350 mg/mL [669521938]**

Ordering Provider: Abdul M Sheikh, MD

Status: Discontinued (Past End Date/Time), Reason: (Patient Discharge - Internal Use Only)

Ordered On: 05/01/17 0838

Frequency: As needed

Timestamps	Action	Dose	Route	Other Information
Performed 05/01/17 0838 Documented: 05/01/17 0838	Given	50 mL	Intra-arterial	Performed by: Abdul M Sheikh, MD Documented by: Rebecca Chism, RN Comments: 100cc wasted

**sodium chloride 0.9% (NS) infusion [669536703]**

Ordering Provider: Abdul M Sheikh, MD

Status: Verified (Past End Date/Time)

Ordered On: 05/01/17 0845

Starts/Ends: 05/01/17 0900 - 05/01/17 1059

Dose (Remaining/Total): 1.5 mL/kg/hr (—/—)

Route: Intravenous

Frequency: Continuous

Rate/Duration: 145 mL/hr / —

Timestamps	Action	Dose / Rate / Duration	Route / Site / Linked Line	Other Information
Due 05/01/17 0900 Scheduled: 05/01/17 0845	Due	—	—	—

**Historical Medications Entered This Encounter**

This print group is not available in inpatient encounters. Please contact a system administrator.

**Patient Education**

**Education**

**Title: General Patient Education (MCB) (Not Started)**

**Topic: Psycho/Social/Spiritual Support (Not Started)**

**Point: Coping Mechanisms (Not Started)**



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Austell GA 30106  
Inpatient Record

Maurice, Eugene George  
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Adm: 5/1/2017, D/C: 5/1/2017

**Patient Education (continued)**

**Education (continued)**

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 (Not Started)**

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 (Not Started)**

Description:  
Offer resources to meet spiritual/emotional needs. Refer to Spiritual Care, if needed.

Learner Not documented in this visit.  
Progress:

**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: Pain Management (MCB) (Not Started)**

**Point: Encourage Patient to Monitor Own Pain (Not Started)**

Description:  
Provide patient with information on the Pain Rating Scale. Explain the rating scale of 0 to 10.

Learner Not documented in this visit.  
Progress:

**Point: Discuss Significance of VAS Scores (Not Started)**

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) (Not Started)**

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:

**Topic: Prevention (MCB) (Not Started)**

**Point: When to Call the Doctor (Not Started)**



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### Patient Education (continued)

#### Education (continued)

Description:  
Educate patient/family/caregiver on when to call the doctor.

Learner Not documented in this visit.  
Progress:

#### Point: Protect Others from Infection (Not Started)

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) (Not Started)

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: Falls education, precautions, prevention at home and in the hospital (MCB) (Not Started)

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.  
Learner Not documented in this visit.  
Progress:

#### Point: Demonstrate Handwashing (MCB) (Not Started)

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) (Not Started)

##### Point: General Self Care (Not Started)

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) (Not Started)

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:



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**Patient Education (continued)**

Education (continued)

**Discharge Instructions**

Discharge Instructions

Maurice, Eugene George (MR # 561253820)

Date	Status	User	User Type	Discharge Note
05/01/17 1020	Pended	Susan Colston, RN	Registered Nurse	Original
Note:				

**Heart Catheterization  
 Discharge Instructions**

Performed by \*\*\*

You have recovered for a short time in the hospital. You should be careful at home for the next 48 hours. Please abide by the following rules:

1. **Rest and relax today and tomorrow.** To lessen the risk of bleeding from the puncture site, do the following:
  - Limit activity for the next two days. Do not do any unnecessary bending, heavy lifting (greater than 10 pounds, including infants and pets), straining or stair climbing.
  - Keep your leg as straight as possible over the next 12 hours.
  - Hold pressure on the site any time you cough, sneeze, laugh, or strain.
  - You may resume sexual relations when you are able to climb one flight of stairs or walk for 10 minutes without shortness of breath or chest pain.
  
2. Due to medications you received, **do not drive, drink alcohol, or make important decisions for the next 48 hours.**  
**Have someone stay with you tonight.**
  
3. **Observe your puncture site.** You may have a small knot (no larger than an olive) or bruise in the cath site.
  - Report any bleeding, swelling, severe pain, or numbness at the puncture site.
  - If bleeding does occur, press down hard on the site. Lie down and have someone hold pressure for five minutes without letting up. **If bleeding or swelling is rapid or does not stop after holding for 5 minutes, continue to hold pressure and call 911.**
  - If you experience signs that the circulation in your leg, foot, arm or hand is blocked, such as pain, coolness, tingling or loss of feeling, or change of color of the skin, call your doctor immediately.
  
4. **Resume your normal diet, unless otherwise instructed by your doctor.**
  - Continue to drink lots of liquids unless instructed otherwise by the doctor.
  - If you take water pills, insulin, blood thinners, or aspirin, ask your doctor for instructions.
  - **If you take Glucophage, do not take for 48 hours.**
  - If you have heart disease, take nitroglycerin as prescribed for angina. Decrease your heart disease risk by stopping all use of tobacco products.
  - See discharge medication list.

5. **Call you doctor if:**





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**Discharge Instructions (continued)**

- You develop a painful lump in your groin or a lump that is getting larger.
- You feel lightheaded, faint or clammy.
- You are unable to urinate.
- The puncture site looks red or has any discharge (signs of infection).
- You begin running a fever.

6. If you received **Artery Closure Devices**, please follow these written instructions:

- Keep the bandage on for 24 hours. Do not remove bandage until after you shower. May shower the morning following procedure.
- Cover puncture site with a Band-Aid after you shower; change the Band-Aid daily after bathing until the site is healed.
- **DO NOT** sit in a hot tub, bathtub, sauna, whirlpool, or swimming pool for 7 days following your procedure.
- If the puncture site looks red or has any discharge, call your doctor. If you have questions or concerns about your procedure, call you doctor.
- If you had an interventional procedure, be sure to keep your stent card in your wallet.
- Inform your regular doctor that you have had a stent placed.
- If you have questions or concerns about your procedure , call the Cath Lab at 470-732-3860, M-F 7am-8pm.

Follow up with your doctor for complete test results.

I have received a copy of this form and understand the instructions.

Responsible Person Signature	Date	Relationship to Patient
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RN Signature	Date/Time
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**All Flowsheets**



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Flowsheets (all recorded)

Encounter Vitals

Row Name	05/01/17 1109	05/01/17 1014	05/01/17 0943	05/01/17 0905	05/01/17 0846
Enc Vitals					
BP	121/89 -SC	110/59 -SC	110/55 -SC	97/53 -SC	106/54 -SC
Pulse	55 -SC	56 -SC	55 -SC	57 -SC	62 -SC
Resp	16 -SC	16 -SC	16 -SC	15 -SC	15 -SC
SpO2	99 % -SC	99 % -SC	97 % -SC	96 % -SC	95 % -SC
Row Name	05/01/17 08:41:15	05/01/17 0714	05/01/17 0712		

Enc Vitals

BP	107/62 -KV	112/55 -SC	---		
Pulse	67 -KV	61 -SC	---		
Resp	13 -KV	18 -SC	---		
Temp	---	97.9 °F (36.6 °C) -SC	---		
Temp src	---	Oral -SC	---		
SpO2	98 % -KV	96 % -SC	---		
Weight	---	---	96.6 kg (213 lb) -SC		
Height	---	---	67" (1.702 m) -SC		



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**Flowsheets (all recorded)**

