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THE STATE OF SOUTH CAROLINA  
In the Court of Appeals

S.C. SUPREME COURT

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APR 11 2016

SC Court of Appeals

APPEAL FROM SPARTANBURG COUNTY  
Court of Common Pleas

J. Mark Hayes, II, Circuit Court Judge

Case No. 2013-CP-42-2404  
Appellate Case No. 2015-001828

Lisa McKaughan, Individually  
and as Personal Representative  
of the Estate of William Farr,

.....

Appellant

v.

Upstate Lung and Critical Care  
Specialists, P.C. and Sau-Yin  
Wan, M.D.

.....

Respondents.

**RECORD ON APPEAL (VOLUME 5)**

Ashby W. Davis  
David L. Williford  
Davis, Snyder & Williford, P.A.  
5 Hawthorne Park Court  
Greenville, SC 29615  
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Davidson & Lindemann, P.A.  
P.O. Box 8568  
1611 Devonshire Drive  
Columbia, SC 29202  
(803) 806-8222

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*Attorneys for Appellant*

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FARR, WILLIAM G  
 MR#: 000478684  
 Age: 69 years Male Caucasian  
 Room: CP30  
 Tech: DOB: XXXXXXXXXX  
 Priority: EKG

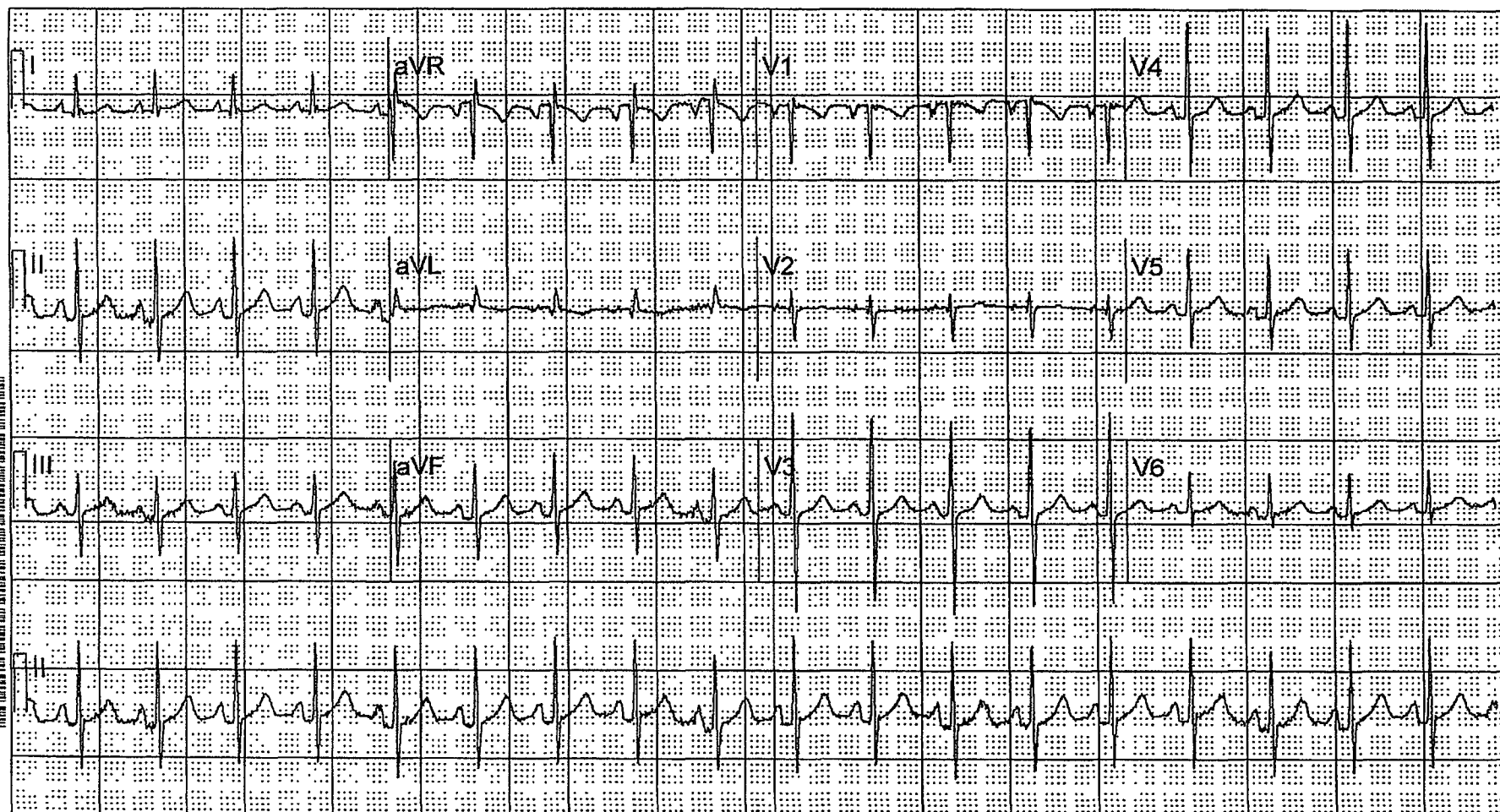
Ord. Dr.: Micah Roy  
 ACC#: 1216200102  
 Com: Bedside Monitor 12 Lead ECG  
 Bed: CP30  
 Dept: EC-ChestPain  
 Time: 11.16.00 Date: 06/10/12  
 Inst: SPARTANBURG REG.MED.CENT.

Vent rate: 111  
 RR : 540  
 -- Durations --  
 P :  
 QRS: 70  
 -- Intervals --  
 PR : 134  
 QT : 318  
 QTcH: 407  
 QTd:  
 -- Axes --  
 P : 58  
 QRS: 31  
 T : 70

SINUS TACHYCARDIA  
 ABNORMAL RHYTHM ECG  
 tachy---no changes

Confirmed test: Dr. Micah Roy

Speed: 25 mm/s Limb Lead Gain: 10.0 mm/mV Chest Lead Gain: 10.0 mm/mV Filters(s): Notch Off Artifact Off Stable Off



ECG Printed 06/10/12 18.20.09 Transcribed By: DR. MICAH ROY 06/10/12 18.19.54

CONFIRM

PRINTED BY: DB30588

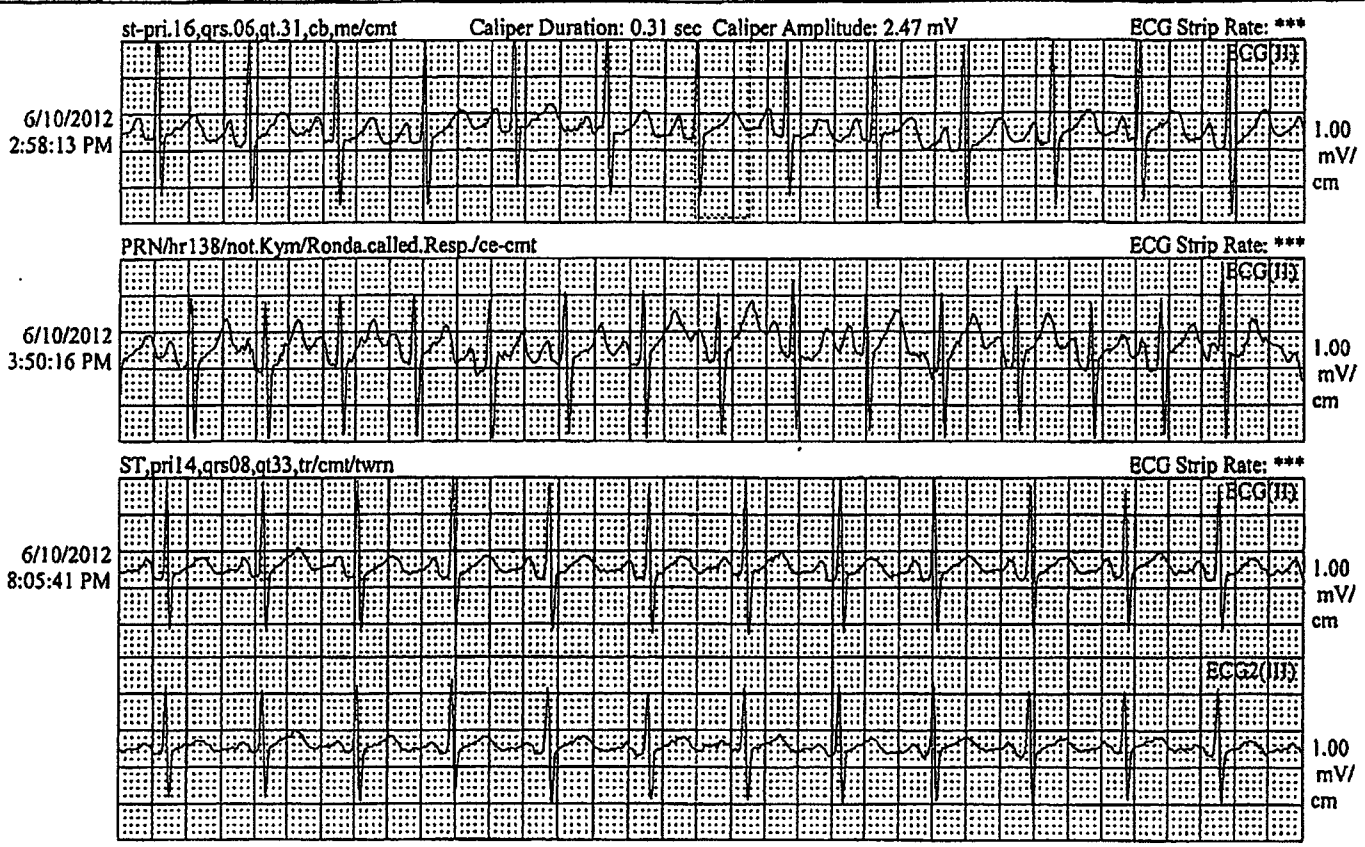
Page 1 of 1  
 DATE 7/18/20



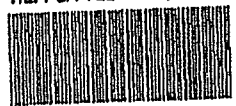
-1206-

Name: FARR, W \* LITTLEFIELD, FULL  
ID: UV2\_10 3  
Account #:  
DOB:  
Location: 5 Heart  
Monitor: 8528

Saved Event Report  
Printed on 6/11/2012 5:06:41 AM

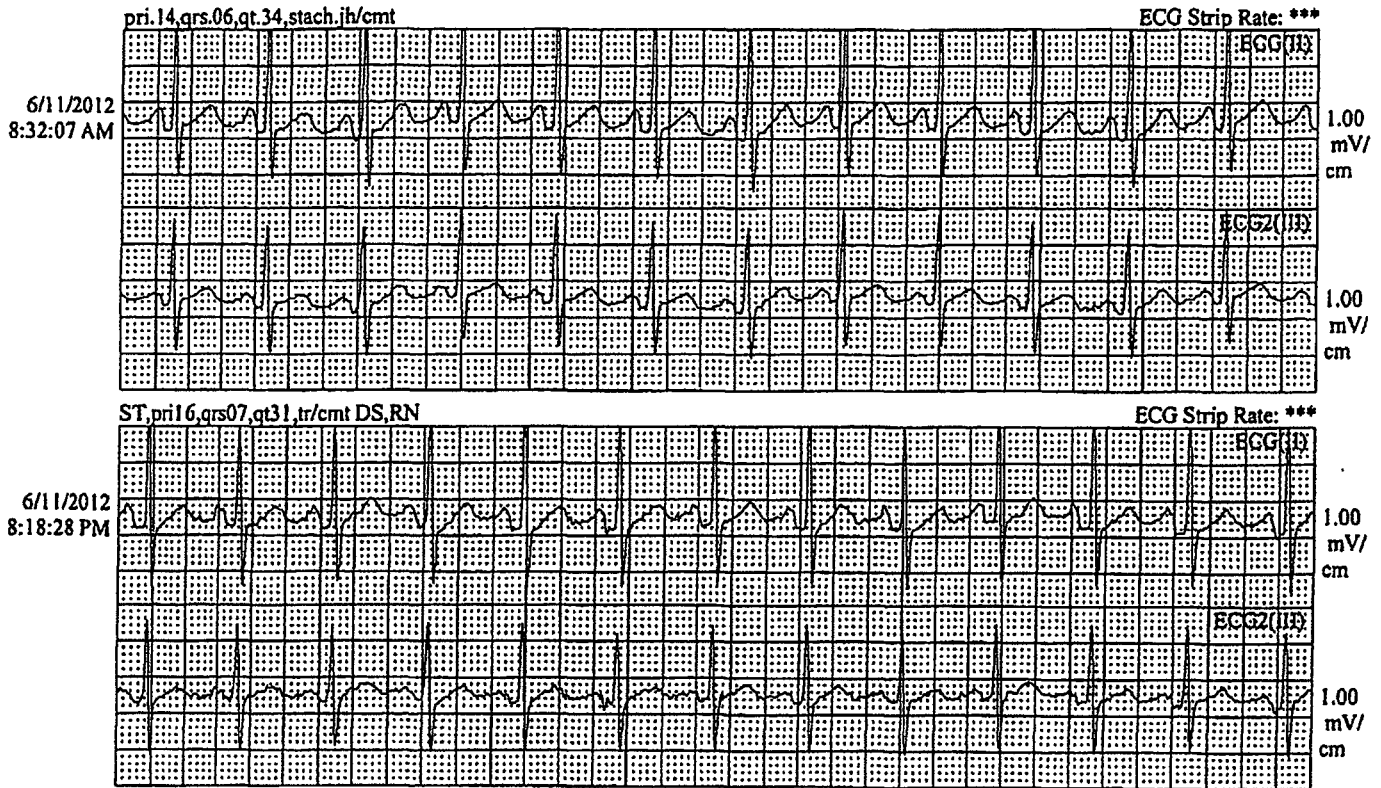


1216200102 000478684 06/10/12  
FARR, WILLIAM G M 69Y  
ADM: LITTLEFIELD, RONALD  
REF: LITTLEFIELD, RONALD



Name: FARR, W \* TTL1203 FULL  
ID: UV2\_10: 3  
Account #:   
DOB:   
Location: 5 Heart  
Monitor: 8528

Saved Event Report  
Printed on 6/12/2012 12:20:57 AM



1216200102 000-478684 06/10/12  
FARR, WILLIAM G M 69Y  
ADM: LITTLEFIELD, RONALD  
REF: LITTLEFIELD, RONALD



SPARTANBURG REGIONAL

06/12/2012 21:11  
Page 1 of 2

Surgical Checklist  
From 06/10/2012 11:21 To 06/12/2012 15:09

narrative

06/10/2012 00:00 TO 06/10/2012 23:59

Legend Charting

06/10/2012 16:07

surgcl vs (22297)

BP #1 = 118/90 R arm

Pulse #1 = 113 cardiac monitor

Resp = 22 visual

Wt. (kg) = 55.701098kg

Barber, George W., CCA  
06/10/2012 16:08  
Barber, George W., CCA  
06/10/2012 16:08  
Barber, George W., CCA  
06/10/2012 16:08  
Barber, George W., CCA  
06/10/2012 16:08

06/10/2012 20:00

surgcl vs (22297)

BP #1 = 106/60 R arm

Pulse #1 = 104 cardiac monitor

Resp = 20 visual

Temp (F) = 97.7F oral

Mosley, Victoria M., PCT  
06/10/2012 20:35  
Mosley, Victoria M., PCT  
06/10/2012 20:35  
Mosley, Victoria M., PCT  
06/10/2012 20:35  
Mosley, Victoria M., PCT  
06/10/2012 20:35

06/11/2012 00:00 TO 06/11/2012 23:59

Legend Charting

06/11/2012 00:00

surgcl vs (22297)

BP #1 = 120/68 L arm

Pulse #1 = 100 cardiac monitor

Resp = 20 visual

Temp (F) = 97.4F oral

Mosley, Victoria M., PCT  
06/11/2012 00:48  
Mosley, Victoria M., PCT  
06/11/2012 00:48  
Mosley, Victoria M., PCT  
06/11/2012 00:48  
Mosley, Victoria M., PCT  
06/11/2012 00:48

06/11/2012 06:37

surgcl vs (22297)

Wt. (kg) = 54.6kg

Mosley, Victoria M., PCT  
06/11/2012 06:37

06/11/2012 08:01

surgcl vs (22297)

BP #1 = 130/90 L arm

Pulse #1 = 107 cardiac monitor

Resp = 20 visual

Temp (F) = 97.8F axillary

Barber, George W., CCA  
06/11/2012 08:02  
Barber, George W., CCA  
06/11/2012 08:02  
Barber, George W., CCA  
06/11/2012 08:02  
Barber, George W., CCA  
06/11/2012 08:02

06/11/2012 11:25

surgcl vs (22297)

BP #1 = 102/70 L arm

Pulse #1 = 124

Barber, George W., CCA  
06/11/2012 11:28  
Barber, George W., CCA  
06/11/2012 11:28

Name: FARR, WILLIAM G.

Age: 69 yr

Acct: 1216200102

Opt Out:

Gender: M

MRN: 000478684

Physician: Littlefield, Ronald H., MD

Rm-Bed: 8528 - A

Admit Dt: 06/10/2012 14:57 DOB: [REDACTED]

PRINTED BY: DB30588

DATE 7/18/2013

SPARTANBURG REGIONAL

06/12/2012 21:11

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Surgical Checklist

From 06/10/2012 11:21 To 06/12/2012 15:09

narrative

06/11/2012 00:00 TO 06/11/2012 23:59

Legend Charting

06/11/2012 11:25

surgcl vs (22297)

Resp = 22

Temp (F) = 97.2F axillary

Barber, George W., CCA  
06/11/2012 11:28  
Barber, George W., CCA  
06/11/2012 11:28

06/11/2012 15:27

surgcl vs (22297)

BP #1 = 112/80 L arm

Pulse #1 = 103 cardiac monitor

Resp = 20 visual

Barber, George W., CCA  
06/11/2012 15:28  
Barber, George W., CCA  
06/11/2012 15:28  
Barber, George W., CCA  
06/11/2012 15:28

06/11/2012 20:00

surgcl vs (22297)

BP #1 = 116/62 L arm

Pulse #1 = 115 cardiac monitor

Resp = 18 visual

Temp (F) = 96.3F axillary

Mosley, Victoria M., PCT  
06/11/2012 20:43  
Mosley, Victoria M., PCT  
06/11/2012 20:43  
Mosley, Victoria M., PCT  
06/11/2012 20:43  
Mosley, Victoria M., PCT  
06/11/2012 20:43

06/12/2012 00:00 TO 06/12/2012 23:59

Legend Charting

06/12/2012 08:03

surgcl vs (22297)

BP #1 = 136/80 L arm

Pulse #1 = 111 cardiac monitor

Resp = 20 visual

Temp (F) = 96.6F axillary

Barber, George W., CCA  
06/12/2012 08:05  
Barber, George W., CCA  
06/12/2012 08:05  
Barber, George W., CCA  
06/12/2012 08:05  
Barber, George W., CCA  
06/12/2012 08:05

06/12/2012 11:58

surgcl vs (22297)

BP #1 = 112/70 L arm

Pulse #1 = 114 cardiac monitor

Resp = 22 visual

Temp (F) = 96.4F axillary

Barber, George W., CCA  
06/12/2012 11:59  
Barber, George W., CCA  
06/12/2012 11:59  
Barber, George W., CCA  
06/12/2012 11:59  
Barber, George W., CCA  
06/12/2012 11:59

Name: FARR, WILLIAM G.

Age: 69 yr

Acct: 1216200102

Opt Out:

Gender: M

MRN: 000478684

Physician: Littlefield, Ronald H., MD

Rm-Bed: 8528 - A

Admit Dt: 06/10/2012 14:57 DOB: 06/10/1943

PRINTED BY: DB30588

DATE 7/18/2013

8528-A FARR, WILLIAM, G

IP DOB: [REDACTED] 69Y Sex: M

Act: S1216200102 Unit: S000478684

Phys: LITTLEFIELD, RONALD H

Adm: 06/10/12 1457

HHN

Performed: 06/10/12 1130 WW

RT Text: Complete

Pract Name: WHITFIELD, WALTER

06/10 RESPIRATORY NOTES

1157 See Respiratory Care Notes.

POINT OF CARE TESTING

Performed: 06/10/12 1418 WW

RT Progress Note: Complete

Pract Name: WHITFIELD, WALTER

06/10 Point of Care Testing consisted of analysis., puncture

1428

CARE PLAN

Performed: 06/10/12 1615 CAC

RT Text: Complete

Pract Name: COOK, CRYSTAL A

06/10 RESPIRATORY NOTES

1840 See Respiratory Care Notes.

OXYGEN ASSESSMENT

Performed: 06/10/12 1615 CAC

RT Progress Note: Complete

Pract Name: COOK, CRYSTAL A

06/10 Oxygen this shift was shift usage., O2 rounds sat. check

1840

All Patient Notes (External)

06/12/12 0141

RESPIRATORY THERAPY

~ Original  
~~-1207-~~

528-A FARR, WILLIAM, G  
Act: S1216200102 Unit: S000478684  
adm: 06/10/12 1457

IP DOB: 69Y Sex: M  
Phys: LITTLEFIELD, RONALD H

HHN PRN  
RT Progress Note: Complete  
6/11 HHN given.  
315

Performed: 06/11/12 0142 SJM  
Pract Name: MELTON, SARAH J

TRANSPORT AIRWAY MGMT REQUEST

RT Progress Note: Complete

06/11 Time was patient standby/transport 45 minutes.

0315

Performed: 06/11/12 0142 SJM

Pract Name: MELTON, SARAH J

OXYGEN ASSESSMENT

RT Progress Note: Complete

6/11 Oxygen this shift was shift usage., O2 rounds sat. check

312

Performed: 06/11/12 0142 SJM

Pract Name: MELTON, SARAH J

POINT OF CARE TESTING

RT Progress Note: Complete

6/11 Point of Care Testing consisted of analysis., puncture

0315

Performed: 06/11/12 0200 SJM

Pract Name: MELTON, SARAH J

BiPAP MANAGEMENT

RT Progress Note: Complete

6/11 BiPAP was initiated.

314 BiPAP Management was initial day.

Performed: 06/11/12 0215 SJM

Pract Name: MELTON, SARAH J

IPPB

RT Text: Complete

06/11 RESPIRATORY NOTES

0608 See Respiratory Care Notes.

Cancelled: 06/11/12 0608 ALS

PRN TX NOT CALLED FOR

Pract Name: SPURLIN, ASHLEY L

BiPAP MANAGEMENT

RT Progress Note: Complete

6/11 BiPAP was initiated.

032 Adjustments made one.

BiPAP Management was initial day.

Performed: 06/11/12 0800 KRP

Pract Name: PORTER, KARLA R

OXYGEN ASSESSMENT

RT Progress Note: Complete

6/11 Oxygen this shift was shift usage., O2 rounds sat. check

128 Adjustment was oxygen setting change 1.

Performed: 06/11/12 0920 DRD

Pract Name: DANN, DANA R

All Patient Notes (External)

06/12/12 1044

RESPIRATORY THERAPY

~ Original

~~-1208-~~

HSI FARR, WILLIAM, G IP DOB: [REDACTED] 69Y Sex: M  
Act: S1216200102 Unit: S000478684 Phys: LITTLEFIELD, RONALD H  
Adm: 06/10/12 1457 Dis: 06/12/12 1509

CARE PLAN

RT Text: Complete

06/12 RESPIRATORY NOTES

1844 See Respiratory Care Notes.

Performed: 06/12/12 0730 LNT

Pract Name: TURNER, LASINDA N

All Patient Notes (External)  
From 06/12/12 0730 through 06/12/12 0730

06/12/12 1853

RESPIRATORY THERAPY

~ Original

~~-1209-~~

SI FARR, WILLIAM, G  
Act: S1216200102 Unit: S000478684  
Adm: 06/10/12 1457 Dis: 06/12/12 1509

IP DOB: [REDACTED] 69Y Sex: M  
Phys: LITTLEFIELD, RONALD H

HHN PRN

Cancelled: 06/12/12 1823 ARD  
PATIENT DISCHARGED  
Pract Name: TURNER, LASINDA N

T Progress Note: Complete  
6/12 HHN given.  
1853

All Patient Notes (External)  
From 06/12/12 1823 through 06/12/12 1823

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DATE 7/18/2013





SPARTANBURG REGIONAL

06/12/2012 21:11

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Respiratory Services - SRMC/Village  
From 06/10/2012 11:21 To 06/12/2012 15:09

narrative

06/10/2012 00:00 TO 06/10/2012 23:59

Legend Charting

06/10/2012 16:16

Resp Treatments (33186)

Breath Snds Post  
All Lobes = unchanged

Breathing Pattern = SOB

Pain = no pain

Outcome = no adverse react

Appearance = no distress

Cook, Crystal A., CRT  
06/10/2012 18:31  
Cook, Crystal A., CRT  
06/10/2012 18:31  
Cook, Crystal A., CRT  
06/10/2012 18:31  
Cook, Crystal A., CRT  
06/10/2012 18:31  
Cook, Crystal A., CRT  
06/10/2012 18:31

06/11/2012 00:00 TO 06/11/2012 23:59

Legend Charting

06/11/2012 01:42

Oxygen (33185)

O2 Therapy = checked

O2 Modality = oxymizer

O2 Amount = 15L/minute

SpO2 = 89%

Melton, Sarah J., RRT  
06/11/2012 02:48  
Melton, Sarah J., RRT  
06/11/2012 02:48  
Melton, Sarah J., RRT  
06/11/2012 02:48  
Melton, Sarah J., RRT  
06/11/2012 02:48

Resp Treatments (33186)

HHN - HHN Tx Performed = Yes

HHN - HHN Med Admin = Duoneb

HHN - HHN Route = mouthpiece

Patient Info - HR Before Tx = 114beats/min

Patient Info - HR During Tx = 113beats/min

Patient Info - HR After Tx = 113beats/min

Patient Info - RR Before Tx = 25rate/min

Patient Info - RR During Tx = 25rate/min

Patient Info - RR After Tx = 25rate/min

Breath Snds Pre  
All Lobes = crackles

Breath Snds Post  
All Lobes = unchanged

Breathing Pattern = SOB

Pain = no pain

Outcome = no adverse react

Appearance = mild distress

Melton, Sarah J., RRT  
06/11/2012 02:48  
Melton, Sarah J., RRT  
06/11/2012 02:48  
Melton, Sarah J., RRT  
06/11/2012 02:48  
Melton, Sarah J., RRT  
06/11/2012 02:48  
Melton, Sarah J., RRT  
06/11/2012 02:48  
Melton, Sarah J., RRT  
06/11/2012 02:48  
Melton, Sarah J., RRT  
06/11/2012 02:48  
Melton, Sarah J., RRT  
06/11/2012 02:48  
Melton, Sarah J., RRT  
06/11/2012 02:48  
Melton, Sarah J., RRT  
06/11/2012 02:48

Melton, Sarah J., RRT  
06/11/2012 02:48

Melton, Sarah J., RRT  
06/11/2012 02:48  
Melton, Sarah J., RRT  
06/11/2012 02:48  
Melton, Sarah J., RRT  
06/11/2012 02:48  
Melton, Sarah J., RRT  
06/11/2012 02:48  
Melton, Sarah J., RRT  
06/11/2012 02:48  
Melton, Sarah J., RRT  
06/11/2012 02:48  
Melton, Sarah J., RRT  
06/11/2012 02:48

Name: FARR, WILLIAM G.

Age: 69 yr

Acct: 1216200102

Opt Out:

Gender: M

MRN: 000478684

Physician: Littlefield, Ronald H., MD

Rm-Bed: 8528 - A

Admit Dt: 06/10/2012 14:57 DOB: [REDACTED]

PRINTED BY: DB30588

DATE 7/18/2013



## SPARTANBURG REGIONAL

06/12/2012 21:11

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Respiratory Services - SRMC/Village  
 From 06/10/2012 11:21 To 06/12/2012 15:09

## narrative

06/11/2012 00:00 TO 06/11/2012 23:59

## Legend Charting

06/11/2012 08:26

## Ventilation (33204)

Patient - PP = 15

Patient - SpO2 = 98%

Porter, Karla R., RRT  
 06/11/2012 08:53  
 Porter, Karla R., RRT  
 06/11/2012 08:53

06/11/2012 09:20

## Oxygen (33185)

O2 Therapy = changed

Notes: placed Bipap on standby pt request to eat, Rn notified to call RRT if pt desats  
 O2 Modality = oxymizer

O2 Amount = 15L/minute

SpO2 = 90%

Dann, Dana R., RRT  
 06/11/2012 10:40

Dann, Dana R., RRT  
 06/11/2012 10:40  
 Dann, Dana R., RRT  
 06/11/2012 10:40  
 Dann, Dana R., RRT  
 06/11/2012 10:40

## Ventilation (33204)

CPAP/BIPAP - CPAP/BiPAP Mgmt = standby

Dann, Dana R., RRT  
 06/11/2012 10:40

06/11/2012 11:30

## Oxygen (33185)

O2 Therapy = changed

O2 Modality = non-rebreath

O2 Amount = 15L/minute

SpO2 = 94%

Dann, Dana R., RRT  
 06/11/2012 14:26  
 Dann, Dana R., RRT  
 06/11/2012 14:26  
 Dann, Dana R., RRT  
 06/11/2012 14:26  
 Dann, Dana R., RRT  
 06/11/2012 14:26

## Ventilation (33204)

CPAP/BIPAP - CPAP/BiPAP Mgmt = standby

Dann, Dana R., RRT  
 06/11/2012 14:26

06/11/2012 14:15

## Ventilation (33204)

CPAP/BIPAP - CPAP/BiPAP Mgmt = standby

Dann, Dana R., RRT  
 06/11/2012 14:26

06/11/2012 17:38

## Ventilation (33204)

CPAP/BIPAP - CPAP/BiPAP Mgmt = standby

Dann, Dana R., RRT  
 06/11/2012 17:38

06/11/2012 20:00

## Oxygen (33185)

O2 Therapy = checked

O2 Modality = non-rebreath

O2 Amount = 15L/minute

Ruskin, Matthew , RCP  
 06/11/2012 22:11  
 Ruskin, Matthew , RCP  
 06/11/2012 22:11  
 Ruskin, Matthew , RCP  
 06/11/2012 22:11

Name: FARR, WILLIAM G.

Age: 69 yr

Acct: 1216200102

Opt Out:

Gender: M

MRN: 000478684

Physician: Littlefield, Ronald H., MD

Rm-Bed: 8528 - A

Admit Dt: 06/10/2012 14:57 DOB: 07/06/1942

PRINTED BY: DB30588

DATE 7/18/2013

SPARTANBURG REGIONAL  
Respiratory Services - SRMC/Village  
From 06/10/2012 11:21 To 06/12/2012 15:09

06/12/2012 21:11  
Page 5 of 6

narrative

06/11/2012 00:00 TO 06/11/2012 23:59

Legend Charting

06/11/2012 20:00

Oxygen (33185)

SpO2 = 90%

Ruskin, Matthew , RCP  
06/11/2012 22:11

06/11/2012 22:11

Ventilation (33204)

CPAP/BIPAP - CPAP/BiPAP Mgmt = standby

Ruskin, Matthew , RCP  
06/11/2012 22:11

06/12/2012 00:00 TO 06/12/2012 23:59

Legend Charting

06/12/2012 04:00

Ventilation (33204)

CPAP/BIPAP - CPAP/BIPAP Mgmt = standby

Davella, April R., RCP  
06/12/2012 06:34

Notes: pt does not want to wear.