**Custom Formula Data**

Row Name	05/01/17 08:40:51	05/01/17 08:12:10	05/01/17 07:14	05/01/17 07:12
<b>Vitals</b>				
Pct Wt Change	---	---	---	0 % -SC
<b>OTHER</b>				
Weight Change (kg)	---	---	---	0 kg -SC
Ideal Body Weight	---	---	---	160 lb -SC
Visit Weight	---	---	---	213 lb -SC
BMI (Calculated)	---	---	---	33.4 -SC
IBW/kg (Calculated)	---	---	---	66.1 kg -SC
Male	---	---	---	---
IBW/kg (Calculated)	---	---	---	61.6 kg -SC
FEMALE	---	---	---	---
Weight/Scale Event	---	---	---	0 -SC
Weight in (lb) to have	---	---	---	159.3 -SC
BMI = 25	---	---	---	---
% Weight Change	---	---	---	0 -SC
Since Birth	---	---	---	---
<b>Adult IBW/VT Calculations</b>				
IBW/kg (Calculated)	---	---	---	66.1 -SC
Range Vt 4mL/kg	---	---	---	264.4 mL/kg -SC
Low Range Vt 6mL/kg	---	---	---	396.6 mL/kg -SC
Adult Moderate Range	---	---	---	528.8 mL/kg -SC
Vt 8mL/kg	---	---	---	---
Adult High Range Vt	---	---	---	661 mL/kg -SC
10mL/kg	---	---	---	---
<b>Case Log</b>				
BSA x (CI @3.0)= CO	---	---	---	6.39 CO -SC
<b>Relevant Labs and Vitals</b>				
Temp (in Celsius)	---	---	36.6 -SC	---
<b>Aldrete Phase 1</b>				
Aldrete Score	10 -KV	10 -LK	---	---



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**Flowsheets (all recorded)**

**Risk for Readmission**

Row Name	05/01/17 1149				
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OTHER

Risk for Readmission 3 -SC



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**Flowsheets (all recorded)**

**Travel Information**

Row Name	05/01/17 0649				
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RETIRED - Travel outside the U.S.

RETIRED - Has the patient or a household member traveled outside the U.S. in the past 21 days? No -SC



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Flowsheets (all recorded)

Aldrete Score

Row Name	05/01/17 08:40:51	05/01/17 08:12:10
Aldrete		
Activity	2 -KV	2 -LK
Respiration	2 -KV	2 -LK
Circulation	2 -KV	2 -LK
Consciousness	2 -KV	2 -LK
O2 Saturation	2 -KV	2 -LK
Aldrete Score (PAR)	10 -KV	10 -LK



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Flowsheets (all recorded)

Screenings

Row Name	05/01/17 0713	05/01/17 0649	05/01/17 0648
<b>Advance Directives (For Healthcare)</b>			
Have you reviewed your Advance Directive and is it valid for this stay?	---	---	Not applicable -SC
Advance Directive	Not applicable -SC	---	Patient has advance directive, copy in chart -SC
Healthcare Agent Appointed	---	---	No -SC
Pre-existing Allow Natural Death Order Information Provided on Healthcare Directives	---	---	No -SC
Patient Requests Assistance (Retired)	---	---	No -SC
<b>Patient Belongings at Bedside</b>			
Belongings at Bedside	---	Clothing -SC	---
Belongings sent to security (Retired)	---	No -SC	---
(RETIRED)Belongings Sent Home	---	No -SC	---
<b>Patient Medications</b>			
Medications brought by patient?	---	No -SC	---
<b>Suicide/Harm Risk</b>			
Ever harm self (Retired)	---	No -SC	---
Current thoughts (Retired)	---	No -SC	---
Self harm plan (Retired)	---	No -SC	---
Patient information obtained from	---	Patient -SC	---
<b>Braden Scale</b>			
Sensory Perceptions	4 -SC	---	---
Moisture	4 -SC	---	---
Activity	4 -SC	---	---
Mobility	4 -SC	---	---
Nutrition	3 -SC	---	---
Friction and Shear	3 -SC	---	---
Braden Scale Score	22 -SC	---	---
Pressure Ulcer Present on Admission (IF YES, DOCUMENT BY GOING TO: 1) NOTES ACTIVITY 2) PROGRESS NOTES 3) TYPE "PRESSURE ULCER ON ADMISSION" IN SMART TEXT BOX 4) CLICK CO-SIGN WITH MD SIGNATURE)			
Pressure ulcer present on admission	No -SC	---	---



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**Flowsheets (all recorded)**

**Suicide Risk**

Row Name	05/01/17 0649				
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**Suicide/Harm Risk**

Ever harm self (Retired)	No -SC
Current thoughts (Retired)	No -SC
Self harm plan (Retired)	No -SC
Patient information obtained from	Patient -SC
<b>Suicide Risk (Retired)</b>	
Is patient at risk for suicide? (Retired)	No -SC





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Flowsheets (all recorded)

Vital Signs

Row Name	05/01/17 1109	05/01/17 1014	05/01/17 0943	05/01/17 0905	05/01/17 0846
Vital Signs					
Automatic Restart	Yes -SC	Yes -SC	Yes -SC	Yes -SC	Yes -SC
Vitals Timer					
Pulse	55 -SC	56 -SC	55 -SC	57 -SC	62 -SC
Heart Rate Source	Monitor -SC	Monitor -SC	Monitor -SC	Monitor -SC	Monitor -SC
Resp	16 -SC	16 -SC	16 -SC	15 -SC	15 -SC
BP	121/89 -SC	110/59 -SC	110/55 -SC	97/53 -SC	106/54 -SC
Patient Position	Supine -SC	Supine -SC	Supine -SC	Supine -SC	—
Oxygen Therapy					
SpO2	99 % -SC	99 % -SC	97 % -SC	96 % -SC	95 % -SC

Row Name	05/01/17 08:41:15	05/01/17 08:10:21	05/01/17 0714		
Vital Signs					
Automatic Restart	Yes -KV	—	Yes -SC		
Vitals Timer					
Pulse	67 -KV	—	61 -SC		
Heart Rate Source	—	—	Monitor -SC		
Resp	13 -KV	—	18 -SC		
BP	107/62 -KV	—	112/55 -SC		
Patient Position	—	—	Sitting -SC		
Temp	—	—	97.9 °F (36.6 °C) -SC		
Temp src	—	—	Oral -SC		
Oxygen Therapy					
SpO2	98 % -KV	—	96 % -SC		
O2 Device	—	Nasal cannula -LK	—		
O2 Flow Rate (L/min)	—	2 L/min -LK	—		



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Flowsheets (all recorded)

O2 Therapy

Row Name	05/01/17 1109	05/01/17 1014	05/01/17 0943	05/01/17 0905	05/01/17 0846
----------	---------------	---------------	---------------	---------------	---------------

Oxygen Therapy

SpO2	99 % -SC	99 % -SC	97 % -SC	96 % -SC	95 % -SC
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Row Name	05/01/17 08:41:15	05/01/17 08:10:21	05/01/17 0714		
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Oxygen Therapy

O2 Delivery	—	Oxygen -LK	—		
O2 Device	—	Nasal cannula -LK	—		
O2 Flow Rate (L/min)	—	2 L/min -LK	—		
SpO2	98 % -KV	—	96 % -SC		



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Flowsheets (all recorded)

OR Lines/Drains/Airways

Row Name	05/01/17 1147	05/01/17 1146	05/01/17 08:15:48	05/01/17 08:15:04	05/01/17 07:35
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[REMOVED] Peripheral IV 05/01/17 20 G Right Hand

IV Properties	Placement Date: 05/01/17 -SC Placement Time: 0720 -SC Present on arrival to hospital?: No -SC Type of Catheter: Straight -SC Size (Gauge): 20 G -SC Orientation: Right -SC Location: Hand -SC Site Prep: Chlorhexidine -SC Local Anesthetic: None -SC Inserted by: Colston RN -SC Insertion attempts: 1 -SC Successful IV Attempt?: Yes -SC Patient Tolerance: Tolerated well -SC IV Access Problem: No -SC Removal Date: 05/01/17 -SC Removal Time: 1146 -SC Catheter Intact on removal?: Yes -SC Removal Reason : Patient discharged -SC Remaining intact at discharge?: Yes -SC				
Site Assessment	---	Asymptomatic;Clean;Dry;Intact -SC	Asymptomatic -RC	---	---
Phlebitis Scale	---	0 -SC	0 -RC	---	---
Infiltration/Extravasation Scale	---	0 -SC	0 -RC	---	---
Line Assessment	---	---	Blood return noted;Patent -RC	---	---
Dressing Assessment	---	Clean;Dry;Intact -SC	---	---	---
IV Interventions	---	---	Flushed -RC	---	---

[REMOVED] Peripheral IV 05/01/17 20 G Left Hand

IV Properties	Placement Date: 05/01/17 -SC Placement Time: 0735 -SC Present on arrival to hospital?: No -SC Type of Catheter: Straight -SC Size (Gauge): 20 G -SC Orientation: Left -SC Location: Hand -SC Site Prep: Chlorhexidine -SC Local Anesthetic: None -SC Inserted by: Colston RN -SC Insertion attempts: 1 -SC Successful IV Attempt?: Yes -SC Patient Tolerance: Tolerated well -SC IV Access Problem: No -SC Removal Date: 05/01/17 -SC Removal Time: 1147 -SC Catheter Intact on removal?: Yes -SC Removal Reason : Patient discharged -SC Remaining intact at discharge?: Yes -SC				
Site Assessment	Asymptomatic;Clean;Dry;Intact -SC	---	---	Asymptomatic -RC	Asymptomatic;Clean;Dry;Intact -SC
Phlebitis Scale	0 -SC	---	---	0 -RC	0 -SC
Infiltration/Extravasation Scale	0 -SC	---	---	0 -RC	0 -SC
Line Assessment	---	---	---	Blood return noted;Patent -RC	Blood return noted -SC
Dressing Assessment	Clean;Dry;Intact -SC	---	---	---	Clean;Dry;Intact -SC
IV Interventions	---	---	---	Flushed -RC	Flushed -SC

Row Name	05/01/17 0731				
----------	---------------	--	--	--	--

[REMOVED] Peripheral IV 05/01/17 20 G Right Hand

IV Properties	Placement Date: 05/01/17 -SC Placement Time: 0720 -SC Present on arrival to hospital?: No -SC Type of Catheter: Straight -SC Size (Gauge): 20 G -SC Orientation: Right -SC Location: Hand -SC Site Prep: Chlorhexidine -SC Local Anesthetic: None -SC Inserted by: Colston RN -SC Insertion attempts: 1 -SC Successful IV Attempt?: Yes -SC Patient Tolerance: Tolerated well -SC IV Access Problem: No -SC Removal Date: 05/01/17 -SC Removal Time: 1146 -SC Catheter Intact on removal?: Yes -SC Removal Reason : Patient discharged -SC Remaining intact at discharge?: Yes -SC				
Site Assessment	Asymptomatic;Clean;Dry;Intact -SC				
Phlebitis Scale	0 -SC				
Infiltration/Extravasation Scale	0 -SC				
Line Assessment	Blood return noted -SC				
Dressing Assessment	Clean;Dry;Intact -SC				
IV Interventions	Flushed -SC				

[REMOVED] Peripheral IV 05/01/17 20 G Left Hand

IV Properties	Placement Date: 05/01/17 -SC Placement Time: 0735 -SC Present on arrival to hospital?: No -SC Type of Catheter: Straight -SC Size (Gauge): 20 G -SC Orientation: Left -SC Location: Hand -SC Site Prep: Chlorhexidine -SC Local Anesthetic: None -SC Inserted by: Colston RN -SC Insertion attempts: 1 -SC Successful IV Attempt?: Yes -SC Patient Tolerance: Tolerated well -SC IV Access Problem: No -SC Removal Date: 05/01/17 -SC Removal Time: 1147 -SC Catheter Intact on removal?: Yes -SC Removal Reason : Patient discharged -SC Remaining intact at discharge?: Yes -SC				
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**Flowsheets (all recorded)**

**Anthropometrics**

Row Name	05/01/17 0712				
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Anthropometrics

Height	67" (1.702 m) -SC
Weight	96.6 kg (213 lb) -SC
Weight Method	Stated -SC
Weight Change	0 -SC
BMI (Calculated)	33.4 -SC



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**Flowsheets (all recorded)**

**Interpretation**

Row Name	05/01/17 0648				
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Medical Interpretation Services Documentation (All fields are required)

Is patient using Interpretation Services for this encounter? No -SC



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 MRN: 561253820, DOB: 1/2/1949, Sex: M  
 Adm: 5/1/2017, D/C: 5/1/2017

Flowsheets (all recorded)

Vitals/Pain

Row Name	05/01/17 1109	05/01/17 1014	05/01/17 0943	05/01/17 0905	05/01/17 0846
OTHER					
Patient Position	Supine -SC	Supine -SC	Supine -SC	Supine -SC	---
Pain Assessment	0-10 -SC	0-10 -SC	0-10 -SC	0-10 -SC	0-10 -SC
Vitals					
BP	121/89 -SC	110/59 -SC	110/55 -SC	97/53 -SC	106/54 -SC
Pulse	55 -SC	56 -SC	55 -SC	57 -SC	62 -SC
Resp	16 -SC	16 -SC	16 -SC	15 -SC	15 -SC
SpO2	99 % -SC	99 % -SC	97 % -SC	96 % -SC	95 % -SC
Vital Signs					
Heart Rate Source	Monitor -SC	Monitor -SC	Monitor -SC	Monitor -SC	Monitor -SC
Numeric Pain Intensity Scale 1					
Numeric Pain Intensity Score 1	0 -SC	0 -SC	0 -SC	0 -SC	0 -SC

Row Name	05/01/17 08:41:15	05/01/17 0714	05/01/17 0712		
OTHER					
Patient Position	---	Sitting -SC	---		
Height Method	---	---	Stated -SC		
Weight Method	---	---	Stated -SC		
BMI (Calculated)	---	---	33.4 -SC		
BSA (Calculated - sq m)	---	---	2.13 sq meters -SC		
Pain Assessment	---	0-10 -SC	---		
Vitals					
BP	107/62 -KV	112/55 -SC	---		
Temp	---	97.9 °F (36.6 °C) -SC	---		
Temp src	---	Oral -SC	---		
Pulse	67 -KV	61 -SC	---		
Resp	13 -KV	18 -SC	---		
SpO2	98 % -KV	96 % -SC	---		
Height	---	---	67" (1.702 m) -SC		
Weight	---	---	96.6 kg (213 lb) -SC		
Vital Signs					
Heart Rate Source	---	Monitor -SC	---		
Numeric Pain Intensity Scale 1					
Numeric Pain Intensity Score 1	---	0 -SC	---		



WS Cobb Hospital  
3950 Austell Road SW  
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Inpatient Record

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**Flowsheets (all recorded)**

**Fall Risk**

Row Name	05/01/17 0649				
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Fall Assessment

Patient Receiving Sedation	Yes -SC
Fall Risk	Yes -SC
Fall Band Applied	Yes -SC
Yellow socks	Yes -SC



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Flowsheets (all recorded)