06/12/2012 07:30

Assessment (30538)

Assessment Phase = reassessment

Diagnosis = resp distress, short of breath

Curmt Resp Ther = Bronchodil Protc, O2 protocol

LOC = alert oriented

Level of Activity = bedrest

Breath Sounds R = wheezing, rhonchi

Breath Sounds L = wheezing, rhonchi

Cough = strong non-prod

Smoking History = smoking history

Oxygen/Liter = 15L non-rebreath

SpO2 = 95%

Turner, Lasinda N., RCP  
06/12/2012 11:32  
Turner, Lasinda N., RCP  
06/12/2012 11:32  
Turner, Lasinda N., RCP  
06/12/2012 11:32  
Turner, Lasinda N., RCP  
06/12/2012 11:32  
Turner, Lasinda N., RCP  
06/12/2012 11:32  
Turner, Lasinda N., RCP  
06/12/2012 11:32  
Turner, Lasinda N., RCP  
06/12/2012 11:32  
Turner, Lasinda N., RCP  
06/12/2012 11:32  
Turner, Lasinda N., RCP  
06/12/2012 11:32  
Turner, Lasinda N., RCP  
06/12/2012 11:32

Oxygen (33185)

O2 Therapy = checked

O2 Modality = non-rebreath

O2 Amount = 15L/minute

SpO2 = 95%

Turner, Lasinda N., RCP  
06/12/2012 11:32  
Turner, Lasinda N., RCP  
06/12/2012 11:32  
Turner, Lasinda N., RCP  
06/12/2012 11:32  
Turner, Lasinda N., RCP  
06/12/2012 11:32  
Turner, Lasinda N., RCP  
06/12/2012 11:32

Ventilation (33204)

CPAP/BIPAP - CPAP/BIPAP Mgmt = standby

Turner, Lasinda N., RCP  
06/12/2012 11:32

Notes: pt refused at this time

Name: FARR, WILLIAM G.

Age: 69 yr

Acct: 1216200102

Opt Out:

Gender: M

MRN: 000478684

Physician: Littlefield, Ronald H., MD

Rm-Bed: 8528 - A

Admit Dt: 06/10/2012 14:57 DOB: [REDACTED]

PRINTED BY: DB30588

DATE 7/18/2013

SPARTANBURG REGIONAL

Respiratory Services - SRMC/Village

From 06/10/2012 11:21 To 06/12/2012 15:09

06/12/2012 21:11  
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## narrative

06/12/2012 00:00 TO 06/12/2012 23:59

## Legend Charting

06/12/2012 07:30

## Resp Treatments (33186)

HHN - HHN Tx Performed = Yes

Notes: pt called for breathing tx due to sob. pt sitting up on side of bed watching tv. spo2 95% on nrb at 15 lpm. hhn tx given.

HHN - HHN Med Admin = Duoneb

HHN - HHN Route = mouthpiece

Patient Info - HR Before Tx = 101beats/min

Patient Info - HR During Tx = 110beats/min

Patient Info - HR After Tx = 111beats/min

Patient Info - RR Before Tx = 26rate/min

Patient Info - RR During Tx = 24rate/min

Patient Info - RR After Tx = 24rate/min

Breath Snds Pre

All Lobes = wheezes, coarse

Breath Snds Post

All Lobes = Improved, wheezes

Breathing Pattern = normal

Pain = no pain

Outcome = no adverse react

Appearance = no distress

Turner, Lasinda N., RCP  
06/12/2012 11:32

Turner, Lasinda N., RCP  
06/12/2012 11:32

Turner, Lasinda N., RCP  
06/12/2012 11:32

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06/12/2012 11:32

Turner, Lasinda N., RCP  
06/12/2012 11:32

Turner, Lasinda N., RCP  
06/12/2012 11:32

Name: FARR, WILLIAM G.

Age: 69 yr

Acct: 1216200102

Opt Out:

Gender: M

MRN: 000478684

Physician: Littlefield, Ronald H., MD

Rm-Bed: 8528 - A

Admit Dt: 06/10/2012 14:57 DOB: 07/08/1942

PRINTED BY: DB30588

DATE 7/18/2013

HSI FARR, WILLIAM, G

IP DOB: 06/12/12 69Y Sex: M

Act: S1216200102 Unit: S000478684

Phys: LITTLEFIELD, RONALD H

Adm: 06/10/12 1457 Dis: 06/12/12 1509

## CARE PLAN

Cancelled: 06/12/12 0730 LNT

PATIENT DISCHARGED

Pract Name: TURNER, LASINDA N

RT Text: Complete

06/12 RESPIRATORY NOTES

1844 See Respiratory Care Notes.

## HHN PRN

Cancelled: 06/12/12 1823 ARD

PATIENT DISCHARGED

Pract Name: TURNER, LASINDA N

RT Progress Note: Complete

06/12 HHN given.

1853

All Patient Notes (External)

From 06/12/12 0000 through 06/12/12 2359



SP/ SPARTANBURG REGIONAL MEDICAL CENTER

-1217-

CONSULTING MD

|                                       |  |                                                                       |  |                                                                                                                                                                                                                          |  |
|---------------------------------------|--|-----------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| ATTENDING PHYSICIAN                   |  | CONSULTING PHYSICIAN                                                  |  | ICD-9-CM                                                                                                                                                                                                                 |  |
| PRINCIPAL DIAGNOSIS                   |  |                                                                       |  |                                                                                                                                                                                                                          |  |
| ADDITIONAL DIAGNOSES                  |  |                                                                       |  |                                                                                                                                                                                                                          |  |
| PRINCIPAL SURGERY                     |  |                                                                       |  |                                                                                                                                                                                                                          |  |
| ADDITIONAL SURGERY                    |  |                                                                       |  |                                                                                                                                                                                                                          |  |
| DATE                                  |  |                                                                       |  |                                                                                                                                                                                                                          |  |
| OTHER SIGNATURE                       |  |                                                                       |  | ACCOMMODATION                                                                                                                                                                                                            |  |
| OTHER SIGNATURE                       |  |                                                                       |  | <input type="checkbox"/> C.C.U. <input type="checkbox"/> I.C.U.                                                                                                                                                          |  |
| ASSEMBLED                             |  |                                                                       |  | <input type="checkbox"/> NEURO. <input type="checkbox"/> POST C.C.U.                                                                                                                                                     |  |
| CODED                                 |  |                                                                       |  | CORPORATE ID                                                                                                                                                                                                             |  |
| ANALYZED                              |  |                                                                       |  | 00348263                                                                                                                                                                                                                 |  |
| FINAL CHECK                           |  |                                                                       |  | UNIT NUMBER                                                                                                                                                                                                              |  |
| SPARTANBURG REGIONAL MEDICAL CENTER   |  |                                                                       |  |                                                                                                                                                                                                                          |  |
| DISCHARGED                            |  |                                                                       |  | DISCHARGE DISPOSITION                                                                                                                                                                                                    |  |
| DATE                                  |  |                                                                       |  | <input checked="" type="checkbox"/> ALIVE <input type="checkbox"/> AUTOPSY <input type="checkbox"/> DEATH +48 <input type="checkbox"/> DEATH -48 <input type="checkbox"/> STILLBORN <input type="checkbox"/> TRANSFERRED |  |
| ACCOUNT NO.                           |  | ADMISSION DATE / TIME                                                 |  | PAT. TYPE                                                                                                                                                                                                                |  |
| S 1216401412                          |  | 06/12/12 1517                                                         |  | IPH                                                                                                                                                                                                                      |  |
| RESIDENT / REFERRING DOCTOR           |  | ADMITTING DOCTOR                                                      |  | ACCIDENT / WORK RELATED                                                                                                                                                                                                  |  |
| SNIPES, GARRETT E                     |  | SNIPES, GARRETT E                                                     |  | NO                                                                                                                                                                                                                       |  |
| PATIENT INFORMATION                   |  | SOC. SEC. NO.                                                         |  | PATIENT EMPLOYER                                                                                                                                                                                                         |  |
| FARR, WILLIAM G                       |  | [REDACTED]                                                            |  | RETIRED                                                                                                                                                                                                                  |  |
| 1032 JONESVILLE LOCKHART              |  | TELEPHONE NO.                                                         |  | TELEPHONE NO.                                                                                                                                                                                                            |  |
| HWY UNION SC 29379                    |  | (864)251-0531                                                         |  |                                                                                                                                                                                                                          |  |
| GUARANTOR NAME AND ADDRESS            |  | SOC. SEC. NO.                                                         |  | GUARANTOR EMPLOYER                                                                                                                                                                                                       |  |
| FARR, WILLIAM G                       |  | [REDACTED]                                                            |  | RETIRED                                                                                                                                                                                                                  |  |
| 1032 JONESVILLE LOCKHART              |  | TELEPHONE NO.                                                         |  | TELEPHONE NO.                                                                                                                                                                                                            |  |
| HWY UNION SC 29379                    |  | (864)251-0531                                                         |  | OCCUPATION                                                                                                                                                                                                               |  |
| RELATIVE 1                            |  | RELATION                                                              |  | RELATIVE EMPLOYER                                                                                                                                                                                                        |  |
| FARR, DELORIS                         |  | SPOUSE                                                                |  | UNEMPLOYED                                                                                                                                                                                                               |  |
| 1032 JONESVILLE LOCKHART              |  |                                                                       |  |                                                                                                                                                                                                                          |  |
| UNION SC 29379                        |  |                                                                       |  |                                                                                                                                                                                                                          |  |
| INSURANCE 1                           |  | INSURANCE 2                                                           |  |                                                                                                                                                                                                                          |  |
| HOSPICE HOUSE ONLY                    |  | 1                                                                     |  |                                                                                                                                                                                                                          |  |
| SPARTANBURG                           |  |                                                                       |  |                                                                                                                                                                                                                          |  |
| HOSPICE HOUSE                         |  |                                                                       |  |                                                                                                                                                                                                                          |  |
| 999                                   |  |                                                                       |  |                                                                                                                                                                                                                          |  |
| INSURANCE 3                           |  | INSURANCE 4                                                           |  |                                                                                                                                                                                                                          |  |
|                                       |  |                                                                       |  |                                                                                                                                                                                                                          |  |
| PRESENTING COMPLAINT                  |  | ARRIVAL MODE                                                          |  | ADV. DIR.                                                                                                                                                                                                                |  |
| V66.7-ENCOUNTER PALLIATIVE CARE       |  | N                                                                     |  | NO                                                                                                                                                                                                                       |  |
| STAFF ALERT:                          |  | OBSERVATION: <input type="checkbox"/> YES <input type="checkbox"/> NO |  | PAT. CLA                                                                                                                                                                                                                 |  |
| PREVIOUS ENCOUNTER NAME / DATE / TYPE |  | IP                                                                    |  | DENOM                                                                                                                                                                                                                    |  |
| FARR, WILLIAM G                       |  | 06/10/12                                                              |  | BAP                                                                                                                                                                                                                      |  |
|                                       |  |                                                                       |  | ADM. BY                                                                                                                                                                                                                  |  |
|                                       |  |                                                                       |  | KMB                                                                                                                                                                                                                      |  |

PRINTED BY: DB30588

DATE

7/18/2013





**SPARTANBURG**  
Regional Healthcare System

☐ SRMC ☐ SHRC ☐ VH

**Spartanburg Regional Hospice Home**  
**Admission Report**

1430

Signature of Staff member taking report: Ashleigh Puttall RN Date: 6/12/12

☒ Current ☐ New Regional Hospice patient ☐ Other agency

Patient coming from: ☐ Home ☒ Hospital ☐ Facility 50

Report given by: BRUCE, RN Contact number: 65757

Pt. Name: William Farr Diagnosis: NSCLCA Age: 69

Family contact name and number: Brian Farr 415-1662 - son (POA)

Allergies: NKA

Ht.: 65" Wt.: 54.6 kg Recent PPD: ☐ Yes ☒ No If yes, provide documentation

Reason for Admission: symptom management

Goal of Admission: home hospice

**Pain Rating:**

Patient Pain Goal: no problem

Current reported pain (0-10 scale): \_\_\_\_\_ Location: \_\_\_\_\_

Interventions tried: \_\_\_\_\_

Medications given and time of last dose: Morphine / Ativan

**Nausea/Vomiting:**

☐ Yes ☒ No Interventions tried: \_\_\_\_\_

Medications given and time of last dose: \_\_\_\_\_

**Dyspnea:**

☐ None ☐ Mild ☒ Moderate ☐ Severe O2: 15L Lung Sounds: \_\_\_\_\_

Interventions tried: non-rebreather

Medications given and time of last dose: \_\_\_\_\_

**State of Consciousness:**

A&O x 3 ☐ Confused ☒ Lethargic ☐ Unresponsive ☐ Anxiety/Restlessness ☐ Other \_\_\_\_\_

Medications given and time of last dose: \_\_\_\_\_

**Intake:**

☐ NPO ☐ Clear Liquids ☐ Full Liquids ☐ Soft ☒ General Diet

**Safety:**

☐ Abuse/Neglect (Actual/Potential Risks or History): 0

A Puttall RN  
Signature

6/12/12  
Date

**Patient Label**

1216401412 000-478684 06/12/12  
FARR, WILLIAM G M 69Y  
ADM: SNIPES, GARRETT E  
REF: SNIPES, GARRETT E



## IV/SQ Access:

☒ Yes ☐ No Type: PAC Location: (P) SC Placement Date: \_\_\_\_\_  
Date last Flushed: \_\_\_\_\_

## Elimination:

☒ Continent ☐ Incontinent ☐ Foley ☐ Depends  
Date of Last BM: \_\_\_\_\_ ☐ Constipation ☐ Diarrhea ☐ Other

Interventions tried: \_\_\_\_\_

Medications given and time of last dose: Colostomy - colon resection E colon CA

## Infection:

Type of infection: φ Location: \_\_\_\_\_ Isolation needs: \_\_\_\_\_  
Medications given and time of last dose: \_\_\_\_\_

## Edema:

☐ Yes ☒ No Location: \_\_\_\_\_  
Interventions tried: \_\_\_\_\_  
Medications given and time of last dose: \_\_\_\_\_

## Skin Integrity:

Describe: intact  
Wound care needs: \_\_\_\_\_  
☐ Wound Vac - If yes, discuss discontinuing prior to admission

Activity: ☐ Independent ☒ Bedrest ☐ Chair ☐ W/C ☐ Walker ☐ Cane ☐ Hoyer  
☐ Orthopedic devices - unable to accommodate traction

Safety: ☐ Recent Fall Date: φ Injuries: \_\_\_\_\_

Fingersticks: ☐ Yes ☒ No Frequency: \_\_\_\_\_ Insulin: \_\_\_\_\_  
Amount: \_\_\_\_\_ Last dose given at: \_\_\_\_\_

## Comments:

LittlefieldFeb. Lung CA (P) A, M LobectomyNicotine Patch => still wants cigarette

APutiff RN  
Signature

6/12/12  
Date

## Patient Label

1216401412 000-478684 06/12/12  
FARR, WILLIAM G M 69Y  
ADM: SNIPES, GARRETT E  
REF: SNIPES, GARRETT E



PATIENT NAME: FARR, WILLIAM G  
MEDICAL RECORD #: 478684  
DATE OF BIRTH: [REDACTED]  
ACCOUNT NUMBER: 1216401412  
DATE OF ADMISSION: 06/12/2012  
ROOM:

HH09

#### HISTORY OF PRESENT ILLNESS

Mr. Farr is a 69-year-old man with a history of complex end-stage lung disease. He had baseline COPD and has had it for some time with progressive worsening. In addition, he had stage II non-small cell lung cancer in October 2010 and had right middle and lower lobectomies. He also had chemo radiation, but stopped after cycle 5 due to toxicity. He has had several admissions to the hospital for exacerbations of dyspnea and respiratory failure and CT scanning shows extensive bilateral infiltrates which have been difficult to assess precisely as far as infection versus lymphangitic carcinoma. That mystery still remains, despite multiple consultants, including infectious disease, pulmonology and oncology. Nevertheless, the bigger picture is of this man's overall performance status and symptom profile had been worsening. He is very cachectic and is quite dyspneic even at rest. He was discharged from the hospital on the 5th of June, admitted to hospice and returned to the hospital on the 10th of June after his family called 911. He was profoundly dyspneic, white count was elevated and chest x-ray did show bilateral infiltrates. He had a brief hospital stay, and after discussion of the primary care team with the patient, decision was made to transfer to the hospice home. He had couple of days of vancomycin and then was switched to Avelox by his primary care physician, Dr. Littlefield, who transferred him here on Avelox. His major symptom at this point is rather severe dyspnea at rest and marked worsening with any exertion. He is not really having pain at this point, and apart from anxiety, he is not really having any other symptoms. He transfers to the hospice home for symptom management, presumably as a conduit to return into the home setting with home hospice.

#### PAST MEDICAL HISTORY

Positive for lung cancer with previous lung resection; COPD; history of colon cancer with colon resection and colostomy; history of non-Q wave myocardial infarction; dyslipidemia by history.

#### SURGICAL HISTORY

Right upper lobe and right middle lobe lobectomy.

#### MEDICATIONS

Reviewed on his transfer forms.

#### ALLERGIES

None.

#### FAMILY HISTORY

Noncontributory.

#### SOCIAL HISTORY

He was in a convenience store business. He has lived in Union his entire life. He is married and has 2 adult children. Spiritual: I do not have any information on that.

#### REVIEW OF SYSTEMS

As above.

#### PHYSICAL EXAMINATION

VITAL SIGNS: Temperature is 97.4, pulse is 101 at rest, respirations 29, BP is 114/82.

GENERAL: He is an alert man. He is apparently air hungry.

SKIN: Clear.

LYMPHATICS: Negative.

HEENT: PERRLA. Mucous membranes are moist.

CHEST: Reveals increased AP chest diameter.

LUNGS: Reveal bilateral inspiratory rhonchi and rales with a few end expiratory wheezes.

CARDIAC: Regular rhythm with tachycardia.

ABDOMEN: Soft, scaphoid. He is using accessory muscles of ventilation, nontender.

GENITALIA: Normal male.

EXTREMITIES: Symmetrical. Distal extremities are warm and well perfused. There is no peripheral edema.

NEUROLOGIC: Shows no focal neurologic signs.

#### ASSESSMENT

This is a 69-year-old man with acute-on-chronic respiratory failure, end-stage chronic obstructive pulmonary disease and very likely advanced lung cancer, though that is not entirely certain. He is admitted for symptom management and as a conduit to return home with home hospice.

PPS is 30%, New York Heart Association class IV.

#### PROGNOSIS FOR LIFE EXPECTANCY

Ill-defined at this point, but I would say would certainly be in the range of weeks to months at the outside.

#### PLANS

1. Symptom management in usual fashion with small doses of opioids and supplement with short-acting opioids if need be.
2. Standard management for end-stage COPD, bronchodilators, steroids, etc.
3. We will continue course of Avelox as started.
4. I had an extensive discussion with the patient's family initially and then with the family and the patient to clarify goals of care. Mr. Farr's daughter is not completely satisfied with the hospice plan of care, but it is allowing her father to choose and the rest of the family seems generally supportive, if rather faintly so, at this point. They still seem to be harboring hopes that he is going to get substantially better.
5. We will try to provide support to the family as they are willing to accept, particularly social and spiritual support, through this difficult time for them.

Dictated by: SNIPES, GARRETT E  
Dictated for (if applicable):

D:06/12/2012 17:16:05  
T:06/12/2012 22:13:37/un  
1257589/1097770

Cc:SNIPES, GARRETT E, Attending Physician  
H & P Page 3 of 3  
FARR, WILLIAM G  
478684

Note: Document is draft unless signed.<END FOOTER>

Authenticated by Garrett Snipes, MD. On 06/15/2012 07:20:42 PM

FARR, WILLIAM G

Order Confirmation Report - FARR, WILLIAM G  
 DEPT: HOS ROOM: HH09-A MR: 000478684  
 Ordered by: Unit Secre BIGELOW, KENDRA R  
 Entered by: US BIGELOW, KENDRA R - 06/12/12 15:33  
 Order mode: Written - Session Id:18951514

| ALLERGY         |                |              |          |                  |
|-----------------|----------------|--------------|----------|------------------|
| Charted         | Allergy name   | Type         | Reaction | Severity Comment |
| 03/23 13:22 NKA | (NEEDS REVIEW) | Drug Allergy |          |                  |

## HEODEPT

| Ord# | Action  | Order Name                                                                                            | Freq   | Priority | Duration | Start       | Stop       |
|------|---------|-------------------------------------------------------------------------------------------------------|--------|----------|----------|-------------|------------|
| 1    | Started | DIAGNOSIS:                                                                                            | CONTIN | ROUTINE  |          | 06/12 15:32 | Indefinite |
|      |         | Category: Medical                                                                                     |        |          |          |             |            |
|      |         | Enter a diagnosis search (part of a name or an ICD9 code): Primary malignant neoplasm of lung (162.9) |        |          |          |             |            |
| 2    | Started | DIAGNOSIS:                                                                                            | CONTIN | ROUTINE  |          | 06/12 15:32 | Indefinite |
|      |         | Category: Medical                                                                                     |        |          |          |             |            |
|      |         | Enter a diagnosis search (part of a name or an ICD9 code): Adenocarcinoma of lung (162.9)             |        |          |          |             |            |
| 3    | Started | DIAGNOSIS:                                                                                            | CONTIN | ROUTINE  |          | 06/12 15:32 | Indefinite |
|      |         | Category: Medical                                                                                     |        |          |          |             |            |
|      |         | Enter a diagnosis search (part of a name or an ICD9 code): Dyspnea (786.09)                           |        |          |          |             |            |
| 4    | Started | DIAGNOSIS:                                                                                            | CONTIN | ROUTINE  |          | 06/10 15:32 | Indefinite |
|      |         | Category: Medical                                                                                     |        |          |          |             |            |
|      |         | Enter a diagnosis search (part of a name or an ICD9 code): Dyspnea (786.09)                           |        |          |          |             |            |

## NOU

| Ord# | Action  | Order Name                                | Freq | Priority | Duration | Start       | Stop        |
|------|---------|-------------------------------------------|------|----------|----------|-------------|-------------|
| 6    | Started | SEND TRAY NOW                             | ONCE | ASAP     | 1 Time   | 06/12 15:33 | 06/12 15:33 |
|      |         | Enter Diet in Instruction Box             |      |          |          |             |             |
|      |         | INSTRUCTIONS (Enter diet): : mechsoftdiet |      |          |          |             |             |

## NS

| Ord# | Action  | Order Name                         | Freq | Priority | Duration | Start       | Stop |
|------|---------|------------------------------------|------|----------|----------|-------------|------|
| 5    | Started | MECHANICAL (SOFT) DIET             | M    | DINNER   |          | 06/12 15:33 |      |
|      |         | DIET MODIFIER #1: NO DIET MODIFIER |      |          |          |             |      |
|      |         | DIET MODIFIER #2: NO DIET MODIFIER |      |          |          |             |      |
|      |         | DIET MODIFIER #3: NO DIET MODIFIER |      |          |          |             |      |

2400  
 11/13/12  
 0702  
 Haggins  
 1552  
 6/12/12

Handwritten signature and initials, possibly "Haggins" and "2400".

FARR, WILLIAM G

Order Confirmation Report - FARR, WILLIAM G  
 DEPT: HOS ROOM: HH09-A MR: 000478684  
 Ordered by: MD SNIPES, GARRETT E  
 Authenticated by: MD SNIPES, GARRETT E - 06/12/12 17:38  
 Order mode: Direct - Session Id:18952682

| Charted     | Allergy name       | Type         | Reaction | Severity | Comment |
|-------------|--------------------|--------------|----------|----------|---------|
| 03/23 13:22 | NKA (NEEDS REVIEW) | Drug Allergy |          |          |         |

## AMS

| Ord# | Action  | Order Name                         | Freq | Priority | Duration | Start       | Stop        |
|------|---------|------------------------------------|------|----------|----------|-------------|-------------|
| 7    | Started | ADMIT TO<br>ADMIT TO: HOSPICE HOME | ONCE | ROUTINE  | 1 Time   | 06/12 17:30 | 06/12 17:30 |

## NS

| Ord# | Action  | Order Name                                                                                                                                     | Freq | Priority  | Duration | Start       | Stop       |
|------|---------|------------------------------------------------------------------------------------------------------------------------------------------------|------|-----------|----------|-------------|------------|
| 5    | D/C'd   | MECHANICAL (SOFT) DIET                                                                                                                         | M    | DINNER    |          | 06/12 15:33 |            |
| v2   |         | DIET MODIFIER #1: NO DIET MODIFIER<br>DIET MODIFIER #2: NO DIET MODIFIER<br>DIET MODIFIER #3: NO DIET MODIFIER                                 |      |           |          |             |            |
| 25   | Started | REGULAR DIET<br>as tolerated<br>DIET MODIFIER #1: NO DIET MODIFIER<br>DIET MODIFIER #2: NO DIET MODIFIER<br>DIET MODIFIER #3: NO DIET MODIFIER | M    | BREAKFAST |          | 06/12 17:30 | Indefinite |

## NSG

| Ord# | Action  | Order Name                                                                                                                                                                  | Freq        | Priority | Duration | Start       | Stop        |
|------|---------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|----------|----------|-------------|-------------|
| 8    | Started | VITAL SIGNS                                                                                                                                                                 | PER ROUTINE | ROUTINE  |          | 06/12 17:30 | Indefinite  |
| 9    | Started | CODE STATUS:<br>nurse may assess<br>CODE STATUS CATEGORIES: Cat 3 - DNR                                                                                                     | QS          | ROUTINE  |          | 06/12 17:30 | Indefinite  |
| 10   | Started | IV ACCESS<br>with INT or SQ line as needed for medication administration                                                                                                    | PRN         | ROUTINE  |          | 06/12 17:30 | Indefinite  |
| 11   | Started | NSG:O2 PER NASAL CANNULA<br>, oxyimzer or mask @ 2-5 L/min; titrate to comfort                                                                                              | QS          | ROUTINE  |          | 06/12 17:30 | Indefinite  |
| 12   | Started | NSG:WOUND CARE<br>; nursing to evaluate and begin wound care as needed                                                                                                      | PRN         | ROUTINE  |          | 06/12 17:30 | Indefinite  |
| 13   | Started | POLEY CATHETER<br>#16 or #18 Fr. as needed for incontinence or retention<br>Indication: Terminal-comfort care                                                               | PRN         | ROUTINE  |          | 06/12 17:30 | Indefinite  |
| 14   | Started | MESSAGE TO NURSING:<br>pt may have the following alternative treatments as desired: aromatherapy, massage<br>therapy, music therapy                                         | QS          | ROUTINE  |          | 06/12 17:30 | Indefinite  |
| 27   | Started | NURSING:<br>if no bm in 72 hrs, repeat miralax 17 grams, check for impaction and treat<br>appropriately and give bisacodyl 10 mg suppository (see med orders)               | PRN         | ROUTINE  |          | 06/12 17:31 | Indefinite  |
| 35   | Started | MESSAGE TO NURSING:<br>Fan blowing on his face please                                                                                                                       | ONCE        | ROUTINE  | 1 Time   | 06/12 17:33 | 06/12 17:33 |
| 36   | Started | MESSAGE TO NURSING:<br>Offer massage therapy please                                                                                                                         | ONCE        | ROUTINE  | 1 Time   | 06/12 17:34 | 06/12 17:34 |
| 37   | Started | MESSAGE TO NURSING:<br>Please review meds with family, and keep them informed of med changes. Thanks.                                                                       | ONCE        | ROUTINE  | 1 Time   | 06/12 17:34 | 06/12 17:34 |
| 40   | Started | MESSAGE TO NURSING:<br>Please dose prn medications judiciously to preserve alertness to the extent possible<br>and still maintain comfort (goals of care issue). THANKS!!!! | ONCE        | ROUTINE  | 1 Time   | 06/12 17:37 | 06/12 17:37 |

## FMS

| Ord# | Action  | Order Name                                                                                                | Freq    | Priority | Duration | Start       | Stop       |
|------|---------|-----------------------------------------------------------------------------------------------------------|---------|----------|----------|-------------|------------|
| 15   | Started | ACETAMINOPHEN<br>for pain or fever > 101 deg. F; may give per rectum instead<br>Dose: 650 MG<br>Route: PO | Q4H PRN | ROUTINE  |          | 06/12 17:30 | Indefinite |

CONTINUED

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Page 1

PERM

DATE

7/18/2013

FARR, WILLIAM G  
SPARTANBURG REGION

Order Confirmation Report - FARR, WILLIAM G  
 DEPT: HOS ROOM: HH09-A MR: 000478684  
 Ordered by: MD SNIPES, GARRETT E  
 Authenticated by: MD SNIPES, GARRETT E - 06/12/12 17:38  
 Order mode: Direct - Session Id:18952682

| Ord# | Action  | Order Name                                                                                                                                 | Freq       | Priority | Duration | Start       | Stop        |
|------|---------|--------------------------------------------------------------------------------------------------------------------------------------------|------------|----------|----------|-------------|-------------|
| 16   | Started | ACETAMINOPHEN<br>for pain or fever > 101 deg. F; may give po instead<br>Dose: 650 MG<br>Route: PR                                          | Q4H PRN    | ROUTINE  |          | 06/12 17:30 | Indefinite  |
| 17   | Started | ARTIFICIAL TEARS EYE DROPS<br>; keep at bedside; family may administer as needed<br>Dose: 1-2 DROP<br>Route: EA EYE                        | PRN AS DIR | ROUTINE  |          | 06/12 17:30 | Indefinite  |
| 18   | Active  | SENOKOT S<br>if pt receiving opioids or if constipated<br>Dose: 2 TABLET<br>Route: PO                                                      | AT BEDTIME | ROUTINE  |          | 06/12 21:00 | Indefinite  |
| 19   | Started | HYDROXYZINE HCL [ATARAX]<br>for itching<br>Dose: 25 MG<br>Route: PO                                                                        | Q6H PRN    | ROUTINE  |          | 06/12 17:30 | Indefinite  |
| 20   | Started | TRAZODONE [DESYREL]<br>for insomnia<br>Dose: 25-50 MG<br>Route: PO                                                                         | QHS PRN    | ROUTINE  |          | 06/12 17:30 | Indefinite  |
| 21   | Started | ONDANSETRON INJ [ZOFRAN]<br>for nausea<br>Dose: 8 MG<br>Route: IV                                                                          | Q8H PRN    | ROUTINE  |          | 06/12 17:30 | Indefinite  |
| 22   | Started | GLYCOPYRROLATE INJ [ROBINUL]<br>for secretions<br>Dose: 0.2-0.4 MG<br>Route: IV                                                            | Q4H PRN    | ROUTINE  |          | 06/12 17:30 | Indefinite  |
| 23   | Started | HALOPERIDOL INJ [HALDOL]<br>for delirium, agitation, restlessness, nausea; may give po or iv<br>Dose: 1-2 MG<br>Route: IV                  | Q4H PRN    | ROUTINE  |          | 06/12 17:30 | Indefinite  |
| 24   | Started | HALOPERIDOL [HALDOL]<br>for delirium, agitation, restlessness, nausea; may give iv or po<br>Dose: 1-2 MG<br>Route: PO                      | Q4H PRN    | ROUTINE  |          | 06/12 17:30 | Indefinite  |
| 26   | Started | POLYETHYLENE GLYCOL ORAL POWDER DAILY PRN<br>[MIRALAX]<br>for constipation if no bm in 48 hrs<br>Dose: 17 G<br>Route: PO                   |            | ROUTINE  |          | 06/12 17:31 | Indefinite  |
| 28   | started | BISACODYL SUPPOSITORY [DULCOLAX] PRN AS DIR<br>for constipation if no bm in 72 hrs and no results with miralax<br>Dose: 10 MG<br>Route: PR |            | ROUTINE  |          | 06/12 17:31 | Indefinite  |
| 29   | Started | MORPHINE INJ<br>for pain or dyspnea<br>Dose: 2 - 4 MG<br>Route: IV                                                                         | Q2H PRN    | ROUTINE  | 7 Days   | 06/12 17:31 | 06/19 17:30 |
| 30   | Started | OXYCODONE IMMEDIATE RELEASE<br>for pain or dyspnea; dispense elixir<br>Dose: 5 - 10 MG<br>Route: PO                                        | Q1H PRN    | ROUTINE  | 7 Days   | 06/12 17:31 | 06/19 17:30 |

CONTINUED

PRINTED BY: DB30588

Page 2

PERM

DATE

7/18/2013



FARR, WILLIAM G  
SPARTANBURG, REGIO

Order Confirmation Report - FARR, WILLIAM G  
 DEPT: HOS ROOM: HH09-A MR: 000478684  
 Ordered by: MD SNIPES, GARRETT E  
 Authenticated by: MD SNIPES, GARRETT E - 06/12/12 17:38  
 Order mode: Direct - Session Id:18952682

| Ord# | Action  | Order Name                                                                                                        | Freq    | Priority | Duration | Start       | Stop        |
|------|---------|-------------------------------------------------------------------------------------------------------------------|---------|----------|----------|-------------|-------------|
| 31   | Started | LORAZEPAM INJ [ATIVAN]<br>for anxiety; may give po or iv<br>Dose: 0.5 - 1 MG<br>Route: IV                         | Q4H PRN | ROUTINE  |          | 06/12 17:32 | Indefinite  |
| 32   | Started | LORAZEPAM [ATIVAN]<br>for anxiety; may give iv or po<br>Dose: 0.5 MG<br>Route: PO                                 | Q4H PRN | ROUTINE  |          | 06/12 17:32 | Indefinite  |
| 33   | Active  | DEXAMETHASONE NA PHOSPHATE INJ<br>Dose: 4 MG<br>Route: IV                                                         | Q12H    | ROUTINE  |          | 06/12 21:00 | Indefinite  |
| 34   | Active  | OXYCODONE IMMEDIATE RELEASE<br>To control dyspnea. Patient may refuse. Hold if sedated<br>Dose: 5 MG<br>Route: PO | Q8H     | ROUTINE  | 7 Days   | 06/12 23:59 | 06/19 23:58 |
| 38   | Started | MONTelukAST SODIUM [SINGULAIR]<br>Dose: 10 MG<br>Route: PO<br>Primary Instructions: give at 1800 daily            | QPM 18  | NOW      |          | 06/12 17:35 | Indefinite  |
| 39   | Active  | THEOPHYLLINE 24 HOUR [THEO-24]<br>Dose: 300 MG<br>Route: PO                                                       | DAILY   | NEXT SCH |          | 06/13 09:00 | Indefinite  |
| 41   | Active  | CITALOPRAM [CELEXA]<br>Dose: 20 MG<br>Route: PO                                                                   | DAILY   | NEXT SCH |          | 06/13 09:00 | Indefinite  |

LAST PAGE

PRINTED BY: DB30588

Page 3

PERM

DATE

7/18/2013

Nov-12  
 6/13/12  
 DR

6/12/12 1945

FARR, WILLIAM G  
SPARTANBURG REGIO.