Pre-op Checklist

Row Name	05/01/17 0713	05/01/17 0648
<b>Patient Verification</b>		
History and Physical Completed	No -SC	---
Consents Confirmed	Informed -SC	---
Advance Directive	Not applicable -SC	Patient has advance directive, copy in chart -SC
Patient ID and Procedure Verified	Yes -SC	---
Correct Procedure	Yes -SC	---
Documents Match	Yes -SC	---
Pacemaker	N/A -SC	---
Patient has an ICD?	N/A -SC	---
Pre-op Lab/Test Results Available	In chart -SC	---
Preg Test	n/a -SC	---
<b>Prep Verification</b>		
Allergy Band Applied	Yes -SC	---
Anti-embolism	n/a -SC	---
Pre-op Antibiotic Ordered?	n/a -SC	---
Beta Blocker Not Applicable?	n/a -SC	---
Anticoag Not Applicable?	n/a -SC	---
VTE Assessment Complete?	n/a -SC	---
Enema Given	Not applicable -SC	---
Disposition of belongings:	To family/significant other -SC	---
Required items available	Required test results, blood/antibiotics/irrigation fluids, implants, devices and special needs/equipment are available -SC	---
Transport To	Procedure Area -SC	---
Mode of Transport	Stretcher -SC	---
Transport By	RN -SC	---
Metal Implant Present?	No -SC	---
Skin Prep for Procedure	Yes -SC	---
VTE Diagnostic Test Performed?	N/A -SC	---
<b>Pre-op Checklist Completion</b>		
Checklist Completed/Verified?	Yes -SC	---
Location completed at:	ARU -SC	---





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Flowsheets (all recorded)

CARDNT HEMODYNAMIC

Row Name	05/01/17 1109	05/01/17 1014	05/01/17 0943	05/01/17 0905	05/01/17 0846
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Vitals

SpO2	99 % -SC	99 % -SC	97 % -SC	96 % -SC	95 % -SC
Pulse	55 -SC	56 -SC	55 -SC	57 -SC	62 -SC
Resp	16 -SC	16 -SC	16 -SC	15 -SC	15 -SC

Row Name	05/01/17 08:41:15	05/01/17 08:39:17	05/01/17 08:38:06	05/01/17 08:34:36	05/01/17 08:34:28
----------	-------------------	-------------------	-------------------	-------------------	-------------------

Vitals

SpO2	---	97 % -VI	98 % -VI	---	---
Heart Rate	---	62 bpm -VI	66 bpm -VI	---	---
Systolic Pressure	---	107 mmHg -VI	124 mmHg -VI	---	---
Diastolic Pressure	---	62 mmHg -VI	67 mmHg -VI	---	---
Mean Pressure	---	74 mmHg -VI	87 mmHg -VI	---	---
Respiration Rate	---	13 breaths/min -VI	14 breaths/min -VI	---	---
SpO2	98 % -KV	---	---	---	---
Pulse	67 -KV	---	---	---	---
Resp	13 -KV	---	---	---	---

Pressure Summary

LV Systolic Cath Pressure	---	---	---	---	75 mmHg -VI
LV Diastolic Cath Pressure	---	---	---	---	40 mmHg -VI
LV Heart Rate	---	---	---	---	57 bpm -VI
AO Systolic Cath Pressure	---	---	---	82 mmHg -VI	---
AO Diastolic Cath Pressure	---	---	---	35 mmHg -VI	---
AO Mean Cath Pressure	---	---	---	55 mmHg -VI	---
AO Heart Rate	---	---	---	58 bpm -VI	---
LV End Diastolic	---	---	---	---	44 mmHg -VI

Row Name	05/01/17 08:34:18	05/01/17 08:33:47	05/01/17 08:33:43	05/01/17 08:30:55	05/01/17 08:29:24
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Vitals

SpO2	97 % -VI	---	---	97 % -VI	97 % -VI
Heart Rate	58 bpm -VI	---	---	59 bpm -VI	59 bpm -VI
Systolic Pressure	98 mmHg -VI	---	---	87 mmHg -VI	97 mmHg -VI
Diastolic Pressure	55 mmHg -VI	---	---	58 mmHg -VI	60 mmHg -VI
Mean Pressure	65 mmHg -VI	---	---	71 mmHg -VI	71 mmHg -VI
Respiration Rate	14 breaths/min -VI	---	---	14 breaths/min -VI	13 breaths/min -VI

Pressure Summary

LV Systolic Cath Pressure	---	79 mmHg -VI	79 mmHg -VI	---	---
LV Diastolic Cath Pressure	---	11 mmHg -VI	12 mmHg -VI	---	---
LV Heart Rate	---	46 bpm -VI	56 bpm -VI	---	---
LV End Diastolic	---	18 mmHg -VI	20 mmHg -VI	---	---

Row Name	05/01/17 08:28:47	05/01/17 08:24:23	05/01/17 08:19:19	05/01/17 08:14:16	05/01/17 08:11:12
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Vitals

SpO2	---	97 % -VI	100 % -VI	95 % -VI	---
Heart Rate	---	59 bpm -VI	58 bpm -VI	60 bpm -VI	---
Systolic Pressure	---	113 mmHg -VI	133 mmHg -VI	145 mmHg -VI	---
Diastolic Pressure	---	61 mmHg -VI	70 mmHg -VI	75 mmHg -VI	---
Mean Pressure	---	74 mmHg -VI	91 mmHg -VI	93 mmHg -VI	---
Respiration Rate	---	14 breaths/min -VI	18 breaths/min -VI	27 breaths/min -VI	---

AO Pressures

AO Systolic	---	---	---	---	82 mmHg -VI
AO Diastolic	---	---	---	---	35 mmHg -VI
AO Mean	---	---	---	---	55 mmHg -VI
AO Heart Rate	---	---	---	---	58 bpm -VI

LV Pressures

LV Systolic	---	---	---	---	75 mmHg -VI
LV End Diastolic	---	---	---	---	44 mmHg -VI
LV dP/dt	---	---	---	---	336 -VI

Pressure Summary

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**Flowsheets (all recorded) (continued)**

**CARDNT HEMODYNAMIC (continued)**

Row Name	05/01/17 08:28:47	05/01/17 08:24:23	05/01/17 08:19:19	05/01/17 08:14:18	05/01/17 08:11:12
AO Systolic Cath Pressure	77 mmHg -VI	—	—	—	—
AO Diastolic Cath Pressure	32 mmHg -VI	—	—	—	—
AO Mean Cath Pressure	53 mmHg -VI	—	—	—	—
AO Heart Rate	58 bpm -VI	—	—	—	—
Data Collected					
Hemodynamic Phase	—	—	—	—	Phase: Baseline -VI
Row Name	05/01/17 07:14				
Vitals					
SpO2	96 % -SC				
Pulse	61 -SC				
Resp	18 -SC				



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**Flowsheets (all recorded)**

**Cath Lab Pain Assessment**

Row Name	05/01/17 08:41:02	05/01/17 08:10:18			
Pain					
Pain	No -KV	No -LK			



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**Flowsheets (all recorded)**

**Preop Nurse**

Row Name	05/01/17 0648				
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Pre-op Nurse

Pre Procedure Nurse Colston RN -SC



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**Flowsheets (all recorded)**

**Patient Belongings**

Row Name	05/01/17 0649				
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**Patient Belongings at Bedside**

Belongings at Bedside	Clothing -SC
Belongings sent to security (Retired)	No -SC
(RETIRED)Belongings Sent Home	No -SC

**Patient Medications**

Medications brought by patient?	No -SC
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Flowsheets (all recorded)