Order Confirmation Report - FARR, WILLIAM G  
 DEPT: HOS ROOM: HH09-A MR: 000478684  
 Ordered by: MD SNIPES, GARRETT E  
 Authenticated by: MD SNIPES, GARRETT E - 06/13/12 12:38  
 Order mode: Direct - Session Id:18958773

| ALLERGY         |                |              |          |                  |
|-----------------|----------------|--------------|----------|------------------|
| Charted         | Allergy name   | Type         | Reaction | Severity Comment |
| 03/23 13:22 NKA | (NEEDS REVIEW) | Drug Allergy |          |                  |

## FMS

| Ord# | Action   | Order Name                                                                                                                           | Freq      | Priority | Duration | Start       | Stop        |
|------|----------|--------------------------------------------------------------------------------------------------------------------------------------|-----------|----------|----------|-------------|-------------|
| 29   | Modified | MORPHINE INJ                                                                                                                         | Q30MINPRN | ROUTINE  | 7 Days   | 06/13 12:36 | 06/19 17:30 |
| v3   |          | ASSESS LAXATIVE NEED -FOR PAIN. FOR "PRN" MEDICATIONS, -DOCUMENT PRE/POST PAIN<br>-SCORES, IF APPLICABLE -. - - -FOR PAIN OR DYSPNEA |           |          |          |             |             |
|      |          | Dose: 2-4 MG                                                                                                                         |           |          |          |             |             |
|      |          | Route: IV                                                                                                                            |           |          |          |             |             |
| 31   | Modified | LORAZEPAM INJ [ATIVAN]                                                                                                               | Q2H PRN   | ROUTINE  | 30 Days  | 06/13 12:38 | 07/12 17:31 |
| v3   |          | FOR ANXIETY, AGITATION, AND-OR -NERVOUSNESS. -FOR NAUSEA AND-OR VOMITING. -. - - -FOR<br>ANXIETY; MAY GIVE PO OR IV                  |           |          |          |             |             |
|      |          | Dose: 0.5-1 MG                                                                                                                       |           |          |          |             |             |
|      |          | Route: IV                                                                                                                            |           |          |          |             |             |
| 48   | Started  | ALBUTEROL - IPRATROPIUM SOLN INH Q4HPRNRESP                                                                                          |           | ROUTINE  | 3 Days   | 06/13 12:35 | 06/16 12:34 |
|      |          | Dyspnea/wheezing                                                                                                                     |           |          |          |             |             |
|      |          | Dose: 3 ML                                                                                                                           |           |          |          |             |             |
|      |          | Route: INHALATN                                                                                                                      |           |          |          |             |             |

## RT

| Ord# | Action | Order Name                                                           | Freq | Priority | Duration | Start       | Stop        |
|------|--------|----------------------------------------------------------------------|------|----------|----------|-------------|-------------|
| 49   | Active | HBN                                                                  | PRN  | ROUTINE  | 3 Days   | 06/13 18:00 | 06/16 17:59 |
|      |        | TRANSPORTATION METHOD: BEDSIDE/PORTABLE                              |      |          |          |             |             |
|      |        | ENTER ORDER UNDER INSTRUCTIONS                                       |      |          |          |             |             |
|      |        | INSTRUCTIONS: Dyspnea/wheezing; med: duonebaero 3 ml Q4H PRN x3 days |      |          |          |             |             |

240  
6/14/12  
f. Stokley  
0120

FARR, WILLIAM G  
SPARTANBURG REGION

Order Confirmation Report - FARR, WILLIAM G  
 DEPT: HOS ROOM: HH09-A MR: 000478684  
 Ordered by: MD SNIPES, GARRETT E  
 Authenticated by: MD SNIPES, GARRETT E - 06/14/12 10:21  
 Order mode: Direct - Session Id:18956245

| ALLERGY         |                |              |          |                  |
|-----------------|----------------|--------------|----------|------------------|
| Charted         | Allergy name   | Type         | Reaction | Severity Comment |
| 03/23 13:22 NKA | (NEEDS REVIEW) | Drug Allergy |          |                  |

## PMS

| Ord# | Action   | Order Name                                                                                                                                                       | Freq | Priority | Duration | Start       | Stop        |
|------|----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|----------|----------|-------------|-------------|
| 33   | Modified | DEKAMETHASONE NA PHOSPHATE, INJ                                                                                                                                  | Q12H | ROUTINE  |          | 06/14 10:13 | *Indefinite |
| v3   |          | GENERIC SUBSTITUTION FOR DECADRON. ~MONITOR PATIENT FOR HYPERGLYCEMIA -- --                                                                                      |      |          |          |             |             |
|      |          | Dose: 8 MG                                                                                                                                                       |      |          |          |             |             |
|      |          | Route: IV                                                                                                                                                        |      |          |          |             |             |
| 34   | D/C'd    | OXYCODONE IMMEDIATE RELEASE                                                                                                                                      | Q8H  | ROUTINE  | 7 Days   | 06/12 23:59 | 06/19 16:01 |
| v3   |          | ASSESS LAXATIVE NEED ~FOR PAIN. FOR "PRN" MEDICATIONS, ~DOCUMENT PRE/POST PAIN ~SCORES, IF APPLICABLE ~TO CONTROL DYSPNEA. PATIENT MAY REFUSE. ~ HOLD IF SEDATED |      |          |          |             |             |
|      |          | Dose: 5 MG                                                                                                                                                       |      |          |          |             |             |
|      |          | Route: PO                                                                                                                                                        |      |          |          |             |             |
| 44   | D/C'd    | ALBUTEROL - IPRATROPIUM SOLN INH Q4H W/A                                                                                                                         |      | ROUTINE  |          | 06/13 06:00 |             |
| v2   |          | USE FOR ALBUTEROL AND ATROVENT.                                                                                                                                  |      |          |          |             |             |
|      |          | Dose: 3 ML                                                                                                                                                       |      |          |          |             |             |
|      |          | Route: INHALATN                                                                                                                                                  |      |          |          |             |             |
| 53   | Active   | OXYCODONE ER [OXYCONTIN]                                                                                                                                         | Q12H | NEXT SCH | 7 Days   | 06/14 21:00 | 06/21 20:59 |
|      |          | Dose: 10 MG                                                                                                                                                      |      |          |          |             |             |
|      |          | Route: PO                                                                                                                                                        |      |          |          |             |             |
| 54   | started  | ALBUTEROL 0.5% SOLN IN 2.5 ML NS Q4H RESP                                                                                                                        |      | ROUTINE  |          | 06/14 10:17 | Indefinite  |
|      |          | Dose: 2.5 MG                                                                                                                                                     |      |          |          |             |             |
|      |          | Route: INHALATN                                                                                                                                                  |      |          |          |             |             |
| 56   | started  | ALBUTEROL 0.5% SOLN IN 2.5 ML NS Q4HPRNRESP                                                                                                                      |      | ROUTINE  | 3 Days   | 06/14 10:18 | 06/17 10:17 |
|      |          | Wheezing                                                                                                                                                         |      |          |          |             |             |
|      |          | Dose: 2.5 MG                                                                                                                                                     |      |          |          |             |             |
|      |          | Route: INHALATN                                                                                                                                                  |      |          |          |             |             |
| 58   | Active   | DIAZEPAM [VALIUM]                                                                                                                                                | Q12H | ROUTINE  |          | 06/14 21:00 | Indefinite  |
|      |          | To control anxiety associated with dyspnea. Patient may refuse. Hold if sedated.                                                                                 |      |          |          |             |             |
|      |          | Dose: 2.5 MG                                                                                                                                                     |      |          |          |             |             |
|      |          | Route: PO                                                                                                                                                        |      |          |          |             |             |
| 59   | started  | BUDESONIDE INHALATION SUSP (JET Q12H RESP                                                                                                                        |      | ROUTINE  |          | 06/14 10:21 | Indefinite  |
|      |          | NEB ONLY!)                                                                                                                                                       |      |          |          |             |             |
|      |          | Dose: 0.5 MG                                                                                                                                                     |      |          |          |             |             |
|      |          | Route: INHALATN                                                                                                                                                  |      |          |          |             |             |

## RT

| Ord# | Action  | Order Name                                                        | Freq | Priority | Duration | Start       | Stop        |
|------|---------|-------------------------------------------------------------------|------|----------|----------|-------------|-------------|
| 55   | started | HHN                                                               | Q4H  | ROUTINE  |          | 06/14 10:17 | Indefinite  |
|      |         | TRANSPORTATION METHOD: BEDSIDE/PORTABLE                           |      |          |          |             |             |
|      |         | ENTER ORDER UNDER INSTRUCTIONS                                    |      |          |          |             |             |
|      |         | INSTRUCTIONS: ; med: albuterolaero 2.5 mg Q4H                     |      |          |          |             |             |
| 57   | Active  | HHN                                                               | PRN  | ROUTINE  | 3 Days   | 06/14 18:00 | 06/17 17:59 |
|      |         | TRANSPORTATION METHOD: BEDSIDE/PORTABLE                           |      |          |          |             |             |
|      |         | ENTER ORDER UNDER INSTRUCTIONS                                    |      |          |          |             |             |
|      |         | INSTRUCTIONS: Wheezing; med: albuterolaero 2.5 mg Q4H PRN x3 days |      |          |          |             |             |
| 60   | started | HHN                                                               | Q12H | ROUTINE  |          | 06/14 10:21 | Indefinite  |
|      |         | TRANSPORTATION METHOD: BEDSIDE/PORTABLE                           |      |          |          |             |             |
|      |         | ENTER ORDER UNDER INSTRUCTIONS                                    |      |          |          |             |             |
|      |         | INSTRUCTIONS: ; med: budesonideaero 0.5 mg Q12H                   |      |          |          |             |             |

FARR, WILLIAM G  
SPARTANBURG REGION.

Order Confirmation Report - FARR, WILLIAM G  
DEPT: HOS ROOM: HH09-A MR: 000478684  
Ordered by: MD SNIPES, GARRETT E  
Authenticated by: MD SNIPES, GARRETT E - 06/14/12 10:25  
Order mode: Direct - Session id:18966360

| ALLERGY         |                |              |          |                  |
|-----------------|----------------|--------------|----------|------------------|
| Charted         | Allergy name   | Type         | Reaction | Severity Comment |
| 03/23 13:22 NKA | (NEEDS REVIEW) | Drug Allergy |          |                  |

| PMS  |        |                |      |          |          |                        |
|------|--------|----------------|------|----------|----------|------------------------|
| Ord# | Action | Order Name     | Freq | Priority | Duration | Start Stop             |
| 61   | Active | GUAIFENESIN LA | Q12H | NEXT SCH |          | 06/14 21:00 Indefinite |
|      |        | Dose: 600 MG   |      |          |          |                        |
|      |        | Route: PO      |      |          |          |                        |

*Dr. Jackson RD*  
*6/14/12 @ 1400*

*24°*  
*6/15/12*  
*0010*  
*Spockeys*

*KBryson*  
*1/62*  
*6/14/12*


**SPARTANBURG**  
 Regional Healthcare System
☐ SRMC☐ SHRC☐ VH

Use Ball Point Pen and Press Firmly

**REQUIRED FOR ADMISSION**

Height:

Weight:

Allergies:

CHECK  
OFF EACH  
ORDER AS  
TRANSCRIBED**PHYSICIANS ORDER FORM**

TIME

DATE

06/14/12

Diagnosis:

BIPAP - 14/7

MDX USE FAN REVERO

BY RN 12/12

FIO2 50%

DS

FIXED

24/24  
6/13/12  
0010

Obanda Jackson RD  
6/14/12 @ 1400

W. Jackson  
6/14/12  
1103

TIME NOTED

TELEPHONE/VERBAL ORDER RECEIVED BY:



REMINDER: VERIFY &amp; READ BACK

PHYSICIAN PRINTED NAME

W. Jackson

RECORD FINAL DIAGNOSIS ON THE FACE SHEET

PHYSICIAN SIGNATURE

W. Jackson

Patient Label

1216401412 000 478684 06/12/12  
FARR, WILLIAM G M 69Y  
ADM: SNIPES, GARRETT E  
REF: SNIPES, GARRETT E

Date/Time

06/14/12



1106 (Rev. 01)

PRINTED BY: DB30588

DATE 7/18/2013


**SPARTANBURG**  
 Regional Healthcare System
☐ SRMC☐ SHRC☐ VH

Use Ball Point Pen and Press Firmly

**REQUIRED FOR ADMISSION**

Height:

Weight:

Allergies:

CHECK  
OFF EACH  
ORDER AS  
TRANSCRIBED**PHYSICIANS ORDER FORM**TIME 2:30  
DATE 6/14/12

Diagnosis:

D/C Albuterol Scheduled  $\pm$  PRNXopenex 0.63mg every 4 hours scheduled  $\pm$  every 4 hrs PRN

7/15/12  
0930  
D

240  
Stacking  
6/15/12  
0010

TIME NOTED

TELEPHONE/VERBAL ORDER RECEIVED BY:

REMINDER: VERIFY &amp; READ BACK

Dr. Garrett Snipes

Stacking

PHYSICIAN PRINTED NAME

Dr. Garrett Snipes

RECORD FINAL DIAGNOSIS ON THE FACE SHEET

PHYSICIAN SIGNATURE

Stacking

Patient Label

 1216401412 000-478684 06/12/12  
 FARR, WILLIAM G  
 ADM: SNIPES, GARRETT E M 69Y  
 REF: SNIPES, GARRETT E

Date/Time

06:10 PM



1106 (Rev. 09-1)



**SPARTANBURG**  
Regional Healthcare System

☐ SRMC ☐ SHRC ☐ VH

Use Ball Point Pen and Press Firmly

**REQUIRED FOR ADMISSION**

Height:

Weight:

Allergies:

CHECK  
OFF EACH  
ORDER AS  
TRANSCRIBED

**PHYSICIANS ORDER FORM**

TIME 0330  
DATE 6/15/12

Diagnosis:

*Medication Renewal*

*Morphine Conc 5-10 mg every 2 hrs PRN*

*24/7  
Stocking  
6/15/12  
0020*

**EXEMPTED**

TIME NOTED

TELEPHONE/VERBAL ORDER RECEIVED BY:

REMINDER: VERIFY & READ BACK

*Dr. Snipes / H. Stocking*

PHYSICIAN PRINTED NAME

*Dr. Garrett Snipes*

RECORD FINAL DIAGNOSIS ON THE FACE SHEET

PHYSICIAN SIGNATURE

*[Signature]*

Patient Label

1216401412 000-478684 06/12/12  
FARR, WILLIAM G M 69Y  
ADM: SNIPES, GARRETT E  
REF: SNIPES, GARRETT E

Date/Time

*06/15/12*



1106 (Rev. 09-10)

PRINTED BY: DB30588

DATE 7/18/2013



**SPARTANBURG**  
Regional Healthcare System

☐ SRMC

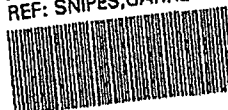
☐ SHRC

☐ VH

**PROGRESS NOTES**

| DATE/TIME | NOTES                                |
|-----------|--------------------------------------|
| 06/14/12  | ADMIT NOTE - 1st & DISCHARGE         |
|           | 69yo man with CHRONIC KIDNEY DISEASE |
|           | DUE TO -                             |
|           | (1) ET COPD                          |
|           | (2) SP BILOBAR RESECTION (3) LUNG    |
|           | (3) PROBABLE BLEED, LYMPHATIC CATH   |
|           | NYHA CLASS I (NYMEX), PPS-307        |
|           | PLAN: (1) LA MONITORING              |
|           | (2) CONT LOW BURN MED                |
|           | INTERVENTION                         |
|           | (3) Home to Home HOSPITAL            |
|           | ABLE                                 |
|           | (4) GOC DISCT PM, PALLY              |
|           | "I WANT TO BE COMFORTABLE"           |
|           | Correct by                           |

1216401412 00 06/12/12  
FARR, WILLIAM G M 69Y  
ADM: SNIPES, GARRETT E  
REF: SNIPES, GARRETT E



1080 (Rev



## Physician Progress Note

SPARTANBURG REGIONAL HOSPICE HOME

Date: 06/12/12 Time: \_\_\_\_\_

S: \_\_\_\_\_

INTERMITTENTLY VERY DYSPNEIC.  
THIS MORNING REASONABLY COMFORTABLE  
BUT WORK - USING NECESSARY MUSCLES  
OF VENTILATION.

Breakthrough doses: \_\_\_\_\_

Activity: BA Intake: POO: Physical exam: Vital signs BP 110/60 - 130/80 ☐ UnremarkableGeneral: No distress / comfortable ~~mod distress~~ / severe distressMental status: Alert / lethargic / obtunded / agitated / SAS

HEENT: MMs moist/dry

Neck: JVD

Lungs: CTA / diminished rales / wheeze / upper airway congestionCardiac: RRR / tachycardic / irregularAbd: Soft / distended / tender / BS pres/absExtremities: Edema

Neuro: \_\_\_\_\_

Other: \_\_\_\_\_

A: Assessment

Hospice diagnosis

Other

REVERSE CHD / CHRONIC NEPH. FAILURE

\* PULMONARY HYPERTENSION

\* DYSPNOEA : INTERMITTENT : POSSIBLE  
EXacerbation

→ ADJUST MEDS / PREVENTION OF DYSPNOEA  
THIS MORNING

☒ Family counseling: SON BRIAN / BROTHER

PPS: 20 Prognosis: POOR TO POOR W/ - FURTHER DOWNTURN POSSIBLE

Reason for GIP (if applicable): ☐ Symptom management. What symptoms/how?:

DYSPNOEA

☐ Other: \_\_\_\_\_

Disposition: ☒ Active management ☐ Possible D/C if stabilizes ☐ Planning discharge

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

☐ Garrett Snipes, MD ☐ Brian Bell, MD  
☐ Robert Houston, MD ☐ Sam Gacha, MD

1216401412 000-478684 06/12/12  
FARR, WILLIAM G M 69Y  
ADM: SNIPES, GARRETT E  
REF: SNIPES, GARRETT E



## Physician Progress Note

SPARTANBURG REGIONAL HOSPICE HOME

Date: 06/18/12 Time: 12 PM

S: \_\_\_\_\_

INITIALLY BETTER NO DYSPNOEA AND  
THEN BECAME PROFOUNDLY  
DYSPNOEIC P STANDING

Breakthrough doses: \_\_\_\_\_

Activity: \_\_\_\_\_

Intake: \_\_\_\_\_

O: Physical exam: Vital signs 97.7-120-30-120/64 ☐ UnremarkableGeneral: No distress / comfortable / mod distress / severe distressMental status: Alert / lethargic / obtunded / agitated / SAS ANXIETY / CYANOTICHEENT: MMs moist/dryNeck: JVDLungs: CTA / diminished / rales / wheeze / upper airway congestionCardiac: RRR / tachycardia / irregularAbd: Soft / distended / tender / BS pres/labsExtremities: Edema

Neuro: \_\_\_\_\_

Other: \_\_\_\_\_

A: Assessment

Hospice diagnosis

Other

A/C NON FAILURE DIV COPD  
LUNG INFECTION  
INTERSTITIAL PNEUMONIA  
V.S. CA

- REVERS EXAGGERATION OF DYSPNOEA PATIENT  
→ PRN OXYGENS, LONGER, HOLDING ON  
RELIEF PR.

☒ Family counseling:

UPDATE TO FAMILY BRION, DAUGHTER

PPS: 30-20 Prognosis: ? DAY TO PREDICT WHEN (COULD DIE INReason for GIP (if applicable): ☐ Symptom management. What symptoms/how? ANY TIME☐ Other: \_\_\_\_\_Disposition: ☐ Active management ☐ Possible D/C if stabilizes ☐ Planning dischargeSignature: Garrett Snipes☐ Garrett Snipes, MD ☐ Brian Bell, MD☐ Robert Houston, MD ☐ Sam Gacha, MD

1216401412 000 478684 06/12/12  
FARR, WILLIAM G M 69Y  
ADM: SNIPES, GARRETT E  
REF: SNIPES, GARRETT E



## Physician Progress Note

SPARTANBURG REGIONAL HOSPICE HOME

Date: 06/15/12 Time: \_\_\_\_\_

S: \_\_\_\_\_

DYSPNOEA AT REST BUT NOT DISTRESSED  
WEDK, GETTING WEDKER  
EPISODE OF PROFOUND DYSPNOEA - 2  
MUCOX. PLUGS

Breakthrough doses: \_\_\_\_\_

Activity: BRIntake: + 500O: Physical exam: Vital signs 92.2 / 62 / 36 - 100/50 ☐ UnremarkableGeneral: No distress / comfortable / mod distress / severe distressMental status: Alert / lethargic / obtunded / agitated / SASHEENT: MMS moist/dryNeck: JVDLungs: CTA / diminished / rales / wheeze / upper airway congestion USING INCR. PULMONCardiac: RRR / tachycardic / irregularAbd: Soft / distended / tender / BS pres/absExtremities: Edema

Neuro: \_\_\_\_\_

Other: \_\_\_\_\_

A: Assessment

Hospice diagnosis ES COPD / CHRONIC RECC. PAINING

Other: \_\_\_\_\_

IP: Plans-

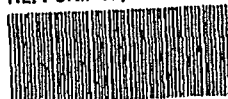
PAD  
HEAVY  
CANC  
CANCER

DYSPNOEA  
GRADUALLY DECLINING  
→ ① PS. DOES WANT CARE AT HT, DESPITE FAMILY  
REFUSATION

② AS TO MDD: - RUN THROUGH WITH MDD  
WAS LENT DYSPNOEA

☐ Family counseling: ③ PLAN REPT - OFFERING DRUG TO LYINGPPS: 200 Prognosis: 2 WKS TO WKSReason for GIP (if applicable): ☒ Symptom management. What symptoms/how?: \_\_\_\_\_☐ Other: \_\_\_\_\_Disposition: ☒ Active management ☐ Possible D/C if stabilizes ☐ Planning dischargeSignature: Garrett Snipes☒ Garrett Snipes, MD ☐ Brian Bell, MD☐ Robert Houston, MD ☐ Sam Gacha, MD

1216401412 000 478684 06/12/12  
FARR, WILLIAM G M 69Y  
ADM: SNIPES, GARRETT E  
REF: SNIPES, GARRETT E





**SPARTANBURG**  
Regional Healthcare System

☐ SRMC

☐ SHRC

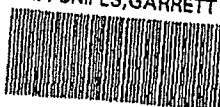
☐ VH

**PROGRESS NOTES**

| DATE/TIME | NOTES                                                                     |
|-----------|---------------------------------------------------------------------------|
| 06/16/12  | SIPJ                                                                      |
| 11:10     | S: SDB (+) wearing O <sub>2</sub> maximizer                               |
|           | O: VS stable Afebrile                                                     |
|           | CV: HNSLP                                                                 |
|           | Chest: Ronchi (+) crackles (+).                                           |
|           | Abd B (+) Soft.                                                           |
|           | A/P                                                                       |
|           | (1) ESCOPD                                                                |
|           | (2) Chronic resp failure                                                  |
|           | Plan: Wife @ bedside / w family. By RN family has been difficult to deal. |
|           | PPS 10-20%.                                                               |
|           | Denies pain                                                               |
|           | <i>[Signature]</i> S. B. Allen, MD                                        |
| 06/17/12  | D/C Summary dictated                                                      |
|           | 1259443                                                                   |
|           | <i>[Signature]</i> S. B. Allen, MD                                        |

Pa

1216401412 000-478684 06/12/12  
FARR, WILLIAM G M 69Y  
ADM: SNIPES, GARRETT E  
REF: SNIPES, GARRETT E



1080 (Rev. L)

Patient: FARR, WILLIAM G Address: 1032 JONESVILLE LOCKHART  
DOB: [REDACTED] Fin Class: COMMERCIAL INSUR UNION  
Sex: MALE Ins. Plan: COMM/MGD CARE F/C CI, HE, MG, RHSC, 29379  
SS#: [REDACTED] Guarantor: SELF Phone #: (864) 251-0531

-5 Adm Date: 06/12/12 Adm Source: 4 TRANS FR/A HOSPIT Acct. #: 1216401412  
Adm Time: 15:17 Adm Type: 2 URGENT Unit. #: 000478684  
Dis Date: 06/16/12 Trans From: Pt. Type: INPATIENT  
Dis Time: 17:00 Service: INTERNAL MEDICINE Trans To:  
LOS: 4 Dis Status: K-HOME HOSPICE Coder: KK  
Admitting DR: SNIPES, GARRETT E Referring DR: SNIPES, GARRETT E  
Attending DR: SNIPES, GARRETT E Discharge DR: GACHA, SAMUEL  
ER Physician: Primary DR:

DRG: 189 PULMONARY EDEMA & RESPIRATORY FAILURE  
Admit Diagnosis: 518.84 ACUTE & CHRONC RESP FAIL  
Principal Diagnosis: 518.84 ACUTE & CHRONC RESP FAIL POA: Y  
Secondary Diagnoses/POA:  
799.4 CACHEXIA/Y V10.05 HX OF COLONIC MALIGNANC/E  
496 CHR AIRWAY OBSTRUCT NEC/Y 414.01 CRNRY ATHRSCL NATVE VSS/Y  
162.9 MAL NEO BRONCH/LUNG NOS/Y V45.76 ACQ ABSENCE OF LUNG/E  
412 OLD MYOCARDIAL INFARCT/E V87.41 HX ANTINEOPLASTIC CHEMO/E  
515 POSTINFLAM PULM FIBROSIS/Y V66.7 ENCOUNTR PALLIATIVE CAR/E

Reason for Visit:

Principal Procedure: Date: Primary Surgeon:

Secondary Procedures:

Consultants: Date: Specialty:

End of Report

DISCHARGE SUMMARY

PATIENT NAME: FARR, WILLIAM G

DOB: [REDACTED]

MEDICAL RECORD #: 478684

ACCOUNT NUMBER: 1216401412

ADMISSION DATE: 06/12/2012 DISCHARGE DATE: 06/16/2012

ATTENDING PHYSICIAN: SNIPES, GARRETT E

PALLIATIVE CARE MEDICINE DOCTOR

Dr. Snipes.

FINAL DISCHARGE DIAGNOSES

1. Acute-on-chronic respiratory failure.
2. End-stage chronic obstructive pulmonary disease.
3. Non-small cell lung carcinoma.
4. History of colon cancer.
5. Coronary artery disease with history of non-Q-wave myocardial infarction.

FINAL DISCHARGE HOME MEDICATIONS

1. Proventil 180 mcg 2 puffs inhalation every 2 hours as needed.
2. Citalopram 20 mg daily.
3. Diazepam 2.5 mg every 12 hours.
4. Mucinex 600 mg every 12 hours.
5. Singulair 10 mg daily.
6. Avelox 400 mg for 4 more days.
7. Nicotine patch 21 mg topically once a day.
8. Oxycodone 10 mg every 12 hours.
9. Protonix 40 mg daily.
10. Senokot 8.6 mg 2 tablets p.o. daily.
11. Theophylline 24 hours 300 mg daily.
12. Lorazepam 0.5 mg IV every 2 hours as needed.
13. Morphine sulfate 2 mg to 4 mg IV every 30 minutes as needed.
14. Lorazepam 0.5 mg every 4 hours as needed.
15. Combivent inhaler 2 puffs every 4 hours.
16. Beclovent inhaler 2 puffs every 4 hours.
17. Prednisone 40 mg daily.

BRIEF HISTORY OF PRESENT ILLNESS

This is a 69-year-old Caucasian man who was admitted to the hospice on 06/12/2012. He had an extensive past medical history of COPD with acute-on-chronic respiratory failure, had been getting progressively worse. He also had a stage II non-small cell lung carcinoma with right middle and lower lobectomies, who stopped chemoradiation after 5 cycles due to toxicity. He has been very cachectic and dyspneic even at rest. The patient has been discharged to the hospice and also admitted to Spartanburg Regional Medical Center after family had been calling 911. The patient has been managed as an outpatient by Dr. Littlefield. The patient was finally transferred to hospice home for symptom management.

HOSPICE HOUSE MANAGEMENT

The patient was managed with symptom management in usual fashion with small doses of opiates and supplement with short-acting opiates if needed. Extend our management for

end-stage COPD and bronchodilators and steroids. Continue course of Avelox. PPA score 30%. Life expectancy is ill-defined at this point, but in the range of weeks to months in the outpatient. The patient was discharged on 06/16/2012. The patient was transferred to a hospice care of South Carolina.

DISPOSITION

Discharge home with hospice care.

DICTATED BY: SAMUEL GACHA, MD

DICTATED FOR:

D:06/17/2012 11:53:17

T:06/17/2012 12:58:57 /rv

1259443/1099480

cc:SNIPES, GARRETT E, Admitting Physician

Authenticated by Samuel Gacha, MD. On 06/18/2012 09:16:17 PM

## HOSPICE CERTIFICATION OF TERMINAL ILLNESS

This is to certify that the beneficiary, named below, is terminally ill with a life expectancy of six months or less if the terminal illness runs its normal course.

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                    |                                                                                                                                                                             |                          |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|
| <b>1. Provider's Name, Address:</b><br>Spartanburg Regional Hospice<br>120 Heywood Ave<br>Suite 300<br>Spartanburg, SC 293021211<br>8645603900                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                    | <b>2. Attending Physician's Name and Address:</b><br>Mehta, Sharmila Pravin MD<br>380 Serpentine Drive<br>Suite 200<br>Spartanburg, SC 29303<br>864-560-7050                |                          |
| <b>3. Hospice Physician's Name and Address:</b><br>Snipes, Garrett E MD<br>686 Jeff Davis Drive<br>Spartanburg, SC 29303<br>864 560 5620                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                    | <b>4. Patient's Name:</b><br>Farr, William G<br><b>5. Current Election Date:</b><br>06/07/2012<br><b>6. Benefit Period/Date Range:</b><br>1 From: 06/07/2012 To: 09/04/2012 |                          |
| <b>7. Start of Care Date:</b><br>06/07/2012                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>8. Medical Record No.:</b><br>03570052-00038224 | <b>9. Date of Birth:</b><br>[REDACTED]                                                                                                                                      | <b>10. Sex:</b><br>X M F |
| <b>11. ICD-9-CM Terminal Diagnosis</b><br>1629 BRONCHUS/LUNG CA NOS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                    | <b>Date</b><br>053112 E                                                                                                                                                     |                          |
| <b>12. Attending Physician Verbal Certification Received By and Date:</b><br>Chalk, Miranda D 06/07/2012                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                    | <b>13. Hospice Physician Verbal Certification Received By and Date:</b><br>Chalk, Miranda D 06/07/2012                                                                      |                          |
| <b>14. Brief Narrative Statement:</b> (Review the individual's clinical circumstances and synthesize the medical information, including the clinical findings from the face-to-face encounter, to provide clinical justification for certification or recertification to hospice services, including an explanation of why the clinical findings support a life expectancy of 6 months or less.)<br>Narrative composed by Hospice Physician<br>69 yo. Marked wt loss. Declining PS (PPS 60%). Recent hosp admit for dyspnea due to pneumonia, but this continues to be a major symptom despite treatment of infection. Small cell lung cancer is the malignancy. |                                                    |                                                                                                                                                                             |                          |
| <b>Attestation Statement:</b><br>By signing this certification, the Hospice Physician, named below, confirms that he/she composed the narrative based on his/her review of the patient's medical record or his/her examination of the patient.                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                    |                                                                                                                                                                             |                          |
| <b>15. Attending Physician's Signature and Date:</b><br>Mehta, Sharmila Pravin MD<br>Mehta, Sharmila Pravin MD 06/25/12 03:51 PM<br>Document Signed Electronically                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                    | <b>16. Hospice Physician's Signature and Date:</b><br>Snipes, Garrett E MD<br>Snipes, Garrett E MD 06/12/12 06:54 AM<br>Document Signed Electronically                      |                          |
| <b>17. Document Author's Signature and Date:</b><br>Chalk, Miranda D RN 06/07/12                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                    | <b>18. Date Provider Received Signed CTI:</b><br>06/25/2012                                                                                                                 |                          |



By Organization, By Entry User

Customer: Farr, William G - 03570052  
Admit ID: 00038224  
SRHS/SRMC/SRHC/SRHO  
CHALMI - Chalk, Miranda

Customer: Farr, William G - 03570052  
Organization: SRHS/SRMC/SRHC/SRHO  
Type: AN--Admission Note - General  
Author: Chalk, Miranda D  
Subject: Admission Note - General  
Note: S. Hospice Admission Visit

Admit ID: 00038224

Entered: 6/7/2012 4:28:17PM by: Chalk, Miranda  
Completed: 6/7/2012 4:28:16PM by: Chalk, Miranda

DNR-NMV WT: 121 WT 3months ago 142 approx. Ht 5'4"

DOB [REDACTED] SOC 06/7/2012 Episode# 38224

B. 69 year old male admitted to Hospice with probable extension of previously diagnosed small cell lung CA. pt was admitted to SRMC on 5.31.12 for increased SOB and possible PNA. pt has over the last 2 months been worked up for possible extension of previously diagnosed small cell lung Ca. pt had 2 biopsies by dr. cruz which were negative and then a surgical biopsy by dr. nguygen which was positive per pt dtr. pt was treated with antibiotic during hospital stay with no improvement per dtr. pt dyspnea has worsen since surgical biopsy...pt reports that prior to hospital stay he was working in yard and did not need oxygen. pt now needs oxygen with oxyimizer. PMH: Hx of colon Ca 14 yrs ago with cholestomy, small cell lung ca 2 yrs ago with right middle and upper lobectomy, COPD, HTN, hypokalemia and hyperlipidemia.

PPS 60 percent.

A. On arrival sn was met at the door by pt wife Deloris who has not spoken in 9 yrs due to severe depression. patient sitting in living room when sn arrived. Pt is alert and oriented x 3 but does report being forgetful at times. Pt report severe sob with exertion and while at rest at times. Lungs absent in right upper and middle lobes and decreased in lower right lobe and left lobes. abdomen soft and nontender...Last BM yesterday...active bowel sounds....sn instructed cg on stool softners and laxative and the results of pain meds on the GI system....pt report wt loss of more than 20lbs in the last 2 months. pt report that his eating and appetite is getting better but appetite is still poor. No edema noted on assessment.. pt denies bladder incontinence....pt has cholestomy from previous colon resection due to colon ca. pt denies pain during visit and reports that he rarely has pain and OTC meds help when he does. pt states that bathing has become very difficult due to pt is not able to stand without becoming severely sob. sn contacted QHM and requested delivery of shower chair and wheeled walker to help pt with sob on exertion...Crystal with QHM states delivery today. medication reviewed and reconciled. sn contacted dr. snipes and dr. mehta regarding POC and admission. dr. mehta will be attending and okayed order for comfort kit. Sn activated Hospicript card and covered medications profiled confirmation # 3400250

R.SN 1wk1 then 3wk12  
MSW referral  
PCT 2wk 12  
Chaplain TBD  
Volenteer declined

## HOSPICE PLAN OF CARE



|                                                                       |  |                                      |  |                                                              |  |                                          |  |
|-----------------------------------------------------------------------|--|--------------------------------------|--|--------------------------------------------------------------|--|------------------------------------------|--|
| 1. Patient's HI Claim No.:<br>[REDACTED]                              |  | 2. Start Of Care Date:<br>06/07/2012 |  | 3A. Certification Period:<br>From: 06/07/2012 To: 09/04/2012 |  | 3B. Current Election Date:<br>06/07/2012 |  |
| C. Current Benefit Period/Range:<br>1 From: 06/07/2012 To: 09/04/2012 |  |                                      |  | 4. Medical Record No.:<br>03570052-00038224                  |  | 5. CCN:<br>421500                        |  |

|                                                                                                                                                                                                                                                                                                                                                                            |  |                  |                                                                                                                                                              |                                                                                                                                                                                                                                                                               |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Patient's Name and Address:<br>[REDACTED], William G<br>1032 Jonesville Lockhart Hwy<br>UNION, SC 29379<br>84-251-0531                                                                                                                                                                                                                                                     |  |                  | 7. Provider's Name, Address and Telephone Number:<br>Spartanburg Regional Hospice<br>120 Heywood Ave<br>Suite 300<br>Spartanburg, SC 293021211<br>8645603900 |                                                                                                                                                                                                                                                                               |  |
| 8. Date of Birth: 07/06/1942                                                                                                                                                                                                                                                                                                                                               |  |                  | 9. Sex: X M F                                                                                                                                                |                                                                                                                                                                                                                                                                               |  |
| 11. ICD-9-CM<br>229 Terminal Diagnosis<br>BRONCHUS/LUNG CA NOS                                                                                                                                                                                                                                                                                                             |  | Date<br>053112 E |                                                                                                                                                              | 10. Medications: Dose/Frequency/Route (N)ew (C)hanged Coverage:<br>KLOR-CON M20 20 mEq TAB ER PRT (N)<br>2 ORAL 2 times daily<br><br>moxifloxacin 400mg tablet (N)<br>1 ORAL Daily<br><br>NORCO 10 mg-325 mg TABLET (N)<br>1-2 ORAL Every 4 hours as needed<br>(See Addendum) |  |
| 12. ICD-9-CM<br>396 Surgical Procedure<br>OXYGEN ENRICHMENT NE                                                                                                                                                                                                                                                                                                             |  | Date<br>060612   |                                                                                                                                                              |                                                                                                                                                                                                                                                                               |  |
| 13. ICD-9-CM<br>9121 Other Pertinent Diagnoses<br>OCB W EXACERBATION                                                                                                                                                                                                                                                                                                       |  | Date<br>053112 E |                                                                                                                                                              |                                                                                                                                                                                                                                                                               |  |
| 019 HYPERTENSION NOS                                                                                                                                                                                                                                                                                                                                                       |  | Date<br>053112 E |                                                                                                                                                              |                                                                                                                                                                                                                                                                               |  |
| 2768 HYPOPOTAEMIA                                                                                                                                                                                                                                                                                                                                                          |  | Date<br>053112 E |                                                                                                                                                              |                                                                                                                                                                                                                                                                               |  |
| 2724 HYPERLIPIDEMIA NEC &                                                                                                                                                                                                                                                                                                                                                  |  | Date<br>053112 E |                                                                                                                                                              |                                                                                                                                                                                                                                                                               |  |
| 4. DME and Supplies:<br>shower chair                                                                                                                                                                                                                                                                                                                                       |  |                  | 15. Safety Measures:<br>1 - Established emergency/civil (See Addendum)                                                                                       |                                                                                                                                                                                                                                                                               |  |
| 16. Nutritional Req.:<br>- As tolerated 2 - No                                                                                                                                                                                                                                                                                                                             |  |                  | 17. Allergies:<br>No Known Allergies                                                                                                                         |                                                                                                                                                                                                                                                                               |  |
| 18A. Functional Limitations:<br>6 - Endurance (See Addendum)                                                                                                                                                                                                                                                                                                               |  |                  | 18B. Level of Activity:<br>3 - Chair (See Addendum)                                                                                                          |                                                                                                                                                                                                                                                                               |  |
| 9. Mental/Emotional Status: 1 - Alert - (See Addendum)                                                                                                                                                                                                                                                                                                                     |  |                  |                                                                                                                                                              |                                                                                                                                                                                                                                                                               |  |
| 20. DNR Information: (Date Executed - Ordering Physician - Description)<br>06/07/2012 - Mehta, Sharmila Pravin MD - Do Not Resuscitate. Nurse May (See Addendum)                                                                                                                                                                                                           |  |                  |                                                                                                                                                              |                                                                                                                                                                                                                                                                               |  |
| 21. Orders for Discipline and Treatment (Specify Amount/Frequency/Duration):<br>H 1 Day 1<br>Chaplain eval for services<br><br>IDE 2 Week 12                                                                                                                                                                                                                               |  |                  |                                                                                                                                                              |                                                                                                                                                                                                                                                                               |  |
| 22. Plans:<br>Problems: (See Addendum)                                                                                                                                                                                                                                                                                                                                     |  |                  |                                                                                                                                                              |                                                                                                                                                                                                                                                                               |  |
| 23. Nurse's Signature and Date of Verbal SOC Where Applicable:<br>Chalk, Miranda D RN 06/06/12                                                                                                                                                                                                                                                                             |  |                  |                                                                                                                                                              | 24. Date Provider Received Signed POC:<br>06/19/2012                                                                                                                                                                                                                          |  |
| Certification Statement:<br>I certify/recertify that this patient is under my care, and to the best of my medical knowledge given the data available, has a life expectancy of six (6) months or less if the terminal illness runs its normal course. The focus of the care is on comfort and palliation rather than cure. I authorize the hospice care as outlined above. |  |                  |                                                                                                                                                              |                                                                                                                                                                                                                                                                               |  |
| 25. Attending Physician's Name and Address:<br>Mehta, Sharmila Pravin MD<br>380 Serpentine Drive<br>Suite 200<br>Spartanburg, SC 29303<br>84-560-7050                                                                                                                                                                                                                      |  |                  | 26. Hospice Physician's Name and Address:<br>Snipes, Garrett E MD<br>686 Jeff Davis Drive<br>Spartanburg, SC 29303<br>864 560 5620                           |                                                                                                                                                                                                                                                                               |  |
| 27. Attending Physician's Signature and Date Signed:<br>Mehta, Sharmila Pravin MD 06/19/12 09:40 AM<br>Document Signed Electronically                                                                                                                                                                                                                                      |  |                  | 28. Hospice Physician's Signature and Date Signed:<br>Snipes, Garrett E MD 06/10/12 10:52 AM<br>Document Signed Electronically                               |                                                                                                                                                                                                                                                                               |  |
| 29. Interdisciplinary Signatures and Date Signed:                                                                                                                                                                                                                                                                                                                          |  |                  |                                                                                                                                                              |                                                                                                                                                                                                                                                                               |  |

|                                         |                                     |                                                            |                                            |                  |
|-----------------------------------------|-------------------------------------|------------------------------------------------------------|--------------------------------------------|------------------|
| 1. Patient's HI Claim No.<br>[REDACTED] | 2. Start Of Care Date<br>06/07/2012 | 3. Certification Period<br>From: 06/07/2012 To: 09/04/2012 | 4. Medical Record No.<br>03570052-00038224 | 5. CCN<br>421500 |
| 6. Patient's Name<br>Farr, William G    |                                     | 7. Provider Name<br>Spartanburg Regional Hospice           |                                            |                  |

8. Item No.

10

OMEPRAZOLE 20 mg TABLET DR (N)  
 1 ORAL 2 times daily; Coverage: Patient  
 SIMVASTATIN 40 mg TABLET (N)  
 1 ORAL Bedtime; Coverage: Patient  
 TRIAMTERENE W/HCTZ 37.5-25MG TABLET (N)  
 1 ORAL Daily; Coverage: Patient  
 AMBIEN 10 mg TABLET (N)  
 1 ORAL Bedtime; Coverage: Provider  
 PROAIR HFA 90 mcg HFA AER AD (N)  
 2 puffs INHALATION As needed; Coverage: Provider  
 PROVENTIL 90 mcg AER REFILL (N)  
 2 puffs INHALATION Every 6 hours as needed;  
 Coverage: Provider  
 PREDNISONE 20 mg TABLET (N)  
 1 ORAL 3 times daily; Coverage: Provider  
 ATIVAN 1 mg TABLET (N)  
 1-2 ORAL Every 4 hours as needed; Coverage:  
 Provider  
 ROXANOL 20 mg/mL SOLUTION (N)  
 0.25-0.5 ORAL Every 2 to 3 hours as needed;  
 Coverage: Provider

13

15

disaster plan 2 - Established response plan 3 - Implement a fall prevention program (e.g. remove throw  
 rugs/ teach safe use of assist/ safety devices) 4 - Teach proper/ safe use of medications 5 - Teach oxygen  
 therapy safety precautions 6 - Teach operations/use of DME 7 - Teach appropriate cleaning of equipment 8  
 - Teach standard precautions (e.g. hand washing/safe disposal of contaminated sharps and supplies) 9 -  
 Teach proper waste management skills

.8A

7 - Ambulation A - Dyspnea w/ minimal exertion

.8B

bound 2 - Mainly Assisted A - Assistance of one or more persons

.9

Oriented to Person Place Time 4 - Forgetful 6 - Lethargic

10

Verify Death in Home.

|                                                                                                                                                                            |                               |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|
| Signature of Physician<br><br>Mehta, Sharmila Pravin MD<br>Document Signed Electronically | 10. Date<br>06/19/12 09:40 AM |
| 11. Optional Name/Signature of Nurse/Therapist<br>Chalk, Miranda D RN                                                                                                      | 12. Date<br>06/06/12          |
| Addendum                                                                                                                                                                   | Page 2 of 3                   |

|                           |                       |                                 |                       |        |
|---------------------------|-----------------------|---------------------------------|-----------------------|--------|
| 1. Patient's HI Claim No. | 2. Start Of Care Date | 3. Certification Period         | 4. Medical Record No. | 5. CCN |
|                           | 06/07/2012            | From: 06/07/2012 To: 09/04/2012 | 03570052-00038224     | 421500 |

|                   |                              |
|-------------------|------------------------------|
| 6. Patient's Name | 7. Provider Name             |
| Farr, William G   | Spartanburg Regional Hospice |

|             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|-------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 8. Item No. |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 1           | <p>Home Health aide to provide personal care</p> <p>MSS 1 Day 1<br/>MSW eval for services</p> <p>SN 1 Day 1<br/>RN eval for services</p> <p>SN 1 Week 1; 3 Week 12<br/>SN visits prn x 8 for complications or change in condition<br/>Insert foley 14 or 16 fr 5 to 10 ml prn for comfort or incontinence. May irrigate catheter with 60 to 180 ml of normal saline prn for drainage complications not to exceed 3x in 24 hour period May teach caregiver to irrigate catheter<br/>May apply condom cath prn Male pts only.<br/>Cath In and Out prn for residual and if greater than 500ml leave foley in place<br/>Suction prn for increase congestion Instruct caregiver<br/>Dietary supplements prn decreased oral intake.<br/>Supplies As needed to support care and comfort. Mouth swabs toothettes diapers linen savers no rinse shampoo moisture barrier cream moisturizing cream<br/>DME As needed for decline in condition Hospital bed<br/>Category I mattress overlay prn comfort and or skin breakdown prevention. Wheelchair Quad cane BSC<br/>Standard or rolling walker Bedside table Shower seat<br/>Manual pt lift Trapeze bar Suction machine.<br/>May apply initial hydrocolloid, transparent or foam dressing prn for skin breakdown and call physician for further orders. May cleanse wound with wound cleanser or soap and water as needed prior to applying dressing. May secure foam dressing with hypafix.<br/>May apply ice pack to axilla for temp greater than 101 not relieved by meds<br/>May give fleets or SS enema prn constipation. May check for fecal impaction prn and disimpact prn signs and symptoms of impaction<br/>Initiate HHA services as indicated by need<br/>MSW referral<br/>Chaplain referral<br/>Volunteer prn<br/>Child bereavement services prn<br/>Homemaker service prn<br/>CWON consult prn<br/>Therapy evaluation prn<br/>Massage Therapy as needed for comfort<br/>I authorize the Hospice RN to be my agent for phone and verbal orders for my Hospice patient.<br/>May admit to Hospice Home as needed for General Inpatient or Respite Care<br/>Hospice Medical Director will assume care while the patient is in the Hospice Home</p> <p>EXPECTED OUTCOMES</p> <p>Plans:</p> <p>Verbalizes correct medication/supplement schedule or has written schedule for reference.<br/>Verbalizes hospice protocol.<br/>Verbalizes plan of care and hospice services.<br/>Verbalizes how and when to contact hospice staff.<br/>Patient verbalizes/demonstrates effective level of pain and/or symptom control<br/>Verbalizes primary concern and personal goals for care.<br/>Verbalizes measures to ensure personal safety.<br/>Pt/Cg verbalizes disease progression: s/sx dying, potential for skin breakdown, urinary incontinence, decreased desire/ability to eat/drink and alternative treatment measures to increase comfort.</p> |

|                                                                                                                                                                                      |                   |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|
| 9. Signature of Physician                                                                                                                                                            | 10. Date          |
| <br><u>Mehta, Sharmila Pravin MD</u><br>Mehta, Sharmila Pravin MD<br>Document Signed Electronically | 06/19/12 09:40 AM |
| 11. Optional Name/Signature of Nurse/Therapist                                                                                                                                       | 12. Date          |
| <u>Chalk, Miranda D RN</u><br>Chalk, Miranda D RN                                                                                                                                    | 06/06/12          |
| Addendum<br>Page 3 of 3                                                                                                                                                              |                   |

## Admission Note Report

By Organization, By Entry User

Customer: Farr, William G - 03570052  
 Admit ID: 00038224  
 SRHS/SRMC/SRHC/SRHO  
 CHALMI - Chalk, Miranda

Customer: Farr, William G - 03570052

Organization: SRHS/SRMC/SRHC/SRHO

Admit ID: 00038224

Type: HA--Health Aide MobileCare/Telephony Note Entered: 6/7/2012 5:34:11PM by: Chalk, Miranda

Author: Chalk, Miranda D Completed: 6/7/2012 5:34:11PM by: Chalk, Miranda

Subject: HA - HOART - Telephony Care Plan Created

| Note: | TelID | Res? | Dt/Tm? | Task Desc                            |
|-------|-------|------|--------|--------------------------------------|
|       | 130   | N    | N      | DNR - Call Nurse                     |
|       | 135   | N    | N      | Oxygen - May Not remove during bath  |
|       | 138   | N    | N      | Shower with bench                    |
|       | 142   | N    | N      | Brush/Shampoo hair as requested      |
|       | 144   | N    | N      | Mouth Care as requested              |
|       | 145   | N    | N      | Apply lotion as requested            |
|       | 146   | N    | N      | Apply skin barrier as requested      |
|       | 152   | N    | N      | Empty ostomy bag                     |
|       | 147   | N    | N      | Toileting assist - Bedpan/Urinal     |
|       | 153   | N    | N      | Shave/assist with shave as requested |
|       | 154   | N    | N      | Change clothing                      |
|       | 156   | N    | N      | Backrub as requested                 |
|       | 158   | N    | N      | Assist ambulation with Device        |



1612139507

## HOSPICE PLAN OF CARE

|                                                                     |                                      |                                                              |                                          |
|---------------------------------------------------------------------|--------------------------------------|--------------------------------------------------------------|------------------------------------------|
| 1. Patient's HI Claim No.:<br>[REDACTED]                            | 2. Start Of Care Date:<br>06/07/2012 | 3A. Certification Period:<br>From: 06/07/2012 To: 09/04/2012 | 3B. Current Election Date:<br>06/07/2012 |
| 3C. Benefit Period/Date Range:<br>1 From: 06/07/2012 To: 09/04/2012 |                                      | 4. Medical Record No.:<br>03570052-00038224                  | 5. CCN:<br>421500                        |

## 6. Patient's Name and Address:

Farr, William G  
1032 Jonesville Lookhart Hwy  
Union, SC 29378  
864-251-0531

## 7. Provider's Name, Address and Telephone Number:

Spartanburg Regional Hospice  
120 Baywood Ave  
Suite 300  
Spartanburg, SC 293021211  
8645603900

## 8. Date of Birth: 07/06/1942

9. Sex: ☒ M ☐ F

|                                               |                                                                                                               |                                                      |
|-----------------------------------------------|---------------------------------------------------------------------------------------------------------------|------------------------------------------------------|
| 11. ICD-9-CM<br>1629                          | Terminal Diagnosis<br>BRONCHUS/LUNG CA NOS                                                                    | Date<br>053112 E                                     |
| 12. ICD-9-CM<br>9396                          | Surgical Procedure<br>OXYGEN ENRICHMENT ME                                                                    | Date<br>060612                                       |
| 13. ICD-9-CM<br>49121<br>4019<br>2768<br>2724 | Other Pertinent Diagnoses<br>OCR W EXACERBATION<br>HYPERTENSION NOS<br>HYPOPOEASSEMIA<br>HYPERLIPIDEMIA MEC & | Date<br>053112 E<br>053112 E<br>053112 E<br>053112 E |

1216200102 000-478684 06/10/12  
FARR, WILLIAM G M 69Y  
ADM: LITTLEFIELD, RONALD  
REF: LITTLEFIELD, RONALD



## 10. Medications: Dose/Frequency/Route (N)ew (C)hanged Coverage:

Klor-Con M20 20 mg TAB ER PRN (N)  
2 ORAL 2 times daily

moxifloxacin 400mg tablet (N)  
1 ORAL Daily

NORCO 10 mg-325 mg TABLET (N)  
1-2 ORAL Every 4 hours as needed

OMEGAZONE 20 mg TABLET OR (N)  
1 ORAL 2 times daily; Coverage: Patient

SIMVASTATIN 40 mg TABLET (N)  
1 ORAL Bedtime; Coverage: Patient

TRIAMTERENE w/HCTZ 37.5-25MG TABLET (N)  
1 ORAL Daily; Coverage: Patient

AMBIEN 10 mg TABLET (N)  
1 ORAL Bedtime; Coverage: Provider

PROAIR HFA 90 mcg HFA AER AD (N)  
2 puffs INHALATION As needed; Coverage: Provider

PROVENTIL 90 mcg AER RESPIR (N)  
2 puffs INHALATION Every 6 hours as needed;  
Coverage: Provider

PREDNISONE 20 mg TABLET (N)  
1 ORAL 3 times daily; Coverage: Provider

ATTIVAN 1 mg TABLET (N)  
1-2 ORAL Every 4 hours as needed; Coverage:  
Provider

ROXANOL 20 mg/mL SOLUTION (N)  
0.25-0.5 ORAL Every 1 to 3 hours as needed;  
Coverage: Provider

## 15. Safety Measures:

1 - Established emergency/civil disaster plan 2 -  
Established response plan 3 - Implement a fall  
prevention program (e.g. remove throw rugs/ teach  
safe use of assist/ safety devices) 4 - Teach  
proper/ safe use of medications 5 - Teach oxygen  
therapy safety precautions 6 - Teach  
operations/ use of DME 7 - Teach appropriate  
cleaning of equipment 8 - Teach standard  
precautions (e.g. hand washing/ safe disposal of  
contaminated sharps and supplies) 9 - Teach proper  
waste management skills

## 17. Allergies:

No Known Allergies

## 18. Level of Activity:

3 - Chair bound 2 - Mainly Assisted 1 - Assistance  
of one or more persons

## 14. DME and Supplies:

shower chair

## 16. Nutritional Requirements:

1 - As tolerated 2 - No

## 18.A. Functional Limitations:

6 - Endurance 7 - Ambulation A - Dyspnea w/ minimal  
exertion

## 19. Mental/Emotional Status:

1 - Alert - Oriented to Person Place Time 4 - Forgetful 5 - Lethargic

Farr, William G

Cert. Dates: 060712

To: 090412

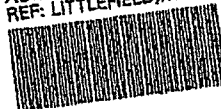
Plan of Care Page: 1 of 3





29. Interdisciplinary Signatures and Date Signed:

1216200102 000478684 06/10/12  
FARR, WILLIAM G M 69Y  
ADM: LITTLEFIELD, RONALD  
REF: LITTLEFIELD, RONALD



FARR, William G

Cert. Dates: 060712

To: 090412

Plan of Care Page: 3 of 3



1612133506

## HOSPICE CERTIFICATION OF TERMINAL ILLNESS

This is to certify that the beneficiary, named below, is terminally ill with a life expectancy of six months or less if the terminal illness runs its normal course.

## 1. Provider's Name, Address:

Spartanburg Regional Hospice  
120 Heywood Ave  
Suite 300  
Spartanburg, SC 293021211  
8645603900

## 2. Attending Physician's Name and Address:

Mehta, Sharmila Pravin MD  
380 Serpentine Drive  
Suite 200  
Spartanburg, SC 29303  
864-560-7050

## 3. Hospice Physician's Name and Address:

Snipes, Garrett E MD  
686 Jeff Davis Drive  
Spartanburg, SC 29303  
864 560 5620

## 4. Patient's Name:

Farr, William G

## 5. Current Election Date:

06/07/2012

## 6. Benefit Period/Date Range:

1 From: 06/07/2012 To: 09/04/2012

## 7. Start of Care Date:

06/07/2012

## 8. Medical Record No.:

03570052-00038224

## 9. Date of Birth:

## 10. Sex:

X M F

## 11. ICD-9-CM

1629

## Terminal Diagnosis

BRONCHUS/LUNG CA NOS

## Date

053112 E

12. Attending Physician Verbal Certification  
Received By and Date:

Chalk, Miranda D RN

06/07/2012

13. Hospice Physician Verbal Certification  
Received By and Date:

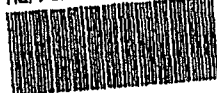
Chalk, Miranda D RN

06/07/2012

14. Brief Narrative Statement: (Review the individual's clinical circumstances and synthesize the medical information, including the clinical findings from the face-to-face encounter, to provide clinical justification for certification or recertification to hospice services, including an explanation of why the clinical findings support a life expectancy of 6 months or less.)

Narrative composed by Hospice Physician

1216200102 000478684 06/10/12  
FARR, WILLIAM G M 69Y  
ADM: LITTLEFIELD, RONALD  
REF: LITTLEFIELD, RONALD



## Attestation Statement:

By signing this certification, the Hospice Physician, named below, confirms that he/she composed the narrative based on his/her review of the patient's medical record or his/her examination of the patient.

## 15. Attending Physician's Signature and Date:

Mehta, Sharmila Pravin MD

## 16. Hospice Physician's Signature and Date:

Snipes, Garrett E MD

## 17. Document Author's Signature and Date:

Chalk, Miranda D RN

06/07/2012

## 18. Date Provider Received Signed CTI:

Farr, William G

Benefit Period: 1 From: 06/07/2012 To: 09/04/2012

Hospice CTI Page 1 of 1

Patient: FARR, WILLIAM G

MRN: 000478684

Encounter: 1216200102

Page 4 of 6



# Spartanburg Regional HOSPICE

## HOSPICE INPATIENT ADMISSION SHEET

☐ Please use the following Insurance Plan

☒ 870610 Hospice House only

☐ SRMC Hospice

☐ Other \_\_\_\_\_

☐ Please indicate the type of Hospice admission: 6/12/12 Adeline Puttler, RN  
Date Hospice Authorization Signature

☐ Respite V60.5 (five days maximum stay)

☒ Pain and Symptom V66.7

☐ Condition Unrelated to the terminal diagnosis. Authorization is given to bill using the "07" code.

☐ Please complete the following and fax this form to the Admitting Office at 560-6005 once a hospital bed has been assigned:

☐ Patient name: William Farr

☐ Patient SS#: \_\_\_\_\_

☐ Patient DOB: \_\_\_\_\_

#9

☐ Admitting Physician: Garrett Snipes

☐ Admitting Diagnosis: V66.7

☐ Admission Date: 6/12/12

1216401412 004 478684 06/12/12  
FARR, WILLIAM G M 69Y  
ADM: SNIPES, GARRETT E  
REF: SNIPES, GARRETT E





**SPARTANBURG**  
Regional Healthcare System

☐ SRMC    ☐ SHRC    ☐ VH

**Spartanburg Regional Hospice Home  
Admission Report**

**1430**

Signature of Staff member taking report: Shirley Pettit RN Date: 6/12/12

☒ Current    ☐ New Regional Hospice patient    ☐ Other agency

Patient coming from:    ☐ Home    ☒ Hospital    ☐ Facility    50

Report given by: BRUCE, RN Contact number: 65757

Pt. Name: William Farr Diagnosis: NSCLCA Age: 69

Family contact name and number: Brian Farr 415-1662 - son (POA)

Allergies: NKA

Ht.: 65" Wt.: 54.6 Kg Recent PPD:    ☐ Yes    ☒ No    If yes, provide documentation

Reason for Admission: symptom management

Goal of Admission: home hospice

**Pain Rating:**

Patient Pain Goal: Ø problem

Current reported pain (0-10 scale): \_\_\_\_\_ Location: \_\_\_\_\_

Interventions tried: \_\_\_\_\_

Medications given and time of last dose: Morphine / Ativan

L1330

**Nausea/Vomiting:**

☐ Yes    ☒ No    Interventions tried: \_\_\_\_\_

Medications given and time of last dose: \_\_\_\_\_

**Dyspnea:**

☐ None    ☐ Mild    ☒ Moderate    ☐ Severe    O2: 15L Lung Sounds: \_\_\_\_\_

Interventions tried: non-rebreather

Medications given and time of last dose: \_\_\_\_\_

**State of Consciousness:**

A&O x 3    ☐ Confused    ☒ Lethargic    ☐ Unresponsive    ☐ Anxiety/Restlessness    ☐ Other \_\_\_\_\_

Medications given and time of last dose: \_\_\_\_\_

**Intake:**

☐ NPO    ☐ Clear Liquids    ☐ Full Liquids    ☐ Soft    ☒ General Diet

**Safety:**

☐ Abuse/Neglect (Actual/Potential Risks or History): Ø

Shirley Pettit RN  
Signature

6/12/12  
Date

**Patient Label**

1216401412 000-478684 06/12/12  
FARR, WILLIAM G M 69Y  
ADM: SNIPES, GARRETT E  
REF: SNIPES, GARRETT E



1815-N (04-08) Page 1 of

IV/SQ Access:

☒ Yes ☐ No Type: PAC Location: (P) SC Placement Date: \_\_\_\_\_  
Date last Flushed: \_\_\_\_\_

Elimination:

☒ Continent ☐ Incontinent ☐ Foley ☐ Depends  
Date of Last BM: \_\_\_\_\_ ☐ Constipation ☐ Diarrhea ☐ Other

Interventions tried: \_\_\_\_\_

Medications given and time of last dose: Colostomy - colon resection E colon CA

Infection:

Type of infection: Ø Location: \_\_\_\_\_ Isolation needs: \_\_\_\_\_  
Medications given and time of last dose: \_\_\_\_\_

Edema:

☐ Yes ☒ No Location: \_\_\_\_\_

Interventions tried: \_\_\_\_\_

Medications given and time of last dose: \_\_\_\_\_

Skin Integrity:

Describe: intact

Wound care needs: \_\_\_\_\_

☐ Wound Vac - If yes, discuss discontinuing prior to admission

Activity: ☐ Independent ☒ Bedrest ☐ Chair ☐ W/C ☐ Walker ☐ Cane ☐ Hoyer

☐ Orthopedic devices - unable to accommodate traction

Safety: ☐ Recent Fall Date: Ø Injuries: \_\_\_\_\_

Fingersticks: ☐ Yes ☒ No Frequency: \_\_\_\_\_ Insulin: \_\_\_\_\_

Amount: \_\_\_\_\_ Last dose given at: \_\_\_\_\_

Comments:

Littlefield

Feb. Lung CA (P) 4, M Lobectomy

Nicotine Patch => still wants cigarette

APutiff RN  
Signature

6/12/12  
Date

Patient Label

1216401412 000-478684 06/12/12  
FARR, WILLIAM G M 69Y  
ADM: SNIPES, GARRETT E  
REF: SNIPES, GARRETT E



1815-N (04-08) Page 2 o

Please review, sign, and return to:

Orders For:

Spartanburg Regional Hospice  
120 Heywood Ave  
Suite 300  
Spartanburg, SC 293021211

Farr, William G

MR #: 03570052

Episode ID: 00038224

Location:

Mehta, Sharmila Pravin MD  
\*\* No Address Specified

NPI: 1447371281



Order # 1612133508

Begin Date: 06/07/2012

New order for 06/07/2012

Taken Date:

ROXANOL 20 mg/mL SOLUTION

Entered Date: 06/07/2012 05:31 PM

0.25-0.5 ORAL Every 2 to 3 hours as needed

Coverage: Provider

Coverage: Provider

Order \_\_\_\_\_ Date 06/07/12  
Employee Chalk, Miranda D

Order(s)

Page 1 of 1

Physician

 Sharmila Pravin Mehta MD

Mehta, Sharmila Pravin MD

Document Signed Electronically

06/25/12 03:48 PM

Entry Date: 06/07/2012

DP - Spartanburg Reg. Hospice House - 0014

RHH 0014

Please review, sign, and return to:

Orders For:

Spartanburg Regional Hospice  
120 Heywood Ave  
Suite 300  
Spartanburg, SC 293021211

Farr, William G

MR #: 03570052

Episode ID: 00038224

Location:

Mehta, Sharmila Pravin MD  
380 Serpentine Drive  
Suite 200  
Spartanburg, SC 29303  
NPI: 1447371281



Order # 1631113114

Begin Date: 06/11/2012

For Order: CH 1 Month 3, 4 As Needed 3

Taken Date:

The chaplain will provide spiritual support 1 x a month  
and up 4 PRN visits.