Complex Assessment

Row Name	05/01/17 0716	05/01/17 0713	05/01/17 0712
<b>Neurological</b>			
Neuro (WDL)	—	—	WDL -SC
<b>HEENT</b>			
HEENT (WDL)	—	—	WDL -SC
<b>Respiratory</b>			
Respiratory (WDL)	—	—	WDL -SC
<b>Cardiac</b>			
Cardiac (WDL)	—	—	WDL -SC
<b>Peripheral Vascular</b>			
Peripheral Vascular (WDL)	—	—	X -SC
Pulses	—	—	R pedal;L posterior tibial;R posterior tibial;L pedal;R radial -SC
<b>RUE Neurovascular Assessment</b>			
R Radial Pulse	+2 -SC	—	—
<b>RLE Neurovascular Assessment</b>			
R Posterior Tibial Pulse	+1 -SC	—	—
R Pedal Pulse	+2 -SC	—	—
<b>LLE Neurovascular Assessment</b>			
L Posterior Tibial Pulse	+2 -SC	—	—
L Pedal Pulse	+2 -SC	—	—
<b>Integumentary</b>			
Integumentary (WDL)	—	—	WDL -SC
<b>Braden Scale</b>			
Sensory Perceptions	—	4 -SC	—
Moisture	—	4 -SC	—
Activity	—	4 -SC	—
Mobility	—	4 -SC	—
Nutrition	—	3 -SC	—
Friction and Shear	—	3 -SC	—
Braden Scale Score	—	22 -SC	—
<b>Gastrointestinal</b>			
Gastrointestinal (WDL)	—	—	WDL -SC
<b>Psychosocial</b>			
Psychosocial (WDL)	—	—	WDL -SC
<b>Provider Notification</b>			
Provider Role	—	—	Nurse -SC
<b>Charting Type</b>			
Charting Type	—	—	Admission -SC



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**Flowsheets (all recorded)**

**Lines/Drains/Airways**

Row Name	05/01/17 1147	05/01/17 1146	05/01/17 08:15:48	05/01/17 08:15:04	05/01/17 0735
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[REMOVED] Peripheral IV 05/01/17 20 G Right Hand

IV Properties	Placement Date: 05/01/17 -SC Placement Time: 0720 -SC Present on arrival to hospital?: No -SC Type of Catheter: Straight -SC Size (Gauge): 20 G -SC Orientation: Right -SC Location: Hand -SC Site Prep: Chlorhexidine -SC Local Anesthetic: None -SC Inserted by: Colston RN -SC Insertion attempts: 1 -SC Successful IV Attempt?: Yes -SC Patient Tolerance: Tolerated well -SC IV Access Problem: No -SC Removal Date: 05/01/17 -SC Removal Time: 1146 -SC Catheter Intact on removal?: Yes -SC Removal Reason : Patient discharged -SC Remaining intact at discharge?: Yes -SC				
Site Assessment	---	Asymptomatic;Clean;Dry;Intact -SC	Asymptomatic -RC	---	---
Phlebitis Scale	---	0 -SC	0 -RC	---	---
Infiltration/Extravasation Scale	---	0 -SC	0 -RC	---	---
Line Assessment	---	---	Blood return noted;Patent -RC	---	---
Dressing Assessment	---	Clean;Dry;Intact -SC	---	---	---
IV Interventions	---	---	Flushed -RC	---	---

[REMOVED] Peripheral IV 05/01/17 20 G Left Hand

IV Properties	Placement Date: 05/01/17 -SC Placement Time: 0735 -SC Present on arrival to hospital?: No -SC Type of Catheter: Straight -SC Size (Gauge): 20 G -SC Orientation: Left -SC Location: Hand -SC Site Prep: Chlorhexidine -SC Local Anesthetic: None -SC Inserted by: Colston RN -SC Insertion attempts: 1 -SC Successful IV Attempt?: Yes -SC Patient Tolerance: Tolerated well -SC IV Access Problem: No -SC Removal Date: 05/01/17 -SC Removal Time: 1147 -SC Catheter Intact on removal?: Yes -SC Removal Reason : Patient discharged -SC Remaining intact at discharge?: Yes -SC				
Site Assessment	Asymptomatic;Clean;Dry;Intact -SC	---	---	Asymptomatic -RC	Asymptomatic;Clean;Dry;Intact -SC
Phlebitis Scale	0 -SC	---	---	0 -RC	0 -SC
Infiltration/Extravasation Scale	0 -SC	---	---	0 -RC	0 -SC
Line Assessment	---	---	---	Blood return noted;Patent -RC	Blood return noted -SC
Dressing Assessment	Clean;Dry;Intact -SC	---	---	---	Clean;Dry;Intact -SC
IV Interventions	---	---	---	Flushed -RC	Flushed -SC

Row Name	05/01/17 0731				
----------	---------------	--	--	--	--

[REMOVED] Peripheral IV 05/01/17 20 G Right Hand

IV Properties	Placement Date: 05/01/17 -SC Placement Time: 0720 -SC Present on arrival to hospital?: No -SC Type of Catheter: Straight -SC Size (Gauge): 20 G -SC Orientation: Right -SC Location: Hand -SC Site Prep: Chlorhexidine -SC Local Anesthetic: None -SC Inserted by: Colston RN -SC Insertion attempts: 1 -SC Successful IV Attempt?: Yes -SC Patient Tolerance: Tolerated well -SC IV Access Problem: No -SC Removal Date: 05/01/17 -SC Removal Time: 1146 -SC Catheter Intact on removal?: Yes -SC Removal Reason : Patient discharged -SC Remaining intact at discharge?: Yes -SC				
Site Assessment	Asymptomatic;Clean;Dry;Intact -SC				
Phlebitis Scale	0 -SC				
Infiltration/Extravasation Scale	0 -SC				
Line Assessment	Blood return noted -SC				
Dressing Assessment	Clean;Dry;Intact -SC				
IV Interventions	Flushed -SC				

[REMOVED] Peripheral IV 05/01/17 20 G Left Hand

IV Properties	Placement Date: 05/01/17 -SC Placement Time: 0735 -SC Present on arrival to hospital?: No -SC Type of Catheter: Straight -SC Size (Gauge): 20 G -SC Orientation: Left -SC Location: Hand -SC Site Prep: Chlorhexidine -SC Local Anesthetic: None -SC Inserted by: Colston RN -SC Insertion attempts: 1 -SC Successful IV Attempt?: Yes -SC Patient Tolerance: Tolerated well -SC IV Access Problem: No -SC Removal Date: 05/01/17 -SC Removal Time: 1147 -SC Catheter Intact on removal?: Yes -SC Removal Reason : Patient discharged -SC Remaining intact at discharge?: Yes -SC				
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**User Key**

(r) = Recorded By, (t) = Taken By, (c) = Cosigned By

Initials	Name	Effective Dates
LK	Lauren W Kerns, ARRT	02/03/17 -
SC	Susan Colston, RN	02/03/17 -
KV	Kathryn M Vise, RN	02/03/17 -
RC	Rebecca Chism, RN	02/03/17 -
VI	Interface, Vs Maclab Incoming	---

**Flowsheet Notes**



WS Cobb Hospital  
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MRN: 561253820, DOB: 1/2/1949, Sex: M  
Adm: 5/1/2017, D/C: 5/1/2017

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**Flowsheet Notes (continued)**

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No notes of this type exist for this encounter.

---

**All Scans**

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WS Cobb Hospital  
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Maurice, Eugene George  
MRN: 561253820, DOB: 1/2/1949, Sex: M  
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---

**Encounter-Level Documents - 05/01/2017:**

Scan on 5/3/2017 11:24 AM (below)



WS Cobb Hospital  
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---

Scan on 5/3/2017 11:20 AM (below)



WS Cobb Hospital  
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Inpatient Record

Maurice, Eugene George  
MRN: 561253820, DOB: 1/2/1949, Sex: M  
Adm: 5/1/2017, D/C: 5/1/2017

---

Scan on 5/1/2017 6:47 AM by Crystal D Johnson: Perceptive Content Scan (below)

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**Encounter-Level E-Signatures:**

No documentation.