Entered Date: 06/11/2012 01:32 PM

Discontinue Date: 06/16/2012 02:00 PM

Order \_\_\_\_\_ Date 06/11/12  
Employee Jordan, Gary W Chaplain

Order(s)

Physician

 Sharmila Pravin Mehta MD

Mehta, Sharmila Pravin MD

Document Signed Electronically

06/25/12 03:48 PM

Entry Date: 06/11/2012

RHH 0015

FARR, WILLIAM G  
SPARTANBURG REGIONAL

Order Confirmation Report - FARR, WILLIAM G  
DEPT: HOS ROOM: HH09-A MR: 000478684  
Ordered by: Unit Secre BIGELOW, KENDRA R  
Entered by: US BIGELOW, KENDRA R - 06/12/12 15:33  
Order mode: Written - Session Id:18951514

| ALLERGY     |                    |              |          |                  |
|-------------|--------------------|--------------|----------|------------------|
| Charted     | Allergy name       | Type         | Reaction | Severity Comment |
| 03/23 13:22 | NKA (NEEDS REVIEW) | Drug Allergy |          |                  |

#### HEODEPT

| Ord# | Action  | Order Name                                                                                                                               | Freq   | Priority | Duration | Start       | Stop       |
|------|---------|------------------------------------------------------------------------------------------------------------------------------------------|--------|----------|----------|-------------|------------|
| 1    | Started | DIAGNOSIS:<br>Category: Medical<br>Enter a diagnosis search (part of a name or an ICD9 code): Primary malignant neoplasm of lung (162.9) | CONTIN | ROUTINE  |          | 06/12 15:32 | Indefinite |
| 2    | Started | DIAGNOSIS:<br>Category: Medical<br>Enter a diagnosis search (part of a name or an ICD9 code): Adenocarcinoma of lung (162.9)             | CONTIN | ROUTINE  |          | 06/12 15:32 | Indefinite |
| 3    | Started | DIAGNOSIS:<br>Category: Medical<br>Enter a diagnosis search (part of a name or an ICD9 code): Dyspnea (786.09)                           | CONTIN | ROUTINE  |          | 06/12 15:32 | Indefinite |
| 4    | Started | DIAGNOSIS:<br>Category: Medical<br>Enter a diagnosis search (part of a name or an ICD9 code): Dyspnea (786.09)                           | CONTIN | ROUTINE  |          | 06/10 15:32 | Indefinite |

#### MOU

| Ord# | Action  | Order Name                                                                                  | Freq | Priority | Duration | Start       | Stop        |
|------|---------|---------------------------------------------------------------------------------------------|------|----------|----------|-------------|-------------|
| 6    | Started | SEND TRAY NOW<br>Enter Diet in Instruction Box<br>INSTRUCTIONS (Enter diet): : mechsoftdiet | ONCE | ASAP     | 1 Time   | 06/12 15:33 | 06/12 15:33 |

#### NS

| Ord# | Action  | Order Name                                                                                                                               | Freq | Priority | Duration | Start       | Stop |
|------|---------|------------------------------------------------------------------------------------------------------------------------------------------|------|----------|----------|-------------|------|
| 5    | Started | MECHANICAL (SOFT) DIET<br>DIET MODIFIER #1: NO DIET MODIFIER<br>DIET MODIFIER #2: NO DIET MODIFIER<br>DIET MODIFIER #3: NO DIET MODIFIER | M    | DINNER   |          | 06/12 15:33 |      |

LAST PAGE

Page 1

PERM

atient:FARR, WILLIAM G

MRN:000478684

Encounter:1216401412

Page 1 of 7

FARR, WILLIAM G  
SPARTANBURG REGIONAL

Order Confirmation Report - FARR, WILLIAM G  
DEPT: HOS ROOM: HH09-A MR: 000478684  
Ordered by: MD SNIPES, GARRETT E  
Authenticated by: MD SNIPES, GARRETT E - 06/12/12 17:38  
Order mode: Direct - Session Id:18952682

| ALLERGY     |                    |              |          |          |         |
|-------------|--------------------|--------------|----------|----------|---------|
| Charted     | Allergy name       | Type         | Reaction | Severity | Comment |
| 03/23 13:22 | NKA (NEEDS REVIEW) | Drug Allergy |          |          |         |

## AMS

| Ord# | Action  | Order Name                         | Freq | Priority | Duration | Start       | Stop        |
|------|---------|------------------------------------|------|----------|----------|-------------|-------------|
| 7    | Started | ADMIT TO<br>ADMIT TO: HOSPICE HOME | ONCE | ROUTINE  | 1 Time   | 06/12 17:30 | 06/12 17:30 |

## NS

| Ord# | Action  | Order Name                                                                                                                                     | Freq | Priority  | Duration | Start       | Stop       |
|------|---------|------------------------------------------------------------------------------------------------------------------------------------------------|------|-----------|----------|-------------|------------|
| 5    | D/C'd   | MECHANICAL (SOFT) DIET                                                                                                                         | M    | DINNER    |          | 06/12 15:33 |            |
| v2   |         | DIET MODIFIER #1: NO DIET MODIFIER<br>DIET MODIFIER #2: NO DIET MODIFIER<br>DIET MODIFIER #3: NO DIET MODIFIER                                 |      |           |          |             |            |
| 25   | Started | REGULAR DIET<br>as tolerated<br>DIET MODIFIER #1: NO DIET MODIFIER<br>DIET MODIFIER #2: NO DIET MODIFIER<br>DIET MODIFIER #3: NO DIET MODIFIER | M    | BREAKFAST |          | 06/12 17:30 | Indefinite |

## NSG

| Ord# | Action  | Order Name                                                                                                                                                                  | Freq        | Priority | Duration | Start       | Stop        |
|------|---------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|----------|----------|-------------|-------------|
| 8    | Started | VITAL SIGNS                                                                                                                                                                 | PER ROUTINE | ROUTINE  |          | 06/12 17:30 | Indefinite  |
| 9    | Started | CODE STATUS:<br>nurse may assess<br>CODE STATUS CATEGORIES: Cat 3 - DNR                                                                                                     | QS          | ROUTINE  |          | 06/12 17:30 | Indefinite  |
| 10   | Started | IV ACCESS<br>with INT or SQ line as needed for medication administration                                                                                                    | PRN         | ROUTINE  |          | 06/12 17:30 | Indefinite  |
| 11   | Started | NSG:02 PER NASAL CANNULA<br>, oxyimzer or mask @ 2-5 L/min; titrate to comfort                                                                                              | QS          | ROUTINE  |          | 06/12 17:30 | Indefinite  |
| 12   | Started | NSG:WOUND CARE<br>; nursing to evaluate and begin wound care as needed                                                                                                      | PRN         | ROUTINE  |          | 06/12 17:30 | Indefinite  |
| 13   | Started | FOLEY CATHETER<br>#16 or #18 Fr. as needed for incontinence or retention<br>Indication: Terminal-comfort care                                                               | PRN         | ROUTINE  |          | 06/12 17:30 | Indefinite  |
| 14   | Started | MESSAGE TO NURSING:<br>pt may have the following alternative treatments as desired: aromatherapy, massage<br>therapy, music therapy                                         | QS          | ROUTINE  |          | 06/12 17:30 | Indefinite  |
| 27   | Started | NURSING:<br>if no bm in 72 hrs, repeat miralax 17 grams, check for impaction and treat<br>appropriately and give bisacodyl 10 mg suppository (see med orders)               | PRN         | ROUTINE  |          | 06/12 17:31 | Indefinite  |
| 35   | Started | MESSAGE TO NURSING:<br>Fan blowing on his face please                                                                                                                       | ONCE        | ROUTINE  | 1 Time   | 06/12 17:33 | 06/12 17:33 |
| 36   | Started | MESSAGE TO NURSING:<br>Offer massage therapy please                                                                                                                         | ONCE        | ROUTINE  | 1 Time   | 06/12 17:34 | 06/12 17:34 |
| 37   | Started | MESSAGE TO NURSING:<br>Please review meds with family, and keep them informed of med changes. Thanks.                                                                       | ONCE        | ROUTINE  | 1 Time   | 06/12 17:34 | 06/12 17:34 |
| 40   | Started | MESSAGE TO NURSING:<br>Please dose prn medications judiciously to preserve alertness to the extent possible<br>and still maintain comfort (goals of care issue). THANKS!!!! | ONCE        | ROUTINE  | 1 Time   | 06/12 17:37 | 06/12 17:37 |

## PMS

| Ord# | Action  | Order Name                                                                                                | Freq    | Priority | Duration | Start       | Stop       |
|------|---------|-----------------------------------------------------------------------------------------------------------|---------|----------|----------|-------------|------------|
| 15   | Started | ACETAMINOPHEN<br>for pain or fever > 101 deg. F; may give per rectum instead<br>Dose: 650 MG<br>Route: PO | Q4H PRN | ROUTINE  |          | 06/12 17:30 | Indefinite |

CONTINUED

Page 1

PERM

Patient: FARR, WILLIAM G

MRN: 000478684

Encounter: 1216401412

Page 2 of 7



FARR, WILLIAM G  
SPARTANBURG REGIONAL

Order Confirmation Report - FARR, WILLIAM G  
DEPT: HOS ROOM: HH09-A MR: 000478684  
Ordered by: MD SNIPE, GARRETT E  
Authenticated by: MD SNIPE, GARRETT E - 06/12/12 17:38  
Order mode: Direct - Session Id:18952882

| Ord# | Action  | Order Name                                                                                                                                 | Freq       | Priority | Duration | Start       | Stop        |
|------|---------|--------------------------------------------------------------------------------------------------------------------------------------------|------------|----------|----------|-------------|-------------|
| 16   | Started | ACETAMINOPHEN<br>for pain or fever > 101 deg. F; may give po instead<br>Dose: 650 MG<br>Route: PR                                          | Q4H PRN    | ROUTINE  |          | 06/12 17:30 | Indefinite  |
| 17   | Started | ARTIFICIAL TEARS EYE DROPS<br>; keep at bedside; family may administer as needed<br>Dose: 1-2 DROP<br>Route: EA EYE                        | PRN AS DIR | ROUTINE  |          | 06/12 17:30 | Indefinite  |
| 18   | Active  | SENOKOT S<br>if pt receiving opioids or if constipated<br>Dose: 2 TABLET<br>Route: PO                                                      | AT BEDTIME | ROUTINE  |          | 06/12 21:00 | Indefinite  |
| 19   | Started | HYDROXYZINE HCL [ATARAX]<br>for itching<br>Dose: 25 MG<br>Route: PO                                                                        | Q6H PRN    | ROUTINE  |          | 06/12 17:30 | Indefinite  |
| 20   | Started | TRAZODONE [DESYREL]<br>for insomnia<br>Dose: 25-50 MG<br>Route: PO                                                                         | Q8H PRN    | ROUTINE  |          | 06/12 17:30 | Indefinite  |
| 21   | Started | ONDANSETRON INJ [ZOFRAM]<br>for nausea<br>Dose: 8 MG<br>Route: IV                                                                          | Q8H PRN    | ROUTINE  |          | 06/12 17:30 | Indefinite  |
| 22   | Started | GLYCOPYRROLATE INJ [ROBINUL]<br>for secretions<br>Dose: 0.2-0.4 MG<br>Route: IV                                                            | Q4H PRN    | ROUTINE  |          | 06/12 17:30 | Indefinite  |
| 23   | Started | HALOPERIDOL INJ [HALDOL]<br>for delirium, agitation, restlessness, nausea; may give po or iv<br>Dose: 1-2 MG<br>Route: IV                  | Q4H PRN    | ROUTINE  |          | 06/12 17:30 | Indefinite  |
| 24   | Started | HALOPERIDOL [HALDOL]<br>for delirium, agitation, restlessness, nausea; may give iv or po<br>Dose: 1-2 MG<br>Route: PO                      | Q4H PRN    | ROUTINE  |          | 06/12 17:30 | Indefinite  |
| 26   | Started | POLYETHYLENE GLYCOL ORAL POWDER DAILY PRN<br>[MIRALAX]<br>for constipation if no bm in 48 hrs<br>Dose: 17 G<br>Route: PO                   | DAILY PRN  | ROUTINE  |          | 06/12 17:31 | Indefinite  |
| 28   | Started | BISACODYL SUPPOSITORY [DULCOLAX] PRN AS DIR<br>for constipation if no bm in 72 hrs and no results with miralax<br>Dose: 10 MG<br>Route: PR | PRN AS DIR | ROUTINE  |          | 06/12 17:31 | Indefinite  |
| 29   | Started | MORPHINE INJ<br>for pain or dyspnea<br>Dose: 2 - 4 MG<br>Route: IV                                                                         | Q2H PRN    | ROUTINE  | 7 Days   | 06/12 17:31 | 06/19 17:30 |
| 30   | Started | OXYCODONE IMMEDIATE RELEASE<br>for pain or dyspnea; dispense elixir<br>Dose: 5 - 10 MG<br>Route: PO                                        | Q1H PRN    | ROUTINE  | 7 Days   | 06/12 17:31 | 06/19 17:30 |

CONTINUED

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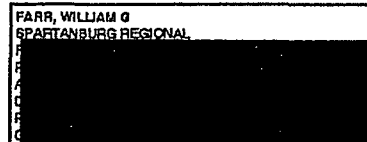
PERM

Patient: FARR, WILLIAM G

MRN: 000478684

Encounter: 1216401412

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Order Confirmation Report - FARR, WILLIAM G  
 DEPT: HOS ROOM: HH09-A MR: 000478684  
 Ordered by: MD SNIPE, GARRETT E  
 Authenticated by: MD SNIPE, GARRETT E - 06/12/12 17:38  
 Order mode: Direct - Session Id:18952882

| Ord# | Action  | Order Name                                                                                                        | Freq    | Priority | Duration | Start       | Stop        |
|------|---------|-------------------------------------------------------------------------------------------------------------------|---------|----------|----------|-------------|-------------|
| 31   | Started | LORAZEPAM INJ [ATIVAN]<br>for anxiety; may give po or iv<br>Dose: 0.5 - 1 MG<br>Route: IV                         | Q4H PRN | ROUTINE  |          | 06/12 17:32 | Indefinite  |
| 32   | Started | LORAZEPAM [ATIVAN]<br>for anxiety; may give iv or po<br>Dose: 0.5 MG<br>Route: PO                                 | Q4H PRN | ROUTINE  |          | 06/12 17:32 | Indefinite  |
| 33   | Active  | DEXAMETHASONE NA PHOSPHATE INJ<br>Dose: 4 MG<br>Route: IV                                                         | Q12H    | ROUTINE  |          | 06/12 21:00 | Indefinite  |
| 34   | Active  | OXYCODONE IMMEDIATE RELEASE<br>To control dyspnea. Patient may refuse. Hold if sedated<br>Dose: 5 MG<br>Route: PO | Q8H     | ROUTINE  | 7 Days   | 06/12 23:59 | 06/19 23:58 |
| 38   | Started | MONTELUKAST SODIUM [SINGULAIR]<br>Dose: 10 MG<br>Route: PO<br>Primary Instructions: give at 1800 daily            | QPM 18  | NOW      |          | 06/12 17:35 | Indefinite  |
| 39   | Active  | THEOPHYLLINE 24 HOUR [THEO-24]<br>Dose: 300 MG<br>Route: PO                                                       | DAILY   | NEXT SCH |          | 06/13 09:00 | Indefinite  |
| 41   | Active  | CITALOPRAM [CELEXA]<br>Dose: 20 MG<br>Route: PO                                                                   | DAILY   | NEXT SCH |          | 06/13 09:00 | Indefinite  |

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Patient: FARR, WILLIAM G

MRN: 000478684

Encounter: 1216401412

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FARR, WILLIAM G  
SPARTANBURG REGIONAL

Order Confirmation Report - FARR, WILLIAM G  
DEPT: HOS ROOM: HH09-A MR: 000478684  
Ordered by: MD SNIPES, GARRETT E  
Authenticated by: MD SNIPES, GARRETT E - 06/13/12 12:38  
Order mode: Direct - Session Id:18958773

| ALLERGY     |                    |              |          |                  |
|-------------|--------------------|--------------|----------|------------------|
| Charted     | Allergy name       | Type         | Reaction | Severity Comment |
| 03/23 13:22 | NKA (NEEDS REVIEW) | Drug Allergy |          |                  |

## PMS

| Ord# | Action   | Order Name                                                                                                                        | Freq      | Priority | Duration | Start       | Stop        |
|------|----------|-----------------------------------------------------------------------------------------------------------------------------------|-----------|----------|----------|-------------|-------------|
| 29   | Modified | MORPHINE INJ                                                                                                                      | Q30MINPRN | ROUTINE  | 7 Days   | 06/13 12:36 | 06/19 17:30 |
| v3   |          | ASSESS LAXATIVE NEED -FOR PAIN. FOR "PRN" MEDICATIONS, -DOCUMENT PRE/POST PAIN -SCORES, IF APPLICABLE -. - - -FOR PAIN OR DYSPNEA |           |          |          |             |             |
|      |          | Dose: 2-4 MG                                                                                                                      |           |          |          |             |             |
|      |          | Route: IV                                                                                                                         |           |          |          |             |             |
| 31   | Modified | LORAZEPAM INJ [ATIVAN]                                                                                                            | Q2H PRN   | ROUTINE  | 30 Days  | 06/13 12:38 | 07/12 17:31 |
| v3   |          | FOR ANXIETY, AGITATION, AND-OR -NERVOUSNESS. -FOR NAUSEA AND-OR VOMITING. -. - - -FOR ANXIETY; MAY GIVE PO OR IV                  |           |          |          |             |             |
|      |          | Dose: 0.5-1 MG                                                                                                                    |           |          |          |             |             |
|      |          | Route: IV                                                                                                                         |           |          |          |             |             |
| 48   | Started  | ALBUTEROL - IPRATROPIUM SOLN INH Q4HPRNRESP                                                                                       |           | ROUTINE  | 3 Days   | 06/13 12:35 | 06/16 12:34 |
|      |          | Dyspnea/wheezing                                                                                                                  |           |          |          |             |             |
|      |          | Dose: 3 ML                                                                                                                        |           |          |          |             |             |
|      |          | Route: INHALATH                                                                                                                   |           |          |          |             |             |

## RT

| Ord# | Action | Order Name                                                           | Freq | Priority | Duration | Start       | Stop        |
|------|--------|----------------------------------------------------------------------|------|----------|----------|-------------|-------------|
| 49   | Active | HEN                                                                  | PRN  | ROUTINE  | 3 Days   | 06/13 18:00 | 06/16 17:59 |
|      |        | TRANSPORTATION METHOD: BEDSIDE/PORTABLE                              |      |          |          |             |             |
|      |        | ENTER ORDER UNDER INSTRUCTIONS                                       |      |          |          |             |             |
|      |        | INSTRUCTIONS: Dyspnea/wheezing; med: duonebaero 3 ml Q4H PRN x3 days |      |          |          |             |             |

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Patient:FARR, WILLIAM G

MRN:000478684

Encounter:1216401412

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FARR, WILLIAM G  
SPARTANBURG REGIONAL

Order Confirmation Report - FARR, WILLIAM G  
DEPT: HOS ROOM: HH09-A MR: 000478684  
Ordered by: MD SNIPE, GARRETT E  
Authenticated by: MD SNIPE, GARRETT E - 06/14/12 10:21  
Order mode: Direct - Session Id:18986245

| Charted         | Allergy name   | Type         | Reaction | Severity | Comment |
|-----------------|----------------|--------------|----------|----------|---------|
| 03/23 11:22 NKA | (NEEDS REVIEW) | Drug Allergy |          |          |         |

## PMS

| Ord# | Action   | Order Name                                                                                                                                                       | Freq      | Priority | Duration | Start       | Stop        |
|------|----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------|----------|-------------|-------------|
| 33   | Modified | DEXAMETHASONE NA PHOSPHATE INJ                                                                                                                                   | Q12H      | ROUTINE  |          | 06/14 10:13 | Indefinite  |
| v3   |          | GENERIC SUBSTITUTION FOR DECADRON. -MONITOR PATIENT FOR HYPERGLYCEMIA -- --                                                                                      |           |          |          |             |             |
|      |          | Dose: 8 MG                                                                                                                                                       |           |          |          |             |             |
|      |          | Route: IV                                                                                                                                                        |           |          |          |             |             |
| 34   | D/c'd    | OXYCODONE IMMEDIATE RELEASE                                                                                                                                      | Q8H       | ROUTINE  | 7 Days   | 06/12 23:59 | 06/19 16:01 |
| v3   |          | ASSESS LAXATIVE NEED -FOR PAIN. FOR "PRN" MEDICATIONS, -DOCUMENT PRE/POST PAIN -SCORES, IF APPLICABLE -TO CONTROL DYSPNEA. PATIENT MAY REPOSE. - HOLD IF SEDATED |           |          |          |             |             |
|      |          | Dose: 5 MG                                                                                                                                                       |           |          |          |             |             |
|      |          | Route: PO                                                                                                                                                        |           |          |          |             |             |
| 44   | D/c'd    | ALBUTEROL - IPRATROPIUM SOLN INH Q4H W/A                                                                                                                         |           | ROUTINE  |          | 06/13 06:00 |             |
| v2   |          | USE FOR ALBUTEROL AND ATROVENT.                                                                                                                                  |           |          |          |             |             |
|      |          | Dose: 3 ML                                                                                                                                                       |           |          |          |             |             |
|      |          | Route: INHALATH                                                                                                                                                  |           |          |          |             |             |
| 53   | Active   | OXYCODONE ER [OXYCONTIN]                                                                                                                                         | Q12H      | NEXT SCH | 7 Days   | 06/14 21:00 | 06/21 20:59 |
|      |          | Dose: 10 MG                                                                                                                                                      |           |          |          |             |             |
|      |          | Route: PO                                                                                                                                                        |           |          |          |             |             |
| 54   | Started  | ALBUTEROL 0.5% SOLN IN 2.5 ML NS Q4H RESP                                                                                                                        |           | ROUTINE  |          | 06/14 10:17 | Indefinite  |
|      |          | Dose: 2.5 MG                                                                                                                                                     |           |          |          |             |             |
|      |          | Route: INHALATH                                                                                                                                                  |           |          |          |             |             |
| 56   | Started  | ALBUTEROL 0.5% SOLN IN 2.5 ML NS Q4H PRN RESP                                                                                                                    |           | ROUTINE  | 3 Days   | 06/14 10:18 | 06/17 10:17 |
|      |          | Wheezing                                                                                                                                                         |           |          |          |             |             |
|      |          | Dose: 2.5 MG                                                                                                                                                     |           |          |          |             |             |
|      |          | Route: INHALATH                                                                                                                                                  |           |          |          |             |             |
| 58   | Active   | DIAZEPAM [VALIUM]                                                                                                                                                | Q12H      | ROUTINE  |          | 06/14 21:00 | Indefinite  |
|      |          | To control anxiety associated with dyspnea. Patient may refuse. Hold if sedated.                                                                                 |           |          |          |             |             |
|      |          | Dose: 2.5 MG                                                                                                                                                     |           |          |          |             |             |
|      |          | Route: PO                                                                                                                                                        |           |          |          |             |             |
| 59   | Started  | BUDESONIDE INHALATION SUSP (JET NEB ONLY)                                                                                                                        | Q12H RESP | ROUTINE  |          | 06/14 10:21 | Indefinite  |
|      |          | Dose: 0.5 MG                                                                                                                                                     |           |          |          |             |             |
|      |          | Route: INHALATH                                                                                                                                                  |           |          |          |             |             |

## RT

| Ord# | Action  | Order Name                                                                                                                                      | Freq | Priority | Duration | Start       | Stop        |
|------|---------|-------------------------------------------------------------------------------------------------------------------------------------------------|------|----------|----------|-------------|-------------|
| 55   | Started | HBN                                                                                                                                             | Q4H  | ROUTINE  |          | 06/14 10:17 | Indefinite  |
|      |         | TRANSPORTATION METHOD: BEDSIDE/PORTABLE<br>ENTER ORDER UNDER INSTRUCTIONS<br>INSTRUCTIONS: ; med: albuterol/aero 2.5 mg Q4H                     |      |          |          |             |             |
| 57   | Active  | HBN                                                                                                                                             | PRN  | ROUTINE  | 3 Days   | 06/14 18:00 | 06/17 17:59 |
|      |         | TRANSPORTATION METHOD: BEDSIDE/PORTABLE<br>ENTER ORDER UNDER INSTRUCTIONS<br>INSTRUCTIONS: Wheezing; med: albuterol/aero 2.5 mg Q4H PRN x3 days |      |          |          |             |             |
| 60   | Started | HBN                                                                                                                                             | Q12H | ROUTINE  |          | 06/14 10:21 | Indefinite  |
|      |         | TRANSPORTATION METHOD: BEDSIDE/PORTABLE<br>ENTER ORDER UNDER INSTRUCTIONS<br>INSTRUCTIONS: ; med: budesonide/aero 0.5 mg Q12H                   |      |          |          |             |             |

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FARR

Patient: FARR, WILLIAM G

MRN: 000478684

Encounter: 1216401412

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FARR, WILLIAM G  
SPARTANBURG REGIONAL

Order Confirmation Report - FARR, WILLIAM G  
DEPT: HOS ROOM: HH09-A MR: 000478684  
Ordered by: MD SNIPES, GARRETT E  
Authenticated by: MD SNIPES, GARRETT E - 08/14/12 10:25  
Order mode: Direct - Session Id: 18986380

| ALLERGY         |                |              |          |          |         |
|-----------------|----------------|--------------|----------|----------|---------|
| Charted         | Allergy name   | Type         | Reaction | Severity | Comment |
| 03/23 13:22 NKA | (NEEDS REVIEW) | Drug Allergy |          |          |         |

**PMS**

| Ord# | Action | Order Name     | Freq | Priority | Duration | Start       | Stop       |
|------|--------|----------------|------|----------|----------|-------------|------------|
| 61   | Active | GUAIFENESIN LA | Q12H | NEXT SCH |          | 06/14 21:00 | Indefinite |
|      |        | Dose: 600 MG   |      |          |          |             |            |
|      |        | Route: PO      |      |          |          |             |            |

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PERM

Patient: FARR, WILLIAM G

MRN: 000478684

Encounter: 1216401412

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FARR, WILLIAM G  
SPARTANBURG REGION

Order Confirmation Report - FARR, WILLIAM G  
 DEPT: HOS ROOM: HH09-A MR: 000478684  
 Ordered by: Unit Secre BIGELOW, KENDRA R  
 Entered by: US BIGELOW, KENDRA R - 06/12/12 15:33  
 Order mode: Written - Session Id:18951514

| ALLERGY     |                    |              |          |                  |
|-------------|--------------------|--------------|----------|------------------|
| Charted     | Allergy name       | Type         | Reaction | Severity Comment |
| 03/23 13:22 | NKA (NEEDS REVIEW) | Drug Allergy |          |                  |

## HEODEPT

| Ord# | Action  | Order Name                                                                                                                               | Freq   | Priority | Duration | Start       | Stop       |
|------|---------|------------------------------------------------------------------------------------------------------------------------------------------|--------|----------|----------|-------------|------------|
| 1    | Started | DIAGNOSIS:<br>Category: Medical<br>Enter a diagnosis search (part of a name or an ICD9 code): Primary malignant neoplasm of lung (162.9) | CONTIN | ROUTINE  |          | 06/12 15:32 | Indefinite |
| 2    | Started | DIAGNOSIS:<br>Category: Medical<br>Enter a diagnosis search (part of a name or an ICD9 code): Adenocarcinoma of lung (162.9)             | CONTIN | ROUTINE  |          | 06/12 15:32 | Indefinite |
| 3    | Started | DIAGNOSIS:<br>Category: Medical<br>Enter a diagnosis search (part of a name or an ICD9 code): Dyspnea (786.09)                           | CONTIN | ROUTINE  |          | 06/12 15:32 | Indefinite |
| 4    | Started | DIAGNOSIS:<br>Category: Medical<br>Enter a diagnosis search (part of a name or an ICD9 code): Dyspnea (786.09)                           | CONTIN | ROUTINE  |          | 06/10 15:32 | Indefinite |

## NOU

| Ord# | Action  | Order Name                                                                                  | Freq | Priority | Duration | Start       | Stop        |
|------|---------|---------------------------------------------------------------------------------------------|------|----------|----------|-------------|-------------|
| 6    | Started | SEND TRAY NOW<br>Enter Diet in Instruction Box<br>INSTRUCTIONS (Enter diet): : mechsoftdiet | ONCE | ASAP     | 1 Time   | 06/12 15:33 | 06/12 15:33 |

## NS

| Ord# | Action  | Order Name                                                                                                                               | Freq | Priority | Duration | Start       | Stop |
|------|---------|------------------------------------------------------------------------------------------------------------------------------------------|------|----------|----------|-------------|------|
| 5    | Started | MECHANICAL (SOFT) DIET<br>DIET MODIFIER #1: NO DIET MODIFIER<br>DIET MODIFIER #2: NO DIET MODIFIER<br>DIET MODIFIER #3: NO DIET MODIFIER | M    | DINNER   |          | 06/12 15:33 |      |

2402  
 11/13/12  
 0702  
 Haggins  
 1552  
 6/12/12

Handwritten signature and date 24/12

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PERM

Patient: FARR, WILLIAM G

MRN: 000478684

Encounter: 1216401412

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FARR, WILLIAM G  
SPARTANBURG REGIO.

Order Confirmation Report - FARR, WILLIAM G  
 DEPT: HOS ROOM: HH09-A MR: 000478684  
 Ordered by: MD SNIPES, GARRETT E  
 Authenticated by: MD SNIPES, GARRETT E - 06/12/12 17:38  
 Order mode: Direct - Session Id:18952682

| ALLERGY     |                    |              |          |          |         |
|-------------|--------------------|--------------|----------|----------|---------|
| Charted     | Allergy name       | Type         | Reaction | Severity | Comment |
| 03/23 13:22 | NKA (NEEDS REVIEW) | Drug Allergy |          |          |         |

## AMS

| Ord# | Action  | Order Name                         | Freq | Priority | Duration | Start       | Stop        |
|------|---------|------------------------------------|------|----------|----------|-------------|-------------|
| 7    | Started | ADMIT TO<br>ADMIT TO: HOSPICE HOME | ONCE | ROUTINE  | 1 Time   | 06/12 17:30 | 06/12 17:30 |

## NS

| Ord# | Action  | Order Name                                                                                                     | Freq | Priority  | Duration | Start       | Stop       |
|------|---------|----------------------------------------------------------------------------------------------------------------|------|-----------|----------|-------------|------------|
| 5    | D/C'd   | MECHANICAL (SOFT) DIET                                                                                         | M    | DINNER    |          | 06/12 15:33 |            |
| v2   |         | DIET MODIFIER #1: NO DIET MODIFIER<br>DIET MODIFIER #2: NO DIET MODIFIER<br>DIET MODIFIER #3: NO DIET MODIFIER |      |           |          |             |            |
| 25   | Started | REGULAR DIET<br>as tolerated                                                                                   | M    | BREAKFAST |          | 06/12 17:30 | Indefinite |
|      |         | DIET MODIFIER #1: NO DIET MODIFIER<br>DIET MODIFIER #2: NO DIET MODIFIER<br>DIET MODIFIER #3: NO DIET MODIFIER |      |           |          |             |            |

## NSG

| Ord# | Action  | Order Name                                                                                                                                                                  | Freq        | Priority | Duration | Start       | Stop        |
|------|---------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|----------|----------|-------------|-------------|
| 8    | Started | VITAL SIGNS                                                                                                                                                                 | PER ROUTINE | ROUTINE  |          | 06/12 17:30 | Indefinite  |
| 9    | Started | CODE STATUS;<br>nurse may assess                                                                                                                                            | QS          | ROUTINE  |          | 06/12 17:30 | Indefinite  |
|      |         | CODE STATUS CATEGORIES: Cat 3 - DNR                                                                                                                                         |             |          |          |             |             |
| 10   | Started | IV ACCESS<br>with INT or SQ line as needed for medication administration                                                                                                    | PRN         | ROUTINE  |          | 06/12 17:30 | Indefinite  |
| 11   | Started | NEG:O2 PER NASAL CANNULA<br>; oxyimzer or mask @ 2-5 L/min; titrate to comfort                                                                                              | QS          | ROUTINE  |          | 06/12 17:30 | Indefinite  |
| 12   | Started | NEG:WOUND CARE<br>; nursing to evaluate and begin wound care as needed                                                                                                      | PRN         | ROUTINE  |          | 06/12 17:30 | Indefinite  |
| 13   | Started | POLEY CATHETER<br>#16 or #18 Fr. as needed for incontinence or retention                                                                                                    | PRN         | ROUTINE  |          | 06/12 17:30 | Indefinite  |
|      |         | Indication: Terminal-comfort care                                                                                                                                           |             |          |          |             |             |
| 14   | Started | MESSAGE TO NURSING:<br>pt may have the following alternative treatments as desired: aromatherapy, massage<br>therapy, music therapy                                         | QS          | ROUTINE  |          | 06/12 17:30 | Indefinite  |
| 27   | Started | NURSING:<br>if no bm in 72 hrs, repeat miralax 17 grams, check for impaction and treat<br>appropriately and give bisacodyl 10 mg suppository (see med orders)               | PRN         | ROUTINE  |          | 06/12 17:31 | Indefinite  |
| 35   | Started | MESSAGE TO NURSING:<br>Fan blowing on his face please                                                                                                                       | ONCE        | ROUTINE  | 1 Time   | 06/12 17:33 | 06/12 17:33 |
| 36   | Started | MESSAGE TO NURSING:<br>Offer massage therapy please                                                                                                                         | ONCE        | ROUTINE  | 1 Time   | 06/12 17:34 | 06/12 17:34 |
| 37   | Started | MESSAGE TO NURSING:<br>Please review meds with family, and keep them informed of med changes. Thanks.                                                                       | ONCE        | ROUTINE  | 1 Time   | 06/12 17:34 | 06/12 17:34 |
| 40   | Started | MESSAGE TO NURSING:<br>Please dose prn medications judiciously to preserve alertness to the extent possible<br>and still maintain comfort (goals of care issue). THANKS!!!! | ONCE        | ROUTINE  | 1 Time   | 06/12 17:37 | 06/12 17:37 |

## PMS

| Ord# | Action  | Order Name                                                                   | Freq    | Priority | Duration | Start       | Stop       |
|------|---------|------------------------------------------------------------------------------|---------|----------|----------|-------------|------------|
| 15   | Started | ACETAMINOPHEN<br>for pain or fever > 101 deg. F; may give per rectum instead | Q4H PRN | ROUTINE  |          | 06/12 17:30 | Indefinite |
|      |         | Dose: 650 MG<br>Route: PO                                                    |         |          |          |             |            |

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Page 1 PERM

FARR, WILLIAM G  
SPARTANBURG REGIO

Order Confirmation Report - FARR, WILLIAM G  
DEPT: HOS ROOM: HH09-A MR: 000478684  
Ordered by: MD SNIPE, GARRETT E  
Authenticated by: MD SNIPE, GARRETT E - 06/12/12 17:38  
Order mode: Direct - Session Id:18952682

| Ord# | Action  | Order Name                                                                                                                                 | Freq       | Priority | Duration | Start       | Stop        |
|------|---------|--------------------------------------------------------------------------------------------------------------------------------------------|------------|----------|----------|-------------|-------------|
| 16   | Started | ACETAMINOPHEN<br>for pain or fever > 101 deg. F; may give po instead<br>Dose: 650 MG<br>Route: PR                                          | Q4H PRN    | ROUTINE  |          | 06/12 17:30 | Indefinite  |
| 17   | Started | ARTIFICIAL TEARS EYE DROPS<br>; keep at bedside; family may administer as needed<br>Dose: 1-2 DROP<br>Route: EA EYE                        | PRN AS DIR | ROUTINE  |          | 06/12 17:30 | Indefinite  |
| 18   | Active  | SENOKOT 8<br>if pt receiving opioids or if constipated<br>Dose: 2 TABLET<br>Route: PO                                                      | AT BEDTIME | ROUTINE  |          | 06/12 21:00 | Indefinite  |
| 19   | Started | HYDROXYZINE HCL [ATARAX]<br>for itching<br>Dose: 25 MG<br>Route: PO                                                                        | Q6H PRN    | ROUTINE  |          | 06/12 17:30 | Indefinite  |
| 20   | Started | TRAZODONE [DESYREL]<br>for insomnia<br>Dose: 25-50 MG<br>Route: PO                                                                         | QHS PRN    | ROUTINE  |          | 06/12 17:30 | Indefinite  |
| 21   | Started | ONDANSETRON INJ [ZOFRAM]<br>for nausea<br>Dose: 8 MG<br>Route: IV                                                                          | Q8H PRN    | ROUTINE  |          | 06/12 17:30 | Indefinite  |
| 22   | Started | GLYCOPHYRROLATE INJ [ROBINUL]<br>for secretions<br>Dose: 0.2-0.4 MG<br>Route: IV                                                           | Q4H PRN    | ROUTINE  |          | 06/12 17:30 | Indefinite  |
| 23   | Started | HALOPERIDOL INJ [HALDOL]<br>for delirium, agitation, restlessness, nausea; may give po or iv<br>Dose: 1-2 MG<br>Route: IV                  | Q4H PRN    | ROUTINE  |          | 06/12 17:30 | Indefinite  |
| 24   | Started | HALOPERIDOL [HALDOL]<br>for delirium, agitation, restlessness, nausea; may give iv or po<br>Dose: 1-2 MG<br>Route: PO                      | Q4H PRN    | ROUTINE  |          | 06/12 17:30 | Indefinite  |
| 26   | Started | POLYETHYLENE GLYCOL ORAL POWDER DAILY PRN<br>[MIRALAX]<br>for constipation if no bm in 48 hrs<br>Dose: 17 G<br>Route: PO                   |            | ROUTINE  |          | 06/12 17:31 | Indefinite  |
| 28   | Started | BISACODYL SUPPOSITORY [DULCOLAX] PRN AS DIR<br>for constipation if no bm in 72 hrs and no results with miralax<br>Dose: 10 MG<br>Route: PR |            | ROUTINE  |          | 06/12 17:31 | Indefinite  |
| 29   | Started | MORPHINE INJ<br>for pain or dyspnea<br>Dose: 2 - 4 MG<br>Route: IV                                                                         | Q2H PRN    | ROUTINE  | 7 Days   | 06/12 17:31 | 06/19 17:30 |
| 30   | Started | OXYCODONE IMMEDIATE RELEASE<br>for pain or dyspnea; dispense elixir<br>Dose: 5 - 10 MG<br>Route: PO                                        | Q1H PRN    | ROUTINE  | 7 Days   | 06/12 17:31 | 06/19 17:30 |

CONTINUED

Page 2

PERM

Patient: FARR, WILLIAM G

MRN: 000478684

Encounter: 1216401412

Page 3 of 10



FARR, WILLIAM G  
SPARTANBURG REGIO

Order Confirmation Report - FARR, WILLIAM G  
 DEPT: HOS ROOM: HH09-A MR: 000478684  
 Ordered by: MD SNIPE, GARRETT E  
 Authenticated by: MD SNIPE, GARRETT E - 06/12/12 17:38  
 Order mode: Direct - Session Id:18952682

| Ord# | Action  | Order Name                                                                                                        | Freq    | Priority | Duration | Start       | Stop        |
|------|---------|-------------------------------------------------------------------------------------------------------------------|---------|----------|----------|-------------|-------------|
| 31   | Started | LORAZEPAM INJ [ATIVAN]<br>for anxiety; may give po or iv<br>Dose: 0.5 - 1 MG<br>Route: IV                         | Q4H PRN | ROUTINE  |          | 06/12 17:32 | Indefinite  |
| 32   | Started | LORAZEPAM [ATIVAN]<br>for anxiety; may give iv or po<br>Dose: 0.5 MG<br>Route: PO                                 | Q4H PRN | ROUTINE  |          | 06/12 17:32 | Indefinite  |
| 33   | Active  | DEXAMETHASONE NA PHOSPHATE INJ<br>Dose: 4 MG<br>Route: IV                                                         | Q12H    | ROUTINE  |          | 06/12 21:00 | Indefinite  |
| 34   | Active  | OXYCODONE IMMEDIATE RELEASE<br>To control dyspnea. Patient may refuse. Hold if sedated<br>Dose: 5 MG<br>Route: PO | Q8H     | ROUTINE  | 7 Days   | 06/12 23:59 | 06/19 23:58 |
| 38   | Started | MONTelukAST SODIUM [SINGULAIR]<br>Dose: 10 MG<br>Route: PO<br>Primary Instructions: give at 1800 daily            | QPH 18  | NOW      |          | 06/12 17:35 | Indefinite  |
| 39   | Active  | THEOPHYLLINE 24 HOUR [THEO-24]<br>Dose: 300 MG<br>Route: PO                                                       | DAILY   | NEXT SCH |          | 06/13 09:00 | Indefinite  |
| 41   | Active  | CITALOPRAM [CELEXA]<br>Dose: 20 MG<br>Route: PO                                                                   | DAILY   | NEXT SCH |          | 06/13 09:00 | Indefinite  |

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Page 3

PERM

Patient: FARR, WILLIAM G

MRN: 000478684

Encounter: 1216401412

Page 4 of 10

FARR, WILLIAM G  
SPARTANBURG REGIO.

Order Confirmation Report - FARR, WILLIAM G  
 DEPT: HOS ROOM: HH09-A MR: 000478684  
 Ordered by: MD SNIPE, GARRETT E  
 Authenticated by: MD SNIPE, GARRETT E - 06/13/12 12:38  
 Order mode: Direct - Session Id:18958773

**ALLERGY**

| Charted         | Allergy name   | Type         | Reaction | Severity | Comment |
|-----------------|----------------|--------------|----------|----------|---------|
| 03/23 13:22 NKA | (NEEDS REVIEW) | Drug Allergy |          |          |         |

**PMS**

| Ord# | Action   | Order Name                                                                                                                        | Freq      | Priority | Duration | Start       | Stop        |
|------|----------|-----------------------------------------------------------------------------------------------------------------------------------|-----------|----------|----------|-------------|-------------|
| 29   | Modified | MORPHINE INJ                                                                                                                      | Q30MINPRN | ROUTINE  | 7 Days   | 06/13 12:36 | 06/19 17:30 |
| v3   |          | ASSESS LAXATIVE NEED -FOR PAIN. FOR "PRN" MEDICATIONS, -DOCUMENT PRE/POST PAIN -SCORES, IF APPLICABLE -. - - -FOR PAIN OR DYSPNEA |           |          |          |             |             |
|      |          | Dose: 2-4 MG                                                                                                                      |           |          |          |             |             |
|      |          | Route: IV                                                                                                                         |           |          |          |             |             |
| 31   | Modified | LORAZEPAM INJ [ATIVAN]                                                                                                            | Q2H PRN   | ROUTINE  | 30 Days  | 06/13 12:38 | 07/12 17:31 |
| v3   |          | FOR ANXIETY, AGITATION, AND-OR -NERVOUSNESS. -FOR NAUSEA AND-OR VOMITING. -. - - -FOR ANXIETY; MAY GIVE PO OR IV                  |           |          |          |             |             |
|      |          | Dose: 0.5-1 MG                                                                                                                    |           |          |          |             |             |
|      |          | Route: IV                                                                                                                         |           |          |          |             |             |
| 48   | Started  | ALBUTEROL - IPRATROPIUM SOLN INH Q4HPRNRESP                                                                                       |           | ROUTINE  | 3 Days   | 06/13 12:35 | 06/16 12:34 |
|      |          | Dyspnea/wheezing                                                                                                                  |           |          |          |             |             |
|      |          | Dose: 3 ML                                                                                                                        |           |          |          |             |             |
|      |          | Route: INHALATN                                                                                                                   |           |          |          |             |             |

**RT**

| Ord# | Action | Order Name                                                           | Freq | Priority | Duration | Start       | Stop        |
|------|--------|----------------------------------------------------------------------|------|----------|----------|-------------|-------------|
| 49   | Active | HBN                                                                  | PRN  | ROUTINE  | 3 Days   | 06/13 18:00 | 06/16 17:59 |
|      |        | TRANSPORTATION METHOD: BEDSIDE/PORTABLE                              |      |          |          |             |             |
|      |        | ENTER ORDER UNDER INSTRUCTIONS                                       |      |          |          |             |             |
|      |        | INSTRUCTIONS: Dyspnea/wheezing; med: duonebaero 3 ml Q4H PRN x3 days |      |          |          |             |             |

24✓  
6/14/12  
f. Stettin  
0120

LAST PAGE

Page 1

PERM

atient: FARR, WILLIAM G

MRN: 000478684

Encounter: 1216401412

Page 5 of 10

FARR, WILLIAM G  
SPARTANBURG REGIO.

Order Confirmation Report - FARR, WILLIAM G  
DEPT: HOS ROOM: HH09-A MR: 000478684  
Ordered by: MD SNIPE, GARRETT E  
Authenticated by: MD SNIPE, GARRETT E - 06/14/12 10:21  
Order mode: Direct - Session id:18966245

| ALLERGY | Charted     | Allergy name       | Type         | Reaction | Severity | Comment |
|---------|-------------|--------------------|--------------|----------|----------|---------|
|         | 03/23 13:22 | NKA (NEEDS REVIEW) | Drug Allergy |          |          |         |

## PMS

| Ord# | Action      | Order Name                                                                                                                                                                                      | Freq      | Priority | Duration | Start       | Stop        |
|------|-------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------|----------|-------------|-------------|
| 33   | Modified v3 | DEKAMETHASONE NA PHOSPHATE INJ<br>GENERIC SUBSTITUTION FOR DECADRON. ~MONITOR PATIENT FOR HYPERGLYCEMIA ~. ~ ~                                                                                  | Q12H      | ROUTINE  |          | 06/14 10:13 | Indefinite  |
|      |             | Dose: 8 MG<br>Route: IV                                                                                                                                                                         |           |          |          |             |             |
| 34   | D/C'd v3    | OXYCODONE IMMEDIATE RELEASE<br>ASSESS LAXATIVE NEED ~FOR PAIN. FOR "PRN" MEDICATIONS, ~DOCUMENT PRE/POST PAIN ~SCORES, IF APPLICABLE ~TO CONTROL DYSPNEA. PATIENT MAY REFUSE. ~ HOLD IF SEDATED | Q8H       | ROUTINE  | 7 Days   | 06/12 23:59 | 06/19 15:01 |
|      |             | Dose: 5 MG<br>Route: PO                                                                                                                                                                         |           |          |          |             |             |
| 44   | D/C'd v2    | ALBUTEROL - IPRATROPIUM SOLN INH Q4H W/A<br>USE FOR ALBUTEROL AND ATROVENT.                                                                                                                     |           | ROUTINE  |          | 06/13 06:00 |             |
|      |             | Dose: 3 ML<br>Route: INHALATN                                                                                                                                                                   |           |          |          |             |             |
| 53   | Active      | OXYCODONE ER [OXYCONTIN]<br>Dose: 10 MG<br>Route: PO                                                                                                                                            | Q12H      | NEXT SCH | 7 Days   | 06/14 21:00 | 06/21 20:59 |
| 54   | Started     | ALBUTEROL 0.5% SOLN IN 2.5 ML NS Q4H RESP<br>Dose: 2.5 MG<br>Route: INHALATN                                                                                                                    |           | ROUTINE  |          | 06/14 10:17 | Indefinite  |
| 56   | Started     | ALBUTEROL 0.5% SOLN IN 2.5 ML NS Q4H PRN RESP<br>Wheezing<br>Dose: 2.5 MG<br>Route: INHALATN                                                                                                    |           | ROUTINE  | 3 Days   | 06/14 10:18 | 06/17 10:17 |
| 58   | Active      | DIAZEPAM [VALIUM]<br>To control anxiety associated with dyspnea. Patient may refuse. Hold if sedated.<br>Dose: 2.5 MG<br>Route: PO                                                              | Q12H      | ROUTINE  |          | 06/14 21:00 | Indefinite  |
| 59   | Started     | BUDESONIDE INHALATION SUSP (JET NEB ONLY)<br>Dose: 0.5 MG<br>Route: INHALATN                                                                                                                    | Q12H RESP | ROUTINE  |          | 06/14 10:21 | Indefinite  |

## RT

| Ord# | Action  | Order Name                                                                                                                                            | Freq | Priority | Duration | Start       | Stop        |
|------|---------|-------------------------------------------------------------------------------------------------------------------------------------------------------|------|----------|----------|-------------|-------------|
| 55   | Started | HEN<br>TRANSPORTATION METHOD: BEDSIDE/PORTABLE<br>ENTER ORDER UNDER INSTRUCTIONS<br>INSTRUCTIONS: ; med: albuterolaero 2.5 mg Q4H                     | Q4H  | ROUTINE  |          | 06/14 10:17 | Indefinite  |
| 57   | Active  | HEN<br>TRANSPORTATION METHOD: BEDSIDE/PORTABLE<br>ENTER ORDER UNDER INSTRUCTIONS<br>INSTRUCTIONS: Wheezing; med: albuterolaero 2.5 mg Q4H PRN x3 days | PRN  | ROUTINE  | 3 Days   | 06/14 18:00 | 06/17 17:59 |
| 60   | Started | HEN<br>TRANSPORTATION METHOD: BEDSIDE/PORTABLE<br>ENTER ORDER UNDER INSTRUCTIONS<br>INSTRUCTIONS: ; med: budesonideaero 0.5 mg Q12H                   | Q12H | ROUTINE  |          | 06/14 10:21 | Indefinite  |

LAST PAGE

Page 1 PERM

FARR, WILLIAM G  
SPARTANBURG REGION

Order Confirmation Report - FARR, WILLIAM G  
DEPT: HOS ROOM: HH09-A MR: 000478684  
Ordered by: MD SNIPES, GARRETT E  
Authenticated by: MD SNIPES, GARRETT E - 06/14/12 10:25  
Order mode: Direct - Session Id:18966360

| ALLERGY         |                |              |          |                  |
|-----------------|----------------|--------------|----------|------------------|
| Charted         | Allergy name   | Type         | Reaction | Severity Comment |
| 03/23 13:22 NKA | (NEEDS REVIEW) | Drug Allergy |          |                  |

| PMS  |        |                |      |          |          |             |            |
|------|--------|----------------|------|----------|----------|-------------|------------|
| Ord# | Action | Order Name     | Freq | Priority | Duration | Start       | Stop       |
| 61   | Active | GUAIFENESIN LA | Q12H | NEXT SCH |          | 06/14 21:00 | Indefinite |
|      |        | Dose: 600 MG   |      |          |          |             |            |
|      |        | Route: PO      |      |          |          |             |            |

*Shandra Jackson RD*  
*6/14/12 @ 1400*

*24✓*  
*6/13/12*  
*0010*  
*Stocking*

*K. B. Snipes*  
*1/6/12*  
*6/14/12*

LAST PAGE

Page 1 PERM


**SPARTANBURG**  
 Regional Healthcare System
☐ SRMC☐ SHRC☐ VH

Use Ball Point Pen and Press Firmly

**REQUIRED FOR ADMISSION**

Height:

Weight:

Allergies:

CHECK  
OFF EACH  
ORDER AS  
TRANSCRIBED**PHYSICIANS ORDER FORM**

TIME

DATE

06/12/12

Diagnosis:

 BIPAP - 14/7  
 BIPAP - 14/7

MDX USE FAN FEVER

RX FAN FEVER

F102 50%

2/2/12

6/13/12

0010

6/14/12

6/14/12

6/14/12

6/14/12

6/14/12

6/14/12

6/14/12

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6/14/12

6/14/12

6/14/12

6/14/12

TIME NOTED

TELEPHONE/VERBAL ORDER RECEIVED BY:



REMINDER: VERIFY &amp; READ BACK

PHYSICIAN PRINTED NAME

L. J. H.

RECORD FINAL DIAGNOSIS ON THE FACE SHEET

PHYSICIAN SIGNATURE

Patient Label

 1216401412 000-478684 06/12/12  
 FARR, WILLIAM G M 69Y  
 ADM: SNIPES, GARRETT E  
 REF: SNIPES, GARRETT E

Date/Time

06/14/12

1106 (Rev. 01)





**SPARTANBURG**  
Regional Healthcare System

☐ SRMC ☐ SHRC ☐ VH

Use Ball Point Pen and Press Firmly

**REQUIRED FOR ADMISSION**

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Allergies: \_\_\_\_\_

CHECK  
OFF EACH  
ORDER AS  
TRANSCRIBED

**PHYSICIANS ORDER FORM**

TIME 2:30  
DATE 6/14/12

Diagnosis:

D/C Albuterol Scheduled  $\pm$  PRN

Vopem 0.63mg every 4 hours scheduled  $\pm$  every 4 hrs PRN

*Handwritten:* 10/15/12  
2:30  
OK  
D

*Handwritten:* 2/10  
Stacking  
6/15/12  
0010

TIME NOTED

TELEPHONE/VERBAL ORDER RECEIVED BY

*Handwritten:* Dr. Garrett Snipes

REMINDER: VERIFY & READ BACK

PHYSICIAN PRINTED NAME

*Handwritten:* Dr. Garrett Snipes

RECORD FINAL DIAGNOSIS ON THE FACE SHEET

PHYSICIAN SIGNATURE

*Handwritten signature:* [Signature]

Patient Label

1216401412 000-478684 06/12/12  
FARR, WILLIAM G M 69Y  
ADM: SNIPES, GARRETT E  
REF: SNIPES, GARRETT E

Date/Time

*Handwritten:* 06/14/12

1106 (Rev. 09-1)





**SPARTANBURG**  
Regional Healthcare System

☐ SRMC ☐ SHRC ☐ VH

Use Ball Point Pen and Press Firmly

**REQUIRED FOR ADMISSION**

Height:

Weight:

Allergies:

CHECK  
OFF EACH  
ORDER AS  
TRANSCRIBED

**PHYSICIANS ORDER FORM**

TIME 0530  
DATE 6/15/12

Diagnosis:

*Medication Renewal*

*Morphine Conc 5-10mg every 2 hrs PRN*

*24hrs  
Stocking  
change  
0630*

**EXPIRED**

TIME NOTED

TELEPHONE/VERBAL ORDER RECEIVED BY:

REMINDER: VERIFY & READ BACK

*Dr Snipes / Stocking*

PHYSICIAN PRINTED NAME

*Dr Garrett Snipes*

RECORD FINAL DIAGNOSIS ON THE FACE SHEET

PHYSICIAN SIGNATURE

*Garrett Snipes*

Patient Label

1218401412 000-478684 06/12/12  
FARR, WILLIAM G M 69Y  
ADM: SNIPES, GARRETT E  
REF: SNIPES, GARRETT E

Date/Time

*061512*

1106 (Rev. 09-10)



SOC

Customer: Farr, William G

Customer ID: 03570052

Admit ID: 00038224

DOB: [REDACTED]

SOC: 06/07/2012

Spartanburg Regional Hospice

120 Heywood Ave

Suite 300

Spartanburg, SC 293021211

8645603900

Contains

Hospice SN Initial/Re-evaluation (V1)

Hospice IDG Careplan 3 Non-Visit

Hospice IDG Careplan 3 Nursing Admission

Date In: 6/7/2012 11:40:00AM

Date Out: 6/7/2012 1:20:00PM

Personnel: Chalk, Miranda D

**Hospice SN Initial/Re-evaluation (V1)**Clinical Record Items

|                                            |                                                                                                                                                                                      |
|--------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Initial or Re-Evaluation                   | Initial Evaluation                                                                                                                                                                   |
| Patient ID Number                          | 00038224                                                                                                                                                                             |
| Start of Care Date                         | 06/07/2012                                                                                                                                                                           |
| Date Assessment Completed                  | 06/07/2012                                                                                                                                                                           |
| Patient Name                               | Farr William G                                                                                                                                                                       |
| Patient State                              | SC                                                                                                                                                                                   |
| Patient Zip Code                           | 29379                                                                                                                                                                                |
| Medicare Number                            | [REDACTED]                                                                                                                                                                           |
| Patient Social Security Number             | [REDACTED]                                                                                                                                                                           |
| Patient Medicaid Number                    | NA - No Medicaid                                                                                                                                                                     |
| Patient Date of Birth                      | [REDACTED]                                                                                                                                                                           |
| Primary Referring Physician ID             | 1619935715                                                                                                                                                                           |
| Discipline of Person Completing Assessment | 1 - RN                                                                                                                                                                               |
| Consent for treatment signed by:           | 06/07/2012<br>1 - Patient                                                                                                                                                            |
| Notice of Election                         | 06/07/2012                                                                                                                                                                           |
| Primary Diagnosis                          | MALIGNANT NEOPLASM OF BRONCHUS AND LUNG,<br>UNSPECIFIED<br>1629                                                                                                                      |
| Secondary Diagnosis                        | OBSTRUCTIVE CHRONIC BRONCHITIS WITH (ACUTE)<br>EXACERBATION<br>49121<br>UNSPECIFIED ESSENTIAL HYPERTENSION<br>4019<br>HYPOPOTASSEMIA<br>2768<br>OTHER AND UNSPECIFIED HYPERLIPIDEMIA |

Created: 6/7/2012 12:21:00PM

Printed: 8/26/2013 11:10:06AM

Completed: 6/7/2012 5:19:00PM

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Customer: Farr, William G

Customer ID: 03570052

Admit ID: 00038224

## Secondary Diagnosis

2724

Knowledge/Understanding of Disease Process - Patient

- 1 - Demonstrates knowledge/understanding of treatment plan
- 2 - Demonstrates knowledge/understanding of disease management
- 3 - Demonstrates knowledge/understanding of prognosis
- 4 - Demonstrates knowledge/understanding of DNR

Knowledge/Understanding of Disease Process - Note

S. Hospice Admission Visit

DNR-NMV WT: 121 WT 3months ago 142 approx. Ht 5'4"

DOB 7.6.42 SOC 06/7/2012 Episode# 38224

B. 69 year old male admitted to Hospice with probable extension of previously diagnosed small cell lung CA. pt was pt was admitted to SRMC on 5.31.12 for increased SOB and possible PNA. pt has over the last 2 months been worked up for possible extension of previously diagnosed small cell lung Ca. pt had 2 biopsies by dr. cruz which were negative and then a surgical biopsy by dr. nguyen which was positive per pt dtr. pt was treated with antibiotic during hospital stay with no improvement per dtr. pt dyspnea has worsen since surgical biopsy...pt reports that prior to hospital stay he was working in yard and did not need oxygen. pt now needs oxygen with oxyimizer. PMH: Hx of colon Ca 14 yrs ago with cholestomy, small cell lung ca 2 yrs ago with right middle and upper lobectomy, COPD, HTN, hypokalemia and hyperlipidemia.

PPS 60 percent.

How many times has the patient been hospitalized in the past 6 months?

3 - Five or more times

How many times has the patient visited the Emergency Room in the past 6 months?

1 - One to two times

Do you want cardiopulmonary resuscitation if your heart or lungs stop working?

2 - No

Do you want to avoid hospitalization if your condition worsens?

2 - No

Is patients terminal illness related to HIV?

2 - No

Is the patients terminal illness related to ALS?

2 - No

Dementia - Is the patients terminal diagnosis related to Dementia?

2 - No

Is the patients terminal diagnosis related to Stroke and/or Coma?

2 - No

Is the patients terminal diagnosis related to Renal Failure?

2 - No

Is patients terminal diagnosis related to End Stage Cardiac Disease

2 - No

Is patients terminal diagnosis related to End Stage Pulmonary Disease?

2 - No

Is patients terminal diagnosis related to End Stage Liver Disease?

2 - No

Is the patients terminal illness related to Failure to Thrive?

2 - No

Treatment/Therapy History

- 1 - Biopsy
- 2 - Chemotherapy
- 3 - Radiation (Curative)

Created: 6/7/2012 12:21:00PM

Printed: 8/26/2013 11:10:06AM

Completed: 6/7/2012 5:19:00PM

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Customer: Farr, William G

Customer ID: 03570052

Admit ID: 00038224

Estimated Time from Diagnosis to Hospice Care:  
Progression of Current Illness Notes

Dec. 2010 per pt

S. Hospice Admission Visit

DNR-NMV WT: 121 WT 3months ago 142 approx. Ht 5'4"

DOB 7.6.42 SOC 06/7/2012 Episode# 38224

B. 69 year old male admitted to Hospice with probable extension of previously diagnosed small cell lung CA. pt was pt was admitted to SRMC on 5.31.12 for increased SOB and possible PNA. pt has over the last 2 months been worked up for possible extension of previously diagnosed small cell lung Ca. pt had 2 biopsies by dr. cruz which were negative and then a surgical biopsy by dr. nguyuen which was positive per pt dtr. pt was treated with antibiotic during hospital stay with no improvement per dtr. pt dyspnea has worsen since surgical biopsy...pt reports that prior to hospital stay he was working in yard and did not need oxygen. pt now needs oxygen with oxyimizer. PMH: Hx of colon Ca 14 yrs ago with cholestomy, small cell lung ca 2 yrs ago with right middle and upper lobectomy, COPD, HTN, hypokalemia and hyperlipidemia.

PPS 60 percent.

Living Arrangements/Supportive Care - Current

1 - Patient owns home/residence

Living Arrangements/Supportive Care - Prior

5 - Hospital/Skilled nursing facility

Patient's Relationship Status

2 - Married

Relationship of Primary Caregiver

1 - Spouse/Significant other

Risk Assessment

No risk factors present

Caregiver Source of Stress

3 - Family/support feels overwhelmed

6 - Illness causes changes in lifestyle

10 - Denial of patient illness

11 - Concern over outcome of illness/fear of death

Does the Caregiver appear to have any limitations?