WS Cobb Hospital  
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Maurice, Eugene George  
MRN: 561253820, DOB: 1/2/1949, Sex: M  
Adm: 4/9/2018, D/C: 4/10/2018

### ENCOUNTER

Patient Class:	OP	Unit:	CH CVM AUS
Hospital Service:	No service for patient encounter.	Bed:	Room/bed info not found
Admitting Provider:		Referring Physician:	Sheikh, Abdul M
Attending Provider:	Abdul m sheikh	AD: N	Adm Diagnosis: Coronary artery disease *
Admission Date:	4/9/2018	Admission Time:	1437

### PATIENT

Name:	Eugene George Maurice	Sex:	Male	DOB:	1/2/1949 (69 yrs)
Address:	61 SHOCKLEY WAY	Religion:	Catholic	Race:	White or caucasian
City:	DALLAS GA 30157-8973				
County:	PAULDING				
Email Address:	Gene.maurice@sgmservice.*				
Primary Care Provider:	Jeffrey L Tharp, MD	Primary Phone:	678-910-2298		

Contact Name	Legal Guardian?	Relationship to Patient	Home Phone	Work Phone	Mobile Phone
1. Maurice, Shirley		Spouse	(678)398-9479		678-910-2476
2. *No Contact Specified*					678-910-2476

### GUARANTOR

Guarantor:	MAURICE,EUGENE GEORGE	DOB:	1/2/1949
Address:	61 SHOCKLEY WAY	Sex:	Male
	DALLAS, GA 30157-8973	Home Phone:	678-398-9479
Relation to Patient:	Self	Work Phone:	
Guarantor ID:	123805	Mobile Phone:	678-910-2298

Employer	Phone	Status
		RETIRED

### COVERAGE

PRIMARY INSURANCE					
Payor:	COVENTRY ADVANTRA M*	Plan:	COVENTRY ADVANTRA /PPO		
Group Number:	4916004101	Insurance Type:	INDEMNITY		
Subscriber Name:	MAURICE,EUGENE GEOR*	Subscriber DOB:	01/02/1949		
Coverage:	P O BOX 7156	Subscriber ID:	80459609601		
	LONDON, KY 40742-7156	Pat. Rel. to Subscriber:	Self		
Phone:	(866)613-4977	Co-In: Deductible:	Out of Pocket Max: \$6,700.00		

SECONDARY INSURANCE					
Payor:		Plan:	N/A		
Group Number:		Insurance Type:			
Subscriber Name:		Subscriber DOB:			
Coverage:		Subscriber ID:			
Phone:		Pat. Rel. to Subscriber:			

Contact Serial# 

April 7, 2020

Chart ID 



WS Cobb Hospital  
3950 Austell Road SW  
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Inpatient Record

Maurice, Eugene George  
MRN: 561253820, DOB: 1/2/1949, Sex: M  
Adm: 4/9/2018, D/C: 4/10/2018

**Admission Information**

Arrival Date/Time:	Admit Date/Time:	04/09/2018 1437	IP Adm. Date/Time:
Admission Type: Elective	Point of Origin:	Physician Or Clinic Referral	Admit Category:
Means of Arrival:	Primary Service:		Secondary Service: N/A
Transfer Source:	Service Area:	WS SERVICE AREA	Unit: WellStar Cardiac Diagnostics (CH CV1 AUSTELL)
Admit Provider:	Attending Provider:	Abdul M Sheikh, MD	Referring Provider: Abdul M Sheikh, MD

**Discharge Information**

Discharge Date/Time	Discharge Disposition	Discharge Destination	Discharge Provider	Unit
04/10/2018 2359	Home Or Self Care	None	None	WellStar Cardiac Diagnostics (CH CV1 AUSTELL)

**Final Diagnoses (ICD-10-CM)**

Code	Description	POA	CC	HAC	Affects DRG
I25.10 [Principal]	Atherosclerotic heart disease of native coronary artery without angina pectoris				

**Events**

**Hospital Outpatient at 4/9/2018 1437**

Unit: WellStar Cardiac Diagnostics (CH CV1 AUSTELL)  
Patient class: Outpatient

**Discharge at 4/10/2018 2359**

Unit: WellStar Cardiac Diagnostics (CH CV1 AUSTELL)  
Patient class: Outpatient

**Allergies as of 4/10/2018**

Reviewed on 4/9/2018

No Known Allergies

**Immunizations as of 4/10/2018**

Immunizations never marked as reviewed

**Annual Influenza**

Administered on: 9/26/2016 0000      Site: Left deltoid      Route: Intramuscular  
Lot number: UI700AA

**INFLUENZA HD, 65 YEARS AND ABOVE**

Administered by: Jade Westover, LPN      Administered on: 9/26/2016      Dose: 0.5 mL  
Site: Left deltoid      Route: Intramuscular      NDC: 49281-399-88  
CVX code: 135      VIS date: 8/7/2015  
Manufacturer: Sanofi Pasteur      Lot number: UI700AA

**Questionnaire**

Question	Answer
Have you ever had a serious reaction to eggs?	NO
Have you ever had Guillain Barre Syndrome?	No

**INFLUENZA HD, 65 YEARS AND ABOVE**

Administered by: Tina M Allen, MA      Administered on: 9/28/2017      Dose: 0.5 mL  
Site: Left deltoid      Route: Intramuscular      NDC: 49281-401-88  
CVX code: 135      VIS date: 09/28/2017  
Manufacturer: Sanofi Pasteur      Lot number: UI842AB

**Questionnaire**

Question	Answer
Have you ever had a serious reaction to eggs?	NO
Have you ever had Guillain Barre Syndrome?	No

**Influenza - Unspecified**

Administered on: 9/26/2016 0000      Site: Left deltoid      Route: Intramuscular  
CVX code: 88



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**All Scans (continued)**

**Immunizations (continued) as of 4/10/2018**

Lot number: UI700AA

**Pneumococcal Conjugate 13-Valent**

Administered by: Mary S Wray, MA	Administered on: 3/16/2016	Dose: 0.5 mL
Site: Left deltoid	Route: Intramuscular	NDC: 0005-1971-01
CVX code: 133	VIS date: 031616	
Manufacturer: Wyeth-Ayerst	Lot number: M51193	

**Medical as of 4/10/2018**

**Past Medical History**

Diagnosis	Date	Comments	Source
CAD (coronary artery disease) [I25.10]	---	---	Provider
Cancer of prostate with low recurrence risk (stage T1-2a and Gleason < 7 and PSA < 10) (HCC) [C61]	1/30/2018	---	Provider
Coronary atherosclerosis of native coronary artery [I25.10]	---	---	Provider
Diabetes mellitus (HCC) [E11.9]	---	---	Provider
Essential hypertension, benign [I10]	---	---	Provider
Family history of ischemic heart disease [Z82.49]	---	---	Provider
Hyperlipidemia [E78.5]	---	---	Provider
Hypertension [I10]	---	---	Provider
Infectious viral hepatitis [B15.9]	---	as teen/cannot recall what type	Provider
Obesity [E66.9]	---	---	Provider
Other and unspecified hyperlipidemia [E78.5]	---	---	Provider
Other symptoms involving cardiovascular system [R09.89]	---	---	Provider
PVD (peripheral vascular disease) (HCC) [I73.9]	---	---	Provider

**Pertinent Negatives**

Diagnosis	Date Noted	Comments	Source
Abnormal ECG [R94.31]	04/07/2014	---	Provider
Aneurysm (HCC) [I72.9]	04/07/2014	---	Provider
Arrhythmia [I49.9]	04/07/2014	---	Provider
Asthma [J45.909]	04/07/2014	---	Provider
Chronic kidney disease [N18.9]	04/07/2014	---	Provider
Clotting disorder (HCC) [D68.9]	04/07/2014	---	Provider
Congenital heart disease [Q24.9]	04/07/2014	---	Provider
Deep vein thrombosis (HCC) [I82.409]	04/07/2014	---	Provider
Heart failure (HCC) [I50.9]	04/07/2014	---	Provider
Heart murmur [R01.1]	04/07/2014	---	Provider
Mitral valve prolapse [I34.1]	04/07/2014	---	Provider
Myocardial infarction [I21.9]	04/07/2014	---	Provider
Pulmonary embolism (HCC) [I26.99]	04/07/2014	---	Provider
Sleep apnea [G47.30]	04/07/2014	---	Provider
Stroke (HCC) [I63.9]	04/07/2014	---	Provider
Valvular disease [I38]	04/07/2014	---	Provider

**ED Records**

**ED Arrival Information**

Patient not seen in ED

**ED Disposition**

None

**Hospital Encounter Notes**

**Encounter Notes**



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---

**Hospital Encounter Notes (continued)**

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**Encounter Notes (continued)**

No notes exist for this encounter.



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**Echocardiography - Orders and Results**

**ECHO 2D PANEL W/ CONTRAST/BUBBLE PRN [735098265]**

Electronically signed by: Abdul M Sheikh, MD on 03/29/18 1611  
Ordering user: Abdul M Sheikh, MD 03/29/18 1611  
Ordering mode: Standard  
Quantity: 1  
Instance released by: Brandy E Vitucci 4/9/2018 2:37 PM  
Diagnoses  
Coronary artery disease involving native coronary artery of native heart without angina pectoris [I25.10]

Authorized by: Abdul M Sheikh, MD  
Lab status: Final result

Status: Completed

**Questionnaire**

Question	Answer
Reason for exam?	Shortness of breath

**ECHO 2D PANEL W/ CONTRAST/BUBBLE PRN [735098265]**

Resulted: 04/09/18 2303, Result status: Final result

Order status: Completed  
Filed by: Abdul M Sheikh, MD 04/09/18 2307  
Accession number: 29362879  
Result details

Resulted by: Abdul M Sheikh, MD  
Performed: 04/09/18 1448 - 04/09/18 1547  
Resulting lab: NONINV CARDIOLOGY

**Narrative:**

- 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.

**Components**

Component	Value	Reference Range	Flag	Lab
2D LV PW	1.0	cm	---	NonInv Card
TDI e' Lateral	9.85	cm/s	---	NonInv Card
MV Peak A Vel	80.5	cm/s	---	NonInv Card
MV Peak Gradient	4	mmHg	---	NonInv Card
TR Max Vel	213	cm/s	---	NonInv Card
LVOT Peak Vel	96.3	cm/s	---	NonInv Card
Ao Peak Velocity	191	cm/s	---	NonInv Card
AV Mean Gradient	8	mmHg	---	NonInv Card
AV Peak Gradient	15	mmHg	---	NonInv Card
MA Vel - Ea, Medial	7.99	cm/s	---	NonInv Card
LA size (2D)	5.4	cm	---	NonInv Card
Ao root annulus 2D	2.9	cm	---	NonInv Card
LVID, ED	5.2	cm	---	NonInv Card
LVID, ES	3.9	cm	---	NonInv Card
LA size 2D	5.4	cm	---	NonInv Card
LVOT Diameter	1.8	cm	---	NonInv Card
LVOT Area	3	cm <sup>2</sup>	---	NonInv Card
Ao Valve Area VTI	1.3	cm <sup>2</sup>	---	NonInv Card
Ao Valve Area Vmax	1.28	cm <sup>2</sup>	---	NonInv Card
Mitral Annulus Vel EA Lat	9.85	cm/s	---	NonInv Card
Mitral Annulus Vel EA Medial	7.99	cm/s	---	NonInv Card
2D IVSD	0.9	cm	---	NonInv Card
MV Peak E Vel	101	cm/s	---	NonInv Card
2D Ejection Fraction	45	%	---	NonInv Card
FS	24	%	---	NonInv Card
LV Stroke Volume	60	ml	---	NonInv Card
LV Stroke Volume Index	28	ml/m <sup>2</sup>	---	NonInv Card
E/Ea Medial Annulus	10	---	---	NonInv Card
Ao Valve Index VTI	0.62	cm <sup>2</sup> /m <sup>2</sup>	---	NonInv Card
Peak Vel LVOT/AV	0.5	---	---	NonInv Card
Ao Valve Index Vmax	0.61	cm <sup>2</sup> /m <sup>2</sup>	---	NonInv Card
LA 2D Index	2.559	cm/m <sup>2</sup>	---	NonInv Card
LA Dimension, ES	5.4	cm	---	NonInv Card
2D RVID, ED, PLAX	2.5	cm	---	NonInv Card
RVID ED PSAX	2.5	cm	---	NonInv Card
Peak RV-RA Grad S	30	mmHg	---	NonInv Card
2D Asc Ao Diameter	3.1	cm	---	NonInv Card
TV Peak Regurg Velocity	274	cm/s	---	NonInv Card
IVS/LVPW	0.83	---	---	NonInv Card
PV VTI	36.2	cm	---	NonInv Card





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**Echocardiography - Orders and Results (continued)**

MA E/Ea, Lateral	10.25	---	---	NonInv Card
MA E/Ea Medial	12.64	---	---	NonInv Card
Peak Velocity LVOT/AV	0.50	---	---	NonInv Card
E/A ratio	1.25	---	---	NonInv Card
LVOT area	2.54	cm2	---	NonInv Card
LA Volume Index	44.50	mL/m2	---	NonInv Card
RVSP	35.00	mmHg	---	NonInv Card
LA Volume	94.00	cm3	---	NonInv Card
2D Aortic Annulus Diameter	2.90	cm	---	NonInv Card
RA Pressure	5.00	mmHg	---	NonInv Card

**Procedures Performed**

**Chargeables**

ECHOCARDIOGRAM 2D COMPLETE WITH CONTRAST [ECH115]

**Reviewed by**

Abdul M Sheikh, MD on 04/10/18 1714

**Medications - Orders and Results**

**sodium chloride 0.9 % (NS) flush [735098266]**

Electronically signed by: **Abdul M Sheikh, MD on 04/09/18 1809**  
Mode: Ordering in Per protocol: cosign required mode  
Ordering user: Aneesa Pirani, RN 04/09/18 1531  
Authorized by: Abdul M Sheikh, MD  
Frequency: Routine Q8H 04/09/18 1600 - 04/11/18 0505

Status: **Discontinued**

Communicated by: Aneesa Pirani, RN  
Ordering provider: Abdul M Sheikh, MD  
Ordering mode: Per protocol: cosign required  
Discontinued by: Automatic Discharge Provider 04/11/18 0505 [(Patient Discharge - Internal Use Only)]

Acknowledged: Aneesa Pirani, RN 04/09/18 1531 for Placing Order  
Admin instructions: Line care and definity dilution  
INT Flush  
Package: 8290-306547

**perflutren lipid microspheres (DEFINITY) injection 1.1 mg/mL [735098267]**

Electronically signed by: **Abdul M Sheikh, MD on 04/09/18 1809**  
Mode: Ordering in Per protocol: cosign required mode  
Ordering user: Aneesa Pirani, RN 04/09/18 1531  
Authorized by: Abdul M Sheikh, MD  
Frequency: Routine Once 04/09/18 1600 - 1 occurrence

Status: **Completed**

Communicated by: Aneesa Pirani, RN  
Ordering provider: Abdul M Sheikh, MD  
Ordering mode: Per protocol: cosign required  
Indications of use: echocardiography imaging adjunct