3 - Speech/Language

5 - Emotionally unstable

Abuse/Neglect

No signs of abuse/neglect

When patient becomes dependent and unable to meet her/his needs, pt agrees to:

24 hours cg in home.

Systolic Blood Pressure (1)

122

Diastolic Blood Pressure (1)

80

Blood Pressure taken in which Position (1)

2 - Sitting

Blood Pressure taken in which Arm (1)

Left

Pulse (1)

107

Characteristic of Pulse (1)

1 - Regular

Location Pulse was Taken (1)

1 - Apical

Respirations

18

Oxygen Use

1 - None

Temperature

96.7

Created: 6/7/2012 12:21:00PM

Printed: 8/26/2013 11:10:06AM

Completed: 6/7/2012 5:19:00PM

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Customer: Farr, William G

Customer ID: 03570052

Admit ID: 00038224

|                                                                                                            |                                                                                                                        |
|------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|
| Temperature Degrees measured in                                                                            | Fahrenheit                                                                                                             |
| Location Temperature was Taken                                                                             | 1 - Oral                                                                                                               |
| Is patient 18 years or older?                                                                              | 1 - Yes                                                                                                                |
| Can patient self report?                                                                                   | 1 - Yes                                                                                                                |
| Are you uncomfortable because of pain?                                                                     | 2 - No                                                                                                                 |
| Pain Status                                                                                                | Patient denies pain at this time.                                                                                      |
| Cancer Specific Criteria                                                                                   | Progression from an earlier stage disease to metastasis disease with either<br>A continued decline in spite of therapy |
| Physical baseline...weight and weight changes                                                              | pt current wt 121..pt wt 2months ago was 142lbs                                                                        |
| Mental Status                                                                                              | 1 - Alert - Oriented to                                                                                                |
| Mental Status Oriented to                                                                                  | Person                                                                                                                 |
| Mental Status Place                                                                                        | Place                                                                                                                  |
| Mental Status Time                                                                                         | Time                                                                                                                   |
| Mental Status                                                                                              | 4 - Forgetful<br>6 - Lethargic                                                                                         |
| Sleep/Rest - Quality                                                                                       | 3 - Frequently interrupted/awakens frequently                                                                          |
| Sleep/Rest - Use of medications/sleep aids                                                                 | 4 - More than once per night                                                                                           |
| Neurological Status                                                                                        | NO SIGNIFICANT FINDINGS                                                                                                |
| Sensory/Communication                                                                                      | NO SIGNIFICANT FINDINGS                                                                                                |
| Pts ability to express self:                                                                               | 1 - Expresses thoughts, feelings, needs w/o difficulty                                                                 |
| Usual Weight                                                                                               | 142                                                                                                                    |
| Current Weight                                                                                             | 121                                                                                                                    |
| Appetite                                                                                                   | fair                                                                                                                   |
| Diet/Nutritional Requirements                                                                              | 1 - As tolerated                                                                                                       |
| Average Daily Intake                                                                                       | 9-32 oz.                                                                                                               |
| Tube Feeding                                                                                               | 2 - No                                                                                                                 |
| Dental Function                                                                                            | 3 - Dentures                                                                                                           |
| If patient experienced significant non-intentional weight loss, is it expected/related to disease process: | 1 - Yes                                                                                                                |
| Does the patient/family have concerns in regard to the patients nutritional status?                        | 2 - No                                                                                                                 |
| Has the patient made wishes known to withhold artificial nutrition or hydration?                           | 2 - No                                                                                                                 |
| Is dietary consult needed? If yes, contact registered dietitian.                                           | 2 - No                                                                                                                 |
| Oral/Pharyngeal                                                                                            | NO SIGNIFICANT FINDINGS                                                                                                |
| GI/GU/Reproductive                                                                                         | NO SIGNIFICANT FINDINGS                                                                                                |
| Last Bowel Movement Date                                                                                   | 06/06/2012                                                                                                             |
| Stool softener of laxative required?                                                                       | 1 - Yes                                                                                                                |
| GI/GU/Reproductive                                                                                         | NO SIGNIFICANT FINDINGS                                                                                                |
| Reproductive                                                                                               | Not Assessed                                                                                                           |
| Sexuality/Physical Contact/Closeness                                                                       | Deferred/Not Applicable                                                                                                |

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Customer: Farr, William G

Customer ID: 03570052

Admit ID: 00038224

|                                         |                                  |
|-----------------------------------------|----------------------------------|
| Cardiovascular System                   | 1 - Fatigue                      |
|                                         | 9 - Tachycardia                  |
| Peripheral pulses                       | No significant findings          |
| Capillary refill                        | 1 - Less than 3 seconds          |
| Edema                                   | None noted                       |
| Vascular Access Type                    | 4 - Implanted Device (Port etc.) |
| Vascular Access Location                | left subclavian                  |
| Vascular Access Site                    | No Significant Findings          |
| Conditions Affecting Respiratory Status | 1 - Dyspnea with activity        |
|                                         | 2 - Dyspnea at rest              |
|                                         | 3 - Orthopnea                    |
| Breath Sound Condition                  | Diminished                       |
| Location of Lung Sounds                 | RLL                              |
|                                         | LUL                              |
|                                         | LLL                              |
| Breath Sound Condition                  | Absent                           |
| Location of Lung Sounds                 | RUL                              |
|                                         | RML                              |
| Productive Cough                        | 1 - Yes                          |
| Color of Mucus                          | 1 - Clear                        |
| Consistency of Mucus                    | 1 - Thin                         |
| Amount of Mucus                         | 1 - Small                        |
| Liver                                   | NO SIGNIFICANT FINDINGS          |
| ADL - ROM                               | Limited                          |
|                                         | Fall risk                        |
| ADL - Bathing                           | Assist                           |
|                                         | Needs Met                        |
| ADL - Groom/Dress                       | Assist                           |
|                                         | Needs Met                        |
| ADL - Eating/Oral Care                  | Assist                           |
|                                         | Needs Met                        |
| ADL - Ambulation                        | Assist                           |
|                                         | Needs Met                        |
| ADL - Toileting                         | Assist                           |
|                                         | Needs Met                        |
| Functional Limitations                  | 6 - Endurance                    |
|                                         | 7 - Ambulation                   |
|                                         | A - Dyspnea w/ minimal exertion  |
| Current Level of Activity               | 3 - Chair bound                  |

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Customer: Farr, William G

Customer ID: 03570052

Admit ID: 00038224

|                                               |                                                                                                                                                                                                                                                              |
|-----------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Current Level of Activity                     | 2 - Mainly Assisted                                                                                                                                                                                                                                          |
| Fall Risk Consciousness/Mental Status         | A - Assistance of one or more persons                                                                                                                                                                                                                        |
| Fall Risk Consciousness/Mental Status Score   | 0 - Alert - (oriented x 3) or Comatose                                                                                                                                                                                                                       |
| Fall Risk History of Falls                    | 0                                                                                                                                                                                                                                                            |
| Fall Risk History of Falls Score              | 0 - No falls (in past 3 months)                                                                                                                                                                                                                              |
| Fall Risk Ambulation/Elimination Status       | 0                                                                                                                                                                                                                                                            |
| Fall Risk Ambulation/Elimination Status Score | 0 - Ambulatory/continent                                                                                                                                                                                                                                     |
| Fall Risk Vision                              | 0                                                                                                                                                                                                                                                            |
| Fall Risk Vision Score                        | 0 - Adequate (with or without glasses)                                                                                                                                                                                                                       |
| Fall Risk Gait/Balance                        | 0                                                                                                                                                                                                                                                            |
|                                               | 1 - Balance problem while standing                                                                                                                                                                                                                           |
|                                               | 1 - Balance problem while walking                                                                                                                                                                                                                            |
| Fall Risk Gait/Balance Score                  | 2                                                                                                                                                                                                                                                            |
| Fall Risk Systolic Blood Pressure             | 0 - No noted drop between lying and standing                                                                                                                                                                                                                 |
| Fall Risk Systolic Blood Pressure Score       | 0                                                                                                                                                                                                                                                            |
| Fall Risk Medications                         | 2 - Takes 1-2 of these medications currently and/or w/in last 7 days                                                                                                                                                                                         |
| Fall Risk Medications Score                   | 2                                                                                                                                                                                                                                                            |
| Fall Risk Predisposing Diseases               | 0 - None present                                                                                                                                                                                                                                             |
| Fall Risk Predisposing Diseases Score         | 0                                                                                                                                                                                                                                                            |
| Fall Risk Total Score                         | 4                                                                                                                                                                                                                                                            |
| Wheeled Walker (Assist Device)                | Needs                                                                                                                                                                                                                                                        |
| Other [specify] / (Assist Device)             | Needs                                                                                                                                                                                                                                                        |
| Assist Devices/HME                            | shower chair                                                                                                                                                                                                                                                 |
| Skin Integrity                                | Patient does not have integrity issues at this time.                                                                                                                                                                                                         |
| Braden Scale Sensory Perception               | No impairment - Responds to verbal commands. Has no sensory deficit which would limit ability to feel or voice pain or discomfort.                                                                                                                           |
| Sensory Perception Score                      | 4                                                                                                                                                                                                                                                            |
| Braden Scale Moisture                         | Rarely moist - Skin is usually dry; linen only requires changing at routine intervals.                                                                                                                                                                       |
| Moisture Score                                | 4                                                                                                                                                                                                                                                            |
| Braden Scale Activity                         | Walks occasionally - Walks occasionally during day but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.                                                                                                  |
| Activity Score                                | 3                                                                                                                                                                                                                                                            |
| Braden Scale Mobility                         | Slightly limited - Makes frequent though slight changes in body or extremity position independently.                                                                                                                                                         |
| Mobility Score                                | 3                                                                                                                                                                                                                                                            |
| Braden Scale Nutrition                        | Probably inadequate - Rarely eats complete meal and generally eats only about 1/2 of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement, OR receives less than optimum |
| Nutrition Score                               | 2                                                                                                                                                                                                                                                            |

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Customer: Farr, William G

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Admit ID: 00038224

|                                                      |                                                                                                                                                                                                                                                               |
|------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Braden Scale Friction and Shear                      | Potential problem - Moves feebly or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relatively good position in chair or bed most of the time but occasionally |
| Friction and Shear Score                             | 2                                                                                                                                                                                                                                                             |
| Braden Scale Total Score                             | 18                                                                                                                                                                                                                                                            |
| Issues related to imminent death                     | No issues at present.                                                                                                                                                                                                                                         |
| Status of Plans for Funeral/Final Arrangements:      | 1 - No plans initiated                                                                                                                                                                                                                                        |
| Emotional Status                                     | Mood/Affect stable and appropriate                                                                                                                                                                                                                            |
| Emotional Status - Caregiver                         | 4 - Avoidant                                                                                                                                                                                                                                                  |
|                                                      | 6 - Depressed                                                                                                                                                                                                                                                 |
|                                                      | 22 - Withdrawn                                                                                                                                                                                                                                                |
| Patient Coping Mechanisms                            | 4 - Distancing                                                                                                                                                                                                                                                |
|                                                      | 5 - Escape/Avoidance                                                                                                                                                                                                                                          |
| Caregiver Coping Mechanisms                          | 3 - Denial                                                                                                                                                                                                                                                    |
| Safety/Sanitation Issues:                            | 1 - Bathroom lacks grab bars (toilet/tub/shower)                                                                                                                                                                                                              |
|                                                      | 6 - Entry lacks needed ramp and/or rails                                                                                                                                                                                                                      |
| Environment (home) is suitable for care in home?     | 1 - Yes                                                                                                                                                                                                                                                       |
| Safety Measures                                      | 1 - Established emergency/civil disaster plan                                                                                                                                                                                                                 |
|                                                      | 2 - Established response plan                                                                                                                                                                                                                                 |
|                                                      | 3 - Implement a fall prevention program (e.g. remove throw rugs/ teach safe use of assist/ safety devices)                                                                                                                                                    |
|                                                      | 4 - Teach proper/ safe use of medications                                                                                                                                                                                                                     |
|                                                      | 5 - Teach oxygen therapy safety precautions                                                                                                                                                                                                                   |
|                                                      | 6 - Teach operations/use of DME                                                                                                                                                                                                                               |
|                                                      | 7 - Teach appropriate cleaning of equipment                                                                                                                                                                                                                   |
|                                                      | 8 - Teach standard precautions (e.g. hand washing/safe disposal of contaminated sharps and supplies)                                                                                                                                                          |
|                                                      | 9 - Teach proper waste management skills                                                                                                                                                                                                                      |
| Factors Potentially Impairing Learning - Caregiver   | 2 - Language/Communication                                                                                                                                                                                                                                    |
| Instructions/Materials Provided to Patient/Caregiver | 1 - Patient Bill of Rights/Responsibilities                                                                                                                                                                                                                   |
|                                                      | Discussed                                                                                                                                                                                                                                                     |
|                                                      | Copy left in home                                                                                                                                                                                                                                             |
|                                                      | 2 - State Hospice hot line number                                                                                                                                                                                                                             |
|                                                      | Discussed                                                                                                                                                                                                                                                     |
|                                                      | Copy left in home                                                                                                                                                                                                                                             |
|                                                      | 3 - Explanation/Assignment of benefits                                                                                                                                                                                                                        |
|                                                      | Discussed                                                                                                                                                                                                                                                     |
|                                                      | Copy left in home                                                                                                                                                                                                                                             |
|                                                      | 4 - Hospice service agreement                                                                                                                                                                                                                                 |
|                                                      | Discussed                                                                                                                                                                                                                                                     |
|                                                      | Copy left in home                                                                                                                                                                                                                                             |

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Customer: Farr, William G

Customer ID: 03570052

Admit ID: 00038224

## Instructions/Materials Provided to Patient/Caregiver

5 - Hospice health schedule

Discussed

6 - Advance directives

Discussed

7 - Do Not Resuscitate

Discussed

8 - Agency Phone numbers

Discussed

Copy left in home

9 - Emergency response plan

Discussed

Copy left in home

10 - Fire/Evacuation response plan

Discussed

Copy left in home

11 - Confidentiality/Medical record access

Discussed

Copy left in home

## Materials given to:

Agency phone numbers displayed in an easy-to-see areas near the phone?

Grief/Bereavement

1 - Patient

1 - Yes

2 - Complicated grief

4 - Other (specify)

cg with severe depression and sn concerned regarding coping.

1 - RN

3 - Social Worker

4 - Chaplain

5 - Medical Director

6 - Attending MD

7 - Hospice Admin.

8 - HHA

10 - Pt/Caregiver re: change in POC

Grief/Bereavement Other

IDT Communication

## Supervisory Visit

Not Assessed on this visit

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Customer: Farr, William G

Customer ID: 03570052

Admit ID: 00038224

Clinician DiagnosesResolvedDescription

Physical/symptom issues: pain, delirium, cognitive impairments, dyspnea, cough, wound, nausea, vomiting, anorexia, bladder incontinence, bowel incontinence, constipation, diarrhea, immobility, self-care deficit \_\_

Psychosocial/emotional issues: agitation, anxiety, depression, stress, anticipatory grieving, denial, anger, ineffective coping, intimacy, self image, limited support system, substance abuse, mental illness \_\_

Caregiver issues: anxiety, depression, anticipatory grieving, burden of care, limited support system, physical limitations, substance abuse, mental illness \_\_

Functional/Safety issues: immobility, self-care deficit\_\_

Spiritual issues: altered access to faith/spiritual community, alteration in spiritual practices, altered belief system, altered life's meaning, need for closure, spiritual distress \_\_

Family/support issues: family conflict, communication, lack of resources, child/teen grief, role reversal, finances, inadequate housing \_\_

OXYGEN Use/Safety

Palliative/Hospice Disease Management

PAIN MANAGEMENT

Symptom Management

Fall/Safety Risk Prevention

Nutrition - End of Life

**Grouped Clinician Diagnosis: Not Associated**InterventionsIntervention  
Category:

NURSE CLINICAL SUMMARY

Identified: 06/07/2012 Achieved:

AchievedInterventionsPerformedVarVar TypeRsn CodeAct CodMove to  
Next Visit  
N

Enter a summary of the NURSE Visit in the NOTE BOX. Include items that may require follow up. Background required on Admission clinical summary.

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Customer: Farr, William G

Customer ID: 03570052

Admit ID: 00038224

Note: S. Hospice Admission Visit

DNR-NMV WT: 121 WT 3months ago 142 approx. Ht 5'4"

SOC 06/7/2012 Episode# 38224

B. 69 year old male admitted to Hospice with probable extension of previously diagnosed small cell lung CA. pt was pt was admitted to SRMC on 5.31.12 for increased SOB and possible PNA. pt has over the last 2 months been worked up for possible extension of previously diagnosed small cell lung Ca. pt had 2 biopsies by dr. cruz which were negative and then a surgical biopsy by dr. nguyen which was positive per pt dtr. pt was treated with antibiotic during hospital stay with no improvement per dtr. pt dyspnea has worsen since surgical biopsy...pt reports that prior to hospital stay he was working in yard and did not need oxygen. pt now needs oxygen with oxyimizer. PMH: Hx of colon Ca 14 yrs ago with cholestomy, small cell lung ca 2 yrs ago with right middle and upper lobectomy, COPD, HTN, hypokalemia and hyperlipidemia.

PPS 60 percent.

A. On arrival sn was met at the door by pt wife Deloris who has not spoken in 9 yrs due to severe depression. patient sitting in living room when sn arrived. Pt is alert and oriented x 3 but does report being forgetful at times. Pt report severe sob with exertion and while at rest at times. Lungs absent in right upper and middle lobes and decreased in lower right lobe and left lobes. abdomen soft and nontender...Last BM yesterday...active bowel sounds....sn instructed cg on stool softners and laxative and the results of pain meds on the GI system....pt report wt loss of more than 20lbs in the last 2 months. pt report that his eating and appetite is getting better but appetite is still poor. No edema noted on assessment.. pt denies bladder incontinence....pt has cholestomy from previous colon resection due to colon ca. pt denies pain during visit and reports that he rarely has pain and OTC meds help when he does. pt states that bathing has become very difficult due to pt is not able to stand without becoming severely sob. sn contacted QHM and requested delivery of shower chair and wheeled walker to help pt with sob on exertion...Crystal with QHM states delivery today. medication reviewed and reconciled. sn contacted dr. snipes and dr. mehta regarding POC and admission. dr. mehta will be attending and okayed order for comfort kit. Sn activated Hospicript card and covered medications profiled confirmation # 3400250

R.SN 1wk1 then 3wk12  
MSW referral  
PCT 2wk 12  
Chaplain TBD  
Volenteer declined

## Grouped Clinician Diagnosis: Palliative/Hospice Disease Management

Interventions

| Intervention Category: | HOSPICE SERVICES | Identified: 06/07/2012                                                                                                                                              | Achieved:        |            |                 |                 |                |                           |
|------------------------|------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|------------|-----------------|-----------------|----------------|---------------------------|
|                        | <u>Achieved</u>  | <u>Interventions</u>                                                                                                                                                | <u>Performed</u> | <u>Var</u> | <u>Var Type</u> | <u>Rsn Code</u> | <u>Act Cod</u> | <u>Move to Next Visit</u> |
|                        |                  | Provide Hospice Orientation Booklet; Instruct on Hospice notice of election, Advance directives, Service authorization, Rights and Responsibilities.                | Y                | N          |                 |                 |                | N                         |
|                        |                  | Instruct on Hospice protocol: verification of poor prognosis; dying at home; call Hospice, not 911; team problem-solving; caregiver involvement; infection control. | Y                | N          |                 |                 |                | N                         |

| Intervention Category: | DISEASE AND SYMPTOM | Identified: 06/07/2012 | Achieved:        |            |                 |                 |                |                           |
|------------------------|---------------------|------------------------|------------------|------------|-----------------|-----------------|----------------|---------------------------|
|                        | <u>Achieved</u>     | <u>Interventions</u>   | <u>Performed</u> | <u>Var</u> | <u>Var Type</u> | <u>Rsn Code</u> | <u>Act Cod</u> | <u>Move to Next Visit</u> |

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Customer: Farr, William G

Customer ID: 03570052

Admit ID: 00038224

|                                                     |   |   |   |
|-----------------------------------------------------|---|---|---|
| Assess resuscitation status.                        | Y | N | N |
| Instruct on symptom management                      | Y | N | N |
| Instruct on disease progression                     | Y | N | N |
| Initiate order for DME/ medical supplies as needed. | Y | N | N |

**Grouped Clinician Diagnosis: Physical/symptom issues: pain, delirium, cognitive impairments, dyspnea, cough, wound, nausea, vomiting, anorexia, bladder incontinence, bowel incontinence, constipation, diarrhea, immobility, self-care deficit \_\_\_**

**Interventions**

| Intervention Category: | DISEASE AND SYMPTOM                                                                                                       | Identified: 06/07/2012 | Achieved:                                                                           |
|------------------------|---------------------------------------------------------------------------------------------------------------------------|------------------------|-------------------------------------------------------------------------------------|
| <u>Achieved</u>        | <u>Interventions</u>                                                                                                      | <u>Performed</u>       | <u>Var</u> <u>Var Type</u> <u>Rsn Code</u> <u>Act Cod</u> <u>Move to Next Visit</u> |
|                        | Reconcile Medications                                                                                                     | Y                      | N                                                                                   |
|                        | Evaluate medications for duplicate drug therapy, interactions, ineffective drug therapy, side effects and non-compliance. | Y                      | N                                                                                   |
|                        | Instruct on medication/supplement schedule                                                                                | Y                      | N                                                                                   |

**Grouped Clinician Diagnosis: Psychosocial/emotional issues: agitation, anxiety, depression, stress, anticipatory grieving, denial, anger, ineffective coping, intimacy, self image, limited support system, substance abuse, mental illness \_\_\_**

**Interventions**

| Intervention Category: | PSYCHOSOCIAL/SPIRITUAL/CULTURAL                                                | Identified: 06/07/2012 | Achieved:                                                                           |
|------------------------|--------------------------------------------------------------------------------|------------------------|-------------------------------------------------------------------------------------|
| <u>Achieved</u>        | <u>Interventions</u>                                                           | <u>Performed</u>       | <u>Var</u> <u>Var Type</u> <u>Rsn Code</u> <u>Act Cod</u> <u>Move to Next Visit</u> |
|                        | Develop plan of care/goals for care. Support involvement of pt/family in plan. | Y                      | N                                                                                   |

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routine visit

Customer: Farr, William G

Customer ID: 03570052

Admit ID: 00038224

DOB: [REDACTED]

SOC: 06/07/2012

Spartanburg Regional Hospice

120 Heywood Ave

Suite 300

Spartanburg, SC 293021211

8645603900

Contains

SRHS Hospice SN Routine

Hospice IDG Careplan 3 Non-Visit

Hospice IDG Careplan 3 Nursing Condition Progressing

Date In: 6/8/2012 9:43:00AM

Date Out: 6/8/2012 10:58:00AM

Personnel: Dunnaway, Alicia R RN

---

SRHS Hospice SN RoutineClinical Record Items

|                                            |                                   |
|--------------------------------------------|-----------------------------------|
| Patient ID Number                          | 00038224                          |
| Patient Name                               | Farr William G                    |
| Patient Date of Birth                      | [REDACTED]                        |
| Patient Social Security Number             | [REDACTED]                        |
| Start of Care Date                         | 06/07/2012                        |
| Discipline of Person Completing Assessment | 1 - RN                            |
| Systolic Blood Pressure (1)                | 118                               |
| Diastolic Blood Pressure (1)               | 82                                |
| Blood Pressure taken in which Position (1) | 2 - Sitting                       |
| Blood Pressure taken in which Arm (1)      | Left                              |
| Pulse (1)                                  | 120                               |
| Characteristic of Pulse (1)                | 1 - Regular                       |
| Location Pulse was Taken (1)               | 2 - Radial                        |
| Respirations                               | 28                                |
| O2 Via                                     | 1- Nasal Cannula                  |
| Oxygen Use                                 | 3 - Continuous                    |
| Oxygen O2 Flow Rate (LPM)                  | 6                                 |
| Temperature                                | 96.5                              |
| Temperature Degrees measured in            | Fahrenheit                        |
| Location Temperature was Taken             | 3 - Axillary                      |
| Pain Status                                | Patient denies pain at this time. |
| Mental Status                              | 1 - Alert - Oriented to           |
| Mental Status Oriented to                  | Person                            |
| Mental Status Place                        | Place                             |
| Mental Status Time                         | Time                              |
| Neurological Status                        | NO SIGNIFICANT FINDINGS           |

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Customer: Farr, William G

Customer ID: 03570052

Admit ID: 00038224

|                                         |                                                       |
|-----------------------------------------|-------------------------------------------------------|
| Cardiovascular System                   | 1 - Fatigue                                           |
|                                         | 9 - Tachycardia                                       |
| Peripheral pulses - Pedal               | 3 - Weak                                              |
| Peripheral pulses - Notes               | weak left pedal pulse                                 |
| Capillary refill                        | 1 - Less than 3 seconds                               |
| Edema                                   | None noted                                            |
| Sensory/Communication                   | NO SIGNIFICANT FINDINGS                               |
| Venous Access                           | NA                                                    |
| Conditions Affecting Respiratory Status | 1 - Dyspnea with activity                             |
|                                         | 2 - Dyspnea at rest                                   |
|                                         | 6 - Sleeps sitting up or requires more than 2 pillows |
| Breath Sound Condition                  | Rhonchi                                               |
| Location of Lung Sounds                 | LLL                                                   |
| Breath Sound Condition                  | Diminished                                            |
| Location of Lung Sounds                 | RML                                                   |
|                                         | RLL                                                   |
| Productive Cough                        | 1 - Yes                                               |
| Color of Mucus                          | 1 - Clear                                             |
| Consistency of Mucus                    | 1 - Thin                                              |
| Amount of Mucus                         | 1 - Small                                             |
| Liver                                   | NO SIGNIFICANT FINDINGS                               |
| Nutrition/Hydration                     | NO SIGNIFICANT FINDINGS                               |
| Ostomy                                  | Ostomy Appliance (specify type)                       |
| Ostomy Type                             | colostomy                                             |
| Ostomy Site                             | left abdomen                                          |
| Bowel Sounds                            | active 4                                              |
| Last Bowel Movement Date                | 06/07/2012                                            |
| Stool softener or laxative required?    | 2 - No                                                |
| GI/GU/Reproductive                      | NO SIGNIFICANT FINDINGS                               |
| Sexuality/Physical Contact/Closeness    | 2 - Deferred/Not Assessed                             |
| ADL - ROM                               | Limited                                               |
|                                         | Fall risk                                             |
| ADL - Bathing                           | Assist                                                |
|                                         | Needs Met                                             |
| ADL - Groom/Dress                       | Assist                                                |
|                                         | Needs Met                                             |
| ADL - Eating/Oral Care                  | Independent                                           |
| ADL - Ambulation                        | Assist                                                |
|                                         | Needs Met                                             |

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Customer: Farr, William G

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Admit ID: 00038224

|                                                 |                                                      |
|-------------------------------------------------|------------------------------------------------------|
| ADL - Toileting                                 | Assist                                               |
|                                                 | Needs Met                                            |
| Fall Risk Not Assessed                          | Not Assessed                                         |
| Skin Integrity                                  | Patient does not have integrity issues at this time. |
| Issues related to imminent death                | No issues at present.                                |
| Care giving issues                              | No issues at present                                 |
| Emotional Status - Caregiver                    | Mood/Affect stable and appropriate                   |
| Emotional Status - Patient                      | Mood/Affect stable and appropriate                   |
| Status of Plans for Funeral/Final Arrangements: | 1 - No plans initiated                               |
| Social Issues                                   | NONE                                                 |
| Safety/Sanitation Issues:                       | None identified                                      |
| Grief/Bereavement                               | Initiated Upon Admission                             |
| Spiritual/Pastoral Concerns                     | No Significant Finding                               |
| DME provider:                                   | Quality                                              |
| Assist devices/DME                              | Has - Oxygen - Portable                              |
|                                                 | Has - Oxygen - Concentrator                          |
| Supervisory Visit                               | Not Assessed on this visit                           |

**Clinician Diagnoses**ResolvedDescription

Physical/symptom issues: pain, delirium, cognitive impairments, dyspnea, cough, wound, nausea, vomiting, anorexia, bladder incontinence, bowel incontinence, constipation, diarrhea, immobility, self-care deficit \_\_

Psychosocial/emotional issues: agitation, anxiety, depression, stress, anticipatory grieving, denial, anger, ineffective coping, intimacy, self image, limited support system, substance abuse, mental illness \_\_

Caregiver issues: anxiety, depression, anticipatory grieving, burden of care, limited support system, physical limitations, substance abuse, mental illness \_\_

Functional/Safety issues: immobility, self-care deficit \_\_

Spiritual issues: altered access to faith/spiritual community, alteration in spiritual practices, altered belief system, altered life's meaning, need for closure, spiritual distress \_\_

Family/support issues: family conflict, communication, lack of resources, child/teen grief, role reversal, finances, inadequate housing \_\_

OXYGEN Use/Safety

Palliative/Hospice Disease Management

PAIN MANAGEMENT

Symptom Management

Created: 6/8/2012 10:06:00AM

Printed: 8/26/2013 11:10:06AM

Completed: 6/8/2012 10:58:00AM

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Customer: Farr, William G

Customer ID: 03570052

Admit ID: 00038224

Fall/Safety Risk Prevention

Nutrition - End of Life

**Grouped Clinician Diagnosis: Not Associated****Interventions**Intervention  
Category:**NURSE CLINICAL SUMMARY**

Identified: 06/07/2012 Achieved:

| <u>Achieved</u> | <u>Interventions</u>                                                                                                                                                    | <u>Performed</u> | <u>Var</u> | <u>Var Type</u> | <u>Rsn Code</u> | <u>Act Cod</u> | <u>Move to<br/>Next Visit</u> |
|-----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|------------|-----------------|-----------------|----------------|-------------------------------|
|                 | Enter a summary of the NURSE Visit in the NOTE BOX. Include items that may require follow up. Background required on Admission clinical summary.<br>Note: Routine visit | Y                | N          |                 |                 |                | N                             |

Pts CG greeted SN at door. Upon arrival pt sitting in recliner watching tv. Pt reports that he had a breathing attck this morning and when his daughter called hospice she was put through to the answering service so daughter hung up. Daughter proceeded to call 911. Pt states EMS came to pts honme and worked with him for about an hour helping him administer his medications and nebulizer treatments until pt returned to normal. SN explained that a nurse is on call for hospice 24 hours a day but each pt has to go through an answering service first. Family members asked if there was a nurse located near to pt that could help in situations like that that happened this morning and SN explained that 1 nurse was on call at night and no one else would be called based on location. SN explained that hospice covers 4 counties and the nurses live in several different areas but cannot be on call based on location. Family not really pleased with this information but reinforcement given that if pt called nurse on call she could talk him or another family member through what needs to be done before she got there. Family seemed a little more at ease with this information. Upon assessment vitals are stable except hr 120 and resp 28. Rhonchi is heard in left lower lobe of lung and right lung fields are diminished. Pt reports a productive cough producing clear phlem at times. Pt wearing O2 at 3L but states that the type nc he is wearing it delivers twice as much O2 so he is receiving 6L. Pt reports severe sob when pt has to get up and ambulate. Bowel sounds are present and brown stool noted in colostomy. Left pedal pulse is weak and no edema present. SN performed teaching about Roxanol and Ativan and discussed steps to do when having breathing difficulty. CG wrote instructions down. SN instructed pt to call hospice with any breathing difficulty or any other concerns. SN called pts pharmacy who confirms that pts Ativan and Roxaol are ready for pickup. SN informed pt to show pharmacy pts hospiscript card. Pt states that QHM will be delivering equipment today. No other needs noted at this time. SN encouraged pt and family to call hospice for any needs or concerns.

Continue hospice poc and monitor for decline. Please bring urinal to next scheduled visit.

**Grouped Clinician Diagnosis: Nutrition - End of Life****Interventions**Intervention  
Category:**DISEASE AND SYMPTOM**

Identified: 06/07/2012 Achieved:

| <u>Achieved</u> | <u>Interventions</u>                                                                                                                                                                              | <u>Performed</u> | <u>Var</u> | <u>Var Type</u> | <u>Rsn Code</u> | <u>Act Cod</u> | <u>Move to<br/>Next Visit</u> |
|-----------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|------------|-----------------|-----------------|----------------|-------------------------------|
|                 | Instruct on disease progression: s/sx of dying, potential for skin breakdown, urinary incontinence, decreased desire/ability to eat/drink and alternative treatment measures to increase comfort. | Y                | N          |                 |                 |                | N                             |

**Grouped Clinician Diagnosis: OXYGEN Use/Safety****Interventions**

Created: 6/8/2012 10:06:00AM

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SN A Routine Visit (Visit 06/08/2012)



1654116171

Customer: Farr, William G

Customer ID: 03570052

Admit ID: 00038224

Intervention Category: DISEASE AND SYMPTOM

Identified: 06/07/2012 Achieved:

| <u>Achieved</u> | <u>Interventions</u>                                                      | <u>Performed</u> | <u>Var</u> | <u>Var Type</u> | <u>Rsn Code</u> | <u>Act Cod</u> | <u>Move to Next Visit</u> |
|-----------------|---------------------------------------------------------------------------|------------------|------------|-----------------|-----------------|----------------|---------------------------|
|                 | Evaluate need for/or effectiveness of oxygen therapy, instruct as needed. | Y                | N          |                 |                 |                | N                         |

## Grouped Clinician Diagnosis: Palliative/Hospice Disease Management

Interventions

Intervention Category: DISEASE AND SYMPTOM

Identified: 06/07/2012 Achieved:

| <u>Achieved</u> | <u>Interventions</u>               | <u>Performed</u> | <u>Var</u> | <u>Var Type</u> | <u>Rsn Code</u> | <u>Act Cod</u> | <u>Move to Next Visit</u> |
|-----------------|------------------------------------|------------------|------------|-----------------|-----------------|----------------|---------------------------|
|                 | Instruct to call Hospice, not 911. | Y                | N          |                 |                 |                | N                         |

Grouped Clinician Diagnosis: Physical/symptom issues: pain, delirium, cognitive impairments, dyspnea, cough, wound, nausea, vomiting, anorexia, bladder incontinence, bowel incontinence, constipation, diarrhea, immobility, self-care deficit \_\_\_\_

Interventions

Intervention Category: DISEASE AND SYMPTOM

Identified: 06/07/2012 Achieved:

| <u>Achieved</u> | <u>Interventions</u>                                                                                   | <u>Performed</u> | <u>Var</u> | <u>Var Type</u> | <u>Rsn Code</u> | <u>Act Cod</u> | <u>Move to Next Visit</u> |
|-----------------|--------------------------------------------------------------------------------------------------------|------------------|------------|-----------------|-----------------|----------------|---------------------------|
|                 | Assess for medication effectiveness/symptom control; side effects and compliance.                      | Y                | N          |                 |                 |                | N                         |
|                 | Instruct on medication/supplement; purpose, action, and side effects.                                  | Y                | N          |                 |                 |                | N                         |
|                 | Evaluate need/effectiveness/safety of equipment/supplies; initiate order as needed; instruct as needed | Y                | N          |                 |                 |                | N                         |

Created: 6/8/2012 10:06:00AM

Printed: 8/26/2013 11:10:06AM

Completed: 6/8/2012 10:58:00AM

Author: Dunnaway, Alicia R RN

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Customer: Farr, William G

Customer ID: 03570052

Admit ID: 00038224

DOB: [REDACTED]

SOC: 06/07/2012

Spartanburg Regional Hospice

120 Heywood Ave

Suite 300

Spartanburg, SC 293021211

8645603900

Contains

SRHS IPU Spiritual Assessment

Hospice IDG Careplan 3 Non-Visit

Hospice IDG Careplan 3 Spiritual Visit Note

Date In: 6/11/2012 11:00:00AM

Date Out: 6/11/2012 11:15:00AM

Personnel: Jordan, Gary W Chaplain

**SRHS IPU Spiritual Assessment**Clinical Record Items

|                                                           |                                                                                              |
|-----------------------------------------------------------|----------------------------------------------------------------------------------------------|
| Patient Spiritual Perspective                             | 3 - Protestant                                                                               |
| Family Spiritual Perspective                              | 3 - Protestant                                                                               |
| Does patient or caregiver want Hospice to contact clergy? | 2 - No                                                                                       |
| Spiritual Support                                         | Fair - limited pastoral/congregational visitation                                            |
| Support desired from spiritual community                  | 1 - Clergy visits                                                                            |
|                                                           | 5 - Prayer                                                                                   |
| Expresses faith in God                                    | Patient - Yes                                                                                |
| Major Spiritual Concerns                                  | 1 - Patient's spiritual doctrine/beliefs may affect end of life choices (spiritual conflict) |

Clinician DiagnosesResolvedDescription

Physical/symptom issues: pain, delirium, cognitive impairments, dyspnea, cough, wound, nausea, vomiting, anorexia, bladder incontinence, bowel incontinence, constipation, diarrhea, immobility, self-care deficit \_\_

Psychosocial/emotional issues: agitation, anxiety, depression, stress, anticipatory grieving, denial, anger, ineffective coping, intimacy, self image, limited support system, substance abuse, mental illness \_\_

Caregiver issues: anxiety, depression, anticipatory grieving, burden of care, limited support system, physical limitations, substance abuse, mental illness \_\_

Functional/Safety issues: immobility, self-care deficit \_\_

Spiritual issues: altered access to faith/spiritual community, alteration in spiritual practices, altered belief system, altered life's meaning, need for closure, spiritual distress \_\_

Family/support issues: family conflict, communication, lack of resources, child/teen grief, role reversal, finances, inadequate housing \_\_

OXYGEN Use/Safety

Created: 6/11/2012 12:52:00PM

Printed: 8/26/2013 11:10:06AM

Completed: 6/11/2012 1:28:00PM

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Customer: Farr, William G

Customer ID: 03570052

Admit ID: 00038224

Palliative/Hospice Disease Management

PAIN MANAGEMENT

Symptom Management

Fall/Safety Risk Prevention

Nutrition - End of Life

## Grouped Clinician Diagnosis: Not Associated

InterventionsIntervention  
Category:

## CHAPLAIN CLINICAL SUMMARY

Identified: 06/07/2012 Achieved:

| <u>Achieved</u> | <u>Interventions</u>                                                                                                                                                                                                                                                                         | <u>Performed</u> | <u>Var</u> | <u>Var Type</u> | <u>Rsn Code</u> | <u>Act Cod</u> | <u>Move to<br/>Next Visit</u> |
|-----------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|------------|-----------------|-----------------|----------------|-------------------------------|
|                 | Enter a summary of the CHAPLAIN Visit in the NOTE BOX. Include items that may require follow-up. Background required on Admission clinical summary.<br>Note: SITUATION Patient is admitted into SRMC in the Heart Center. When chaplain arrived patient was receiving a breathing treatment. | Y                | N          |                 |                 |                | N                             |
|                 | BACKGROUND Patient scheduled for spiritual assessment                                                                                                                                                                                                                                        |                  |            |                 |                 |                |                               |
|                 | ASSESSMENT Patient was receiving breathing treatment as chaplain arrived. A visitor was sitting in room with patient. Visitor was not identified and patient stated that she did not talk. Patient asked chaplain to come back.                                                              |                  |            |                 |                 |                |                               |
|                 | RESPONSE Chaplain met patient to introduce spiritual support and chaplain services. Chaplain will visit with patient later in the week for further assessment.                                                                                                                               |                  |            |                 |                 |                |                               |

## Grouped Clinician Diagnosis: Spiritual issues: altered access to faith/spiritual community, alteration in spiritual practices, altered belief system, altered life's meaning, need for closure, spiritual distress \_\_

InterventionsIntervention  
Category:

## PSYCHOSOCIAL - Spiritual/Chaplain

Identified: 06/07/2012 Achieved:

| <u>Achieved</u> | <u>Interventions</u>                                                                                                  | <u>Performed</u> | <u>Var</u> | <u>Var Type</u> | <u>Rsn Code</u> | <u>Act Cod</u> | <u>Move to<br/>Next Visit</u> |
|-----------------|-----------------------------------------------------------------------------------------------------------------------|------------------|------------|-----------------|-----------------|----------------|-------------------------------|
|                 | Assess need for regular pastoral contacts as requested.                                                               | Y                | N          |                 |                 |                | N                             |
|                 | Provide spiritual support.                                                                                            | Y                | N          |                 |                 |                | N                             |
|                 | Provide support through: prayer, sacraments, scripture reading, meditation, religious services, presence, other ____. | Y                | N          |                 |                 |                | N                             |

Created: 6/11/2012 12:52:00PM

Printed: 8/26/2013 11:10:06AM

Completed: 6/11/2012 1:28:00PM

Author: Jordan, Gary W Chaplain

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**SN Visit No Charge (Visit 06/11/2012)**

1629148936

pt in hospital

Customer: Farr, William G

Customer ID: 03570052

Admit ID: 00038224

DOB: [REDACTED]

SOC: 06/07/2012

**Spartanburg Regional Hospice**

120 Heywood Ave

Suite 300

Spartanburg, SC 293021211

8645603900

Contains

Clinical Note

Date In: 6/11/2012 11:25:00AM

Date Out: 6/11/2012 11:44:00AM

Personnel: Ackerman, Adrian N RN

Telephone Visit

**Clinical Note**

Pt was admitted to Rm 8528 on 5Heart over the weekend. Nsg station #560-8262.

Sn called floor and spoke with Adam RN who is caring for pt today. Adam states pt was admitted with sob and as a full code. During the night pt required use of a bipap and family switched full code to a DNI. Pt had negative enzymes and is negative for PE. There were small elevations in troponin levels and blood culture results are pending. Adam states staff have continued education with family and patient regarding disease process and prognosis but also aggressive vs palliative care and pt is now a DNR. Palliative Care team has been consulted but had not seen patient yet. There are currently no discharge plans and the normal caseworker Yvonne is out but Alveta Brown is covering. Adam was also talking to pt while sn was on the phone with him - pt is oriented x3 and family was not with him. Adam stated they had no idea hospice was involved but sn explained that supervisors/medical director would be reviewing pt case and determine how to proceed and refine pts new poc. Sn called and discussed above findings with Sup S Carr and this sn will await a determination in poc before making visit with pt/family so that they will be aware of how care will proceed.

Created: 6/11/2012 5:20:00PM

Printed: 8/26/2013 11:10:06AM

Completed: 6/11/2012 5:51:00PM

Author: Ackerman, Adrian N RN

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## SN A Routine Visit (Visit 06/12/2012)



1629148956

visit to hospital rm 8528

Customer: Farr, William G

Customer ID: 03570052

Admit ID: 00038224

DOB: [REDACTED]

SOC: 06/07/2012

Spartanburg Regional Hospice

120 Heywood Ave

Suite 300

Spartanburg, SC 293021211

8645603900

Contains

Hospice IDG Careplan 3 Non-Visit

Hospice IDG Careplan 3 Nursing Condition Progressing

Date In: 6/12/2012 8:51:00AM

Date Out: 6/12/2012 10:26:00AM

Personnel: Ackerman, Adrian N RN

Clinician Diagnoses

| <u>Resolved</u> | <u>Description</u>                                                                                                                                                                                                    |
|-----------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                 | Physical/symptom issues: pain, delirium, cognitive impairments, dyspnea, cough, wound, nausea, vomiting, anorexia, bladder incontinence, bowel incontinence, constipation, diarrhea, immobility, self-care deficit __ |
|                 | Psychosocial/emotional issues: agitation, anxiety, depression, stress, anticipatory grieving, denial, anger, ineffective coping, intimacy, self image, limited support system, substance abuse, mental illness __     |
|                 | Caregiver issues: anxiety, depression, anticipatory grieving, burden of care, limited support system, physical limitations, substance abuse, mental illness __                                                        |
|                 | Functional/Safety issues: immobility, self-care deficit__                                                                                                                                                             |
|                 | Spiritual issues: altered access to faith/spiritual community, alteration in spiritual practices, altered belief system, altered life's meaning, need for closure, spiritual distress __                              |
|                 | Family/support issues: family conflict, communication, lack of resources, child/teen grief, role reversal, finances, inadequate housing __                                                                            |
|                 | OXYGEN Use/Safety                                                                                                                                                                                                     |
|                 | Palliative/Hospice Disease Management                                                                                                                                                                                 |
|                 | PAIN MANAGEMENT                                                                                                                                                                                                       |
|                 | Symptom Management                                                                                                                                                                                                    |
|                 | Fall/Safety Risk Prevention                                                                                                                                                                                           |
|                 | Nutrition - End of Life                                                                                                                                                                                               |

## Grouped Clinician Diagnosis: Fall/Safety Risk Prevention

Interventions

| Intervention Category: | SAFETY                                                                 | Identified: 06/07/2012 | Achieved:  |                 |                 |                |                           |  |
|------------------------|------------------------------------------------------------------------|------------------------|------------|-----------------|-----------------|----------------|---------------------------|--|
| <u>Achieved</u>        | <u>Interventions</u>                                                   | <u>Performed</u>       | <u>Var</u> | <u>Var Type</u> | <u>Rsn Code</u> | <u>Act Cod</u> | <u>Move to Next Visit</u> |  |
|                        | Instruct on need for caregiver to maintain safety in home environment. | Y                      | N          |                 |                 |                | N                         |  |

Created: 6/12/2012 8:32:00AM

Printed: 8/26/2013 11:10:06AM

Completed: 6/12/2012 10:16:00PM

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## SN A Routine Visit (Visit 06/12/2012)



1629148956

Customer: Farr, William G

Customer ID: 03570052

Admit ID: 00038224

## Grouped Clinician Diagnosis: Not Associated

InterventionsIntervention  
Category:

## NURSE CLINICAL SUMMARY

Identified: 06/07/2012 Achieved:

| <u>Achieved</u> | <u>Interventions</u>                                                                                                                                                                          | <u>Performed</u> | <u>Var</u> | <u>Var Type</u> | <u>Rsn Code</u> | <u>Act Cod</u> | <u>Move to<br/>Next Visit</u> |
|-----------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|------------|-----------------|-----------------|----------------|-------------------------------|
|                 | Enter a summary of the NURSE Visit in the NOTE BOX. Include items that may require follow up. Background required on Admission clinical summary.<br>Note: Visit to hospital room 8528 5Heart. | Y                | N          |                 |                 |                | N                             |

Pt oriented x3. 15L O2 nonrebreather rhonchi heard without stethoscope and pt is moderately SOB at rest increasing with any activity. Wife Deloris at bedside but does not speak. Two of pts brothers present and were talking to Dr Littlefield when sn arrived. Pt told sn about what happened over the weekend and then repeated the story for msw Cheri when she arrived. Sn explained that there needed to be an adult in the home who could be educated on how to respond to a pt crisis as happened over the weekend. Pt strongly wants to go home but family at this time does not have the knowledge/ability to provide for pt care needs at this stage. Pt had been a full code upon admission changing then to a DNI and finally to a DNR. Sn encouraged hospice home transfer to assist with symptom management and help educate family on pt care needs. Sn discussed plans with Adam RN who cared for pt yesterday and Bruce RN who was caring for pt today. Sn also spoke with casemanager Yvonne and Dr Littlefield had already written an order for transfer to hospice home in pts chart this am. Sn called Dr Bell and discussed pt with him - he stated to just transfer pt based on Dr Littlefields orders and have Dr Snipes round on him at hospice home. Sn called Sup S Carr and then asked Yvonne to speak with Tracey Dawkins about transfer arrangements. When sn and Cheri re-entered pts room - son Billy who is also hcpoa was present so Cheri discussed updated poc with him and he strongly agreed that hospice home was the best option. Sn received call from Sup S Carr just after 2pm stating Billy had called and wanted more information and transport had already been set up for 230pm. Sn called and Billy was asking about symptom management - sn again explained that hospice treats symptoms aggressively as a palliative measure and that Dr Snipes would review pts current meds/treatments and continue with a poc he thought would be best for the pt to provide relieve and try to meet pt goals. Son then stated he needed to know what kind of routine would be set up at the home and when all hospice personnel would be visiting because he felt he would have to pay a nurse to stay with pt intermittantly and he also wanted to know how to get equipment in pts home as pt was stating he was going to leave the hospice home on Saturday. Then pt was heard saying he expected to be home by Friday and son agreed. Sn explained again that the sequence of events would be that pt would be transferred and symptom management would be priority and tomorrow msw Toni at the hospice home would be visiting them to discuss pt care options. Son was in agreement with this plan. Sn then called Ashley RN at hospice home and informed her of all the above info - Toni was no longer there but Ashley agreed to make her aware of issues. Sn called msw Cheri to update her and she stated she would be calling Toni tomorrow to give her all the details.

## Grouped Clinician Diagnosis: Nutrition - End of Life

InterventionsIntervention  
Category:

## DISEASE AND SYMPTOM

Identified: 06/07/2012 Achieved:

| <u>Achieved</u> | <u>Interventions</u>                                                                                                                                                                              | <u>Performed</u> | <u>Var</u> | <u>Var Type</u> | <u>Rsn Code</u> | <u>Act Cod</u> | <u>Move to<br/>Next Visit</u> |
|-----------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|------------|-----------------|-----------------|----------------|-------------------------------|
|                 | Instruct on disease progression: s/sx of dying, potential for skin breakdown, urinary incontinence, decreased desire/ability to eat/drink and alternative treatment measures to increase comfort. | Y                | N          |                 |                 |                | N                             |

## Grouped Clinician Diagnosis: OXYGEN Use/Safety

Interventions

Created: 6/12/2012 8:32:00AM

Printed: 8/26/2013 11:10:06AM

Completed: 6/12/2012 10:16:00PM

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SN A Routine Visit (Visit 06/12/2012)



1629148956

Customer: Farr, William G

Customer ID: 03570052

Admit ID: 00038224

Intervention Category: DISEASE AND SYMPTOM

Identified: 06/07/2012 Achieved:

| <u>Achieved</u> | <u>Interventions</u>                                                      | <u>Performed</u> | <u>Var</u> | <u>Var Type</u> | <u>Rsn Code</u> | <u>Act Cod</u> | <u>Move to Next Visit</u> |
|-----------------|---------------------------------------------------------------------------|------------------|------------|-----------------|-----------------|----------------|---------------------------|
|                 | Evaluate need for/or effectiveness of oxygen therapy, instruct as needed. | Y                | N          |                 |                 |                | N                         |

## Grouped Clinician Diagnosis: Palliative/Hospice Disease Management

Interventions

Intervention Category: DISEASE AND SYMPTOM

Identified: 06/07/2012 Achieved:

| <u>Achieved</u> | <u>Interventions</u>               | <u>Performed</u> | <u>Var</u> | <u>Var Type</u> | <u>Rsn Code</u> | <u>Act Cod</u> | <u>Move to Next Visit</u> |
|-----------------|------------------------------------|------------------|------------|-----------------|-----------------|----------------|---------------------------|
|                 | Instruct to call Hospice, not 911. | Y                | N          |                 |                 |                | N                         |

Intervention Category: INTERTEAM SERVICES/COMMUNITY REFERRALS

Identified: 06/07/2012 Achieved:

| <u>Achieved</u> | <u>Interventions</u>                                                                                | <u>Performed</u> | <u>Var</u> | <u>Var Type</u> | <u>Rsn Code</u> | <u>Act Cod</u> | <u>Move to Next Visit</u> |
|-----------------|-----------------------------------------------------------------------------------------------------|------------------|------------|-----------------|-----------------|----------------|---------------------------|
|                 | Instruct on/discuss any changes in patient condition or plan of care with caregiver/facility staff. | Y                | N          |                 |                 |                | N                         |

## Grouped Clinician Diagnosis: Psychosocial/emotional issues: agitation, anxiety, depression, stress, anticipatory grieving, denial, anger, ineffective coping, intimacy, self image, limited support system, substance abuse, mental illness \_\_

Interventions

Intervention Category: PSYCHOSOCIAL - Spiritual/Chaplain

Identified: 06/07/2012 Achieved:

| <u>Achieved</u> | <u>Interventions</u>                                                                | <u>Performed</u> | <u>Var</u> | <u>Var Type</u> | <u>Rsn Code</u> | <u>Act Cod</u> | <u>Move to Next Visit</u> |
|-----------------|-------------------------------------------------------------------------------------|------------------|------------|-----------------|-----------------|----------------|---------------------------|
|                 | Support communication/expression of feelings between patient and/or family members. | Y                | N          |                 |                 |                | N                         |
|                 | Evaluate meaning of death for patient/caregiver(s).                                 | Y                | N          |                 |                 |                | N                         |
|                 | Support resolution of conflict.                                                     | Y                | N          |                 |                 |                | N                         |
|                 | Assess for feelings of hope/peace.                                                  | Y                | N          |                 |                 |                | N                         |
|                 | Evaluate sense of self                                                              | Y                | N          |                 |                 |                | N                         |
|                 | Provide information/education on end of life issues.                                | Y                | N          |                 |                 |                | N                         |

Intervention Category: PSYCHOSOCIAL/SPIRITUAL/CULTURAL

Identified: 06/07/2012 Achieved:

| <u>Achieved</u> | <u>Interventions</u>                                                       | <u>Performed</u> | <u>Var</u> | <u>Var Type</u> | <u>Rsn Code</u> | <u>Act Cod</u> | <u>Move to Next Visit</u> |
|-----------------|----------------------------------------------------------------------------|------------------|------------|-----------------|-----------------|----------------|---------------------------|
|                 | Evaluate patient/caregiver ability to cope with declining physical status. | Y                | N          |                 |                 |                | N                         |
|                 | Evaluate ability to cope with the grieving process.                        | Y                | N          |                 |                 |                | N                         |

Created: 6/12/2012 8:32:00AM

Printed: 8/26/2013 11:10:06AM

Completed: 6/12/2012 10:16:00PM

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SN A Routine Visit (Visit 06/12/2012)



1629148956

Customer: Farr, William G

Customer ID: 03570052

Admit ID: 00038224

Created: 6/12/2012 8:32:00AM

Printed: 8/26/2013 11:10:06AM

Completed: 6/12/2012 10:16:00PM

Author: Ackerman, Adrian N RN

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Page 4 of 4

**MSW Rt Visit (Visit 06/12/2012)**

1652148447

visit at SRMC

Customer: Farr, William G

Customer ID: 03570052

Admit ID: 00038224

DOB: [REDACTED]

SOC: 06/07/2012

**Spartanburg Regional Hospice**

120 Heywood Ave

Suite 300

Spartanburg, SC 293021211

8645603900

Contains

Clinical Note

Date In: 6/12/2012 9:03:00AM

Date Out: 6/12/2012 10:20:00AM

Personnel: Freeman, Cheri LBSW

PRN Visit

**Clinical Note**

visit at SRMC. Pt was admitted to Hospice on 6/7 and to SRMC over the weekend. Pt had called EMS secondary to shortness of breath. Pt admitted to SRMC prior to SW admission visit in the home and LBSW was meeting pt for the first time. SN, Adrian, present. Pt was alert and oriented. Spouse and 2 of pts brotheres were in the room. Pts spouse did not talk and family advised that spouse has not talked in years secondary to an emotional/psychological problem. Pt talked about calling 911 and frustration about waiting for an SN to visit at the house that day. Pt stated that his chest was very tight. Pt currently on 15 liter non-rebreather mask and pt became very short of breath while talking. Discussed options for pts care with pt stating that he wants to go home. Discussed concerns re: pts current symptoms and no one in the home 24/7 that can meet current needs. Discussed need to get symptoms managed prior to pt trying to go back home or he will end up right back in the hospital. Pt stated that he has a sister who is very experienced with caring for people and he thinks she will assist with care. Pt verbalized agreement with transfer to the Hospice House during this visit for assistance with symptom management. LBSW asked pt who he wants to make decisions if/when he can't and he stated that his son, Brian, will take care of things for him. LBSW conferenced with case manager, Yvonne, and son arrived prior to LBSW leaving. Brian agreeable with transfer to the Hospice House. Pt had fallen asleep and Brian stated that he would talk to pt when he woke up. Emotional support provided. Anticipate transfer to Hospice House today.

Created: 6/12/2012 7:04:00PM

Completed: 6/12/2012 7:28:00PM

Author: Freeman, Cheri LBSW

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Printed: 8/26/2013 11:10:06AM

Page 1 of 1

## Case Communication Report

By Organization, By Entry User

Customer: Farr, William G - 03570052  
Admit ID: 00038224  
SRHS/SRMC/SRHC/SRHO  
CHALMI - Chalk, Miranda

Customer: Farr, William G - 03570052  
Organization: SRHS/SRMC/SRHC/SRHO  
Type: ME--Medications  
Author: Chalk, Miranda D  
Subject: Medications

Admit ID: 00038224

Entered: 6/7/2012 5:29:33PM by: Chalk, Miranda  
Completed: by:

Note: dr.mehta to fax rx for roxanol and ativan to Cvs on rice ave. meds added to hospiscript profile confirm # 3401566

COMEDI - Comer, Dina

Customer: Farr, William G - 03570052  
Organization: SRHS/SRMC/SRHC/SRHO  
Type: av--Attempted Visit  
Author: Comer, Dina C RN  
Subject: Attempted Visit

Admit ID: 00038224

Entered: 6/10/2012 4:26:42PM by: Comer, Dina  
Completed: 6/10/2012 4:26:41PM by: Comer, Dina

Note: sn recieved call this morning stating pt had been vomiting all night and his legs were swollen and aksed that sn visit today. sn informed i would. sn placed call back about 1 hour later stating a crisis had come up and sn called to check on pt to see how he was and would be a little later coming out. sn spoke with daughter who states pt was ok and wasnt vomiting but legs werre swollen. sn informs swelling probabllly related to cancer and sn would visit as soon as possible. daughter voiced satisfaction. sn made visit to home at 1245pm and was greeted at door by adult male who states pt had gone to hospital. sn questioned why and he states pt had sob. sn placed call to lisa pt daughter to inquire what happened to pt. sn informed she told sn earlier that pt legs were swollen and had vomited last night but didnt say anything about sob. lisa states pt just kept complaining of this and that and she called ems to transprt to srmc. sn offered emotional support and states will let primary nurse know .

SPROWA - Sprouse, Wanda

Customer: Farr, William G - 03570052  
Organization: SRHS/SRMC/SRHC/SRHO  
Type: EN--Episode Note - General  
Author: Sprouse, Wanda Lanie  
Subject: Episode Note - General

Admit ID: 00038224

Entered: 6/13/2012 1:21:03PM by: Sprouse, Wanda  
Completed: 6/13/2012 1:21:01PM by: Sprouse, Wanda

Note: Admitted to 5 Heart by Dr Littlefield On 6/10/12 transferred to Hospice Home on 6/12/12

STATVI - State, Vickie

Customer: Farr, William G - 03570052  
Organization: SRHS/SRMC/SRHC/SRHO  
Type: EN--Episode Note - General  
Author: State, Vicki  
Subject: Hospice Home stay from 06.12.12 to 06.16.12 Documentation is in episode 38311  
Note: Please see episode 38311 for IPU documentation.

Admit ID: 00038224

Entered: 6/18/2012 4:14:17PM by: State, Vickie  
Completed: 6/18/2012 4:14:16PM by: State, Vickie

TAYLCL - Taylor, Clegg

Customer: Farr, William G - 03570052  
Organization: SRHS/SRMC/SRHC/SRHO  
Type: EN--Episode Note - General  
Author: Taylor, Clegg F Chap  
Subject: POC

Admit ID: 00038224

Entered: 6/7/2012 10:50:02PM by: Taylor, Clegg  
Completed: 6/7/2012 10:50:01PM by: Taylor, Clegg

Note: The chaplain reviewed the POC written by the admitting RN



## Report Range Definition

Groups: By Organization, By Entry User  
Show note text: Yes  
Show follow up info: No  
Category: CASE CONFERENCE NOTE  
Include incomplete notes: Yes  
Include incomplete follow-up notes: Yes  
Include discharged patients: Yes  
Include entry date range: Yes From: 06/07/2012 thru: 08/26/2013  
Include follow-up due date range: No  
Include follow-up complete date range: No  
Include complete date range: No

Note Types: All Note Types were selected

Entry Users: All Entry Users were selected

Authors: All Authors were selected

Follow-up Persons: All Follow-up Persons were selected

Completion Users: All Completion Users were selected

Admissions: Farr, William G - Admit ID: 00038224

Organizations: All Organizations were selected

Database: PwhcProd01

User: JOHNTA - Johnson, Tara

Exe version: C:\MCKESSON\PWHC\APPS.exe - 12.3.2

Command line: /si:\PRC162K8\McKesson\Pwhc\Config\Prod01\ /AN: Print Notes Report /EX:HXYMGL /UC:178358 /UP:112

**Documentation Summary**  
**Spartanburg Regional Hospice Home**  
**All Disciplines**      **Dates: 06/07/12 12:00 AM to 08/27/13 11:59 PM**

Sort By Patient

|                                            |                                    |             |                                             |                                          |            |
|--------------------------------------------|------------------------------------|-------------|---------------------------------------------|------------------------------------------|------------|
| <b>Patient</b><br>Farr, William G          | <b>IPU SOC</b><br>06/10/2012       | <b>Room</b> | <b>Admit ID</b><br>00038311                 | <b>Patient ID</b><br>03570052            | <b>LOC</b> |
| <b>Performed On</b><br>06/12/2012 03:50 PM | <b>Document Type</b><br>Assessment |             | <b>Performed By</b><br>Ashleigh Pintooff RN | <b>Entered On</b><br>06/12/2012 04:11 PM |            |
| <b>Completed On</b>                        | 06/12/2012 04:41 PM                |             |                                             |                                          |            |

Intervention: IPU SN Admission Assessment

Notes:

Assessment: SRHS IPU Nursing Assessment - Admission

Observation

Reason for Admission  
 Currently a Regional Hospice Patient  
 Patient demonstrates knowledge/understanding of  
 disease process

Patients illness is related to:  
 Patient denies pain at this time  
 Pain Observations  
 Mental Status  
 Oriented to

Sleep/Rest  
 Neurological Status  
 Sensory/Communication  
 Patients ability to express self  
 Weight kg  
 Weight  
 Height inches  
 Appetite  
 Diet  
 Oral Cavity  
 GI Abdomen

Ostomy Appliance  
 Bowel Sounds  
 Last bowel movement  
 GU  
 Edema  
 Breath Sounds  
 Pulmonary

Oximizer L/min  
 Liver  
 Bathing  
 Integument

Result

Sx management  
 Current Regional Hospice patient  
 Treatment Plan  
  
 Disease Progression  
 Prognosis  
 DNR  
 Cancer  
 Patient denies pain at this time  
 No non-verbal signs of pain  
 Alert  
 Person  
 Place  
 Time  
 No Significant Changes for Patient  
 No Significant Findings  
 No significant findings  
 Express thoughts, feelings, needs w/o difficulty  
 54  
 Stated  
 64  
 Good  
 As tolerated  
 No significant findings  
 Flat  
 Soft  
 Colostomy  
 Active  
 06/12/2012  
 No Significant Findings  
 None noted  
 Clear  
 Regular  
 Dyspnea  
 Dyspnea on exertion  
 O2 Therapy  
 15  
 No Significant Findings  
 Partial assist  
 Warm

**Documentation Summary**  
**Spartanburg Regional Hospice Home**

Sort By Patient

All Disciplines

Dates: 06/07/12 12:00 AM to 08/27/13 11:59 PM

|                 |                                                                  |             |                 |                                                           |            |
|-----------------|------------------------------------------------------------------|-------------|-----------------|-----------------------------------------------------------|------------|
| <b>Patient</b>  | <b>IPU SOC</b>                                                   | <b>Room</b> | <b>Admit ID</b> | <b>Patient ID</b>                                         | <b>LOC</b> |
| Farr, William G | 06/10/2012                                                       |             | 00038311        | 03570052                                                  |            |
|                 | Turgor                                                           |             |                 | Loose                                                     |            |
|                 | Vascular Access Type                                             |             |                 | Implanted Device (Port, etc)                              |            |
|                 | Port accessed                                                    |             |                 | Port accessed                                             |            |
|                 | Port accessed date flushed                                       |             |                 | Date flushed                                              |            |
|                 | Vascular access site location                                    |             |                 | 