Acknowledged: Aneesa Pirani, RN 04/09/18 1531 for Placing Order  
Admin instructions: 1.3cc of activated Definity diluted in 8.7cc NS. Inject slow IV push to opacity to the left ventricular chamber and improve the delineation of the LV endocardial border.  
Package: 11994-011-16

**Testing Performed By**

Lab - Abbreviation	Name	Director	Address	Valid Date Range
118000 - NonInv Card	NONINV CARDIOLOGY	Unknown	Unknown	01/02/13 1110 - Present



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**Medications**

**All Meds and Administrations**

**sodium chloride 0.9 % (NS) flush [735098266]**

Ordering Provider: Abdul M Sheikh, MD

Status: Discontinued (Past End Date/Time), Reason: (Patient Discharge - Internal Use Only)

Ordered On: 04/09/18 1531

Starts/Ends: 04/09/18 1600 - 04/11/18 0505

Dose (Remaining/Total): 3-40 mL (—/—)

Route: Intravenous

Frequency: Every 8 hours

Rate/Duration: — / —

Admin Instructions: Line care and definity dilution

INT Flush

Line	Med Link Info	Comment
Peripheral IV 04/09/18 22 G Right Wrist	04/09/18 1536 by Aneesa Pirani, RN	---

Timestamps	Action	Dose	Route	Other Information
Due 04/11/18 0000 Scheduled: 04/09/18 1531	Due	---	---	---
Due 04/10/18 1600 Scheduled: 04/09/18 1531	Due	---	---	---
Due 04/10/18 0800 Scheduled: 04/09/18 1531	Due	---	---	---
Due 04/10/18 0000 Scheduled: 04/09/18 1531	Due	---	---	---
Performed 04/09/18 1536 Given Documented: 04/09/18 1536		30 mL	Intravenous	Performed by: Aneesa Pirani, RN

**perflutren lipid microspheres (DEFINITY) injection 1.1 mg/mL [735098267]**

Ordering Provider: Abdul M Sheikh, MD

Status: Completed (Past End Date/Time)

Ordered On: 04/09/18 1531

Starts/Ends: 04/09/18 1600 - 04/09/18 1535

Dose (Remaining/Total): 1.3 mL (0/1)

Route: Intravenous

Frequency: Once

Rate/Duration: — / —

Admin Instructions: 1.3cc of activated Definity diluted in 8.7cc NS. Inject slow IV push to opacify to the left ventricular chamber and improve the delineation of the LV endocardial border.

Line	Med Link Info	Comment
Peripheral IV 04/09/18 22 G Right Wrist	04/09/18 1535 by Aneesa Pirani, RN	---

Timestamps	Action	Dose	Route	Other Information
Performed 04/09/18 1535 Given Documented: 04/09/18 1536		1.3 mL	Intravenous	Performed by: Aneesa Pirani, RN Comments: 1 mL total of diluted definity given

**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)**



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**Patient Education (continued)**

**Education (continued)**

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.

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)**



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**Patient Education (continued)**

**Education (continued)**

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:

**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:



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**Patient Education (continued)**

**Education (continued)**

**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 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)**



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**Patient Education (continued)**

**Education (continued)**

**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)**

**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: 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:



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**Patient Education (continued)**

**Education (continued)**

**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.

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 Surgery (Resolved)**

**Topic: PCI (Resolved)**

**Additional Points For This Title**

**Point: ACTIVITY (Resolved)**

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)**



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**Patient Education (continued)**

**Education (continued)**

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: First-Dose Education (Not Started)**

**Points For This Title**

**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: 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: morphine 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: 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: 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:





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**Patient Education (continued)**

**Education (continued)**

**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: 0.9 % sodium chloride (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: 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:

**Title: General Patient Education (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: Stress Management and Support Systems (Resolved)**

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.



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**Patient Education (continued)**

**Education (continued)**

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.

Learner Not documented in this visit.  
Progress:

**Topic: Pain Management (MCB) (Resolved)**

**Point: Encourage Patient to Monitor Own Pain (Resolved)**

Description:  
Provide patient with information on the Pain Rating Scale. Explain the rating scale of 0 to 10.

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:

**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)**



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### Patient Education (continued)

#### Education (continued)

**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: Falls education, precautions, prevention at home and in the hospital (MCB) (Resolved)

**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.

Learner Not documented in this visit.

Progress:

#### Point: Prevention Deep Vein Thrombosis after surgery (MCB) (Resolved)

**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.

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:



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## Patient Education (continued)

### Education (continued)

#### Topic: Medications (MCB) (Resolved)

##### Point: Anticoagulant Therapy (Resolved)

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.

Learner Not documented in this visit.  
Progress:

##### Point: Insulin (MCB) (Resolved)

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 (Resolved)

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: Non-Steroidal Anti-Inflammatory Drugs (Resolved)

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.

Learner Not documented in this visit.  
Progress:

##### Point: Psychotropic Medications (Resolved)

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.

Learner Not documented in this visit.  
Progress:

##### Point: ACE Inhibitors (Resolved)

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 (Resolved)



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**Patient Education (continued)**

**Education (continued)**

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: Beta Blockers (Resolved)**

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 (Resolved)**

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 (Resolved)**

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.

Learner Not documented in this visit.  
Progress:

**Point: Inotropes (Resolved)**

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 (Resolved)**

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:

**Point: Antibiotics (Resolved)**

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.

Learner Not documented in this visit.  
Progress:

**Point: Medication purpose, side effects, schedule, administration (MCB) (Resolved)**

Description:  
Discussed purpose and possible side effects of medication.



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**Patient Education (continued)**

**Education (continued)**

Learner      Not documented in this visit.  
Progress:

**All Flowsheets**



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**Flowsheets (all recorded)**

**Risk for Readmission**

Row Name	04/11/18 0305				
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OTHER

Risk for Readmission 8 -BP



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**Flowsheets (all recorded)**

**Lines/Drains/Airways**

<b>Row Name</b>	<b>04/09/18 1500</b>				
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[REMOVED] Peripheral IV 04/09/18 22 G Right Wrist

<b>IV Properties</b>	Placement Date: 04/09/18 -AP Placement Time: 1527 -AP Present on arrival to hospital?: No -AP Type of Catheter: Straight -AP Size (Gauge): 22 G -AP Orientation: Right -AP Location: Wrist -AP Site Prep: Chlorhexidine -AP Local Anesthetic: None -AP Inserted by: Arnold Dunn Nuc tech -AP Insertion attempts: 2 -AP Successful IV Attempt?: Yes -AP Patient Tolerance: Tolerated well -AP IV Access Problem: No -AP Removal Date: 04/09/18 -AP Removal Time: 1537 -AP Catheter intact on removal?: Yes -AP Removal Reason : Per protocol -AP Remaining intact at discharge?: No -AP
<b>Site Assessment</b>	Clean;Dry;Intact -AP
<b>Phlebitis Scale</b>	0 -AP
<b>Infiltration/Extravasation Scale</b>	0 -AP
<b>Dressing Assessment</b>	Clean;Dry;Intact -AP
<b>Dressing Interventions</b>	Gauze Applied -AP

**User Key**

(r) = Recorded By, (t) = Taken By, (c) = Cosigned By

Initials	Name	Effective Dates
AP	Aneesa Pirani, RN	11/13/15 -
BP	Batch Job Prelude	-

**Flowsheet Notes**

No notes of this type exist for this encounter.

**All Scans**





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**Encounter-Level Documents - 04/09/2018:**

Scan on 4/26/2018 5:18 AM (below)



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Scan on 4/9/2018 2:36 PM by Brandy E Vitucci: Perceptive Content Scan (below)

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**Encounter-Level E-Signatures:**

No documentation.

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**END OF REPORT**

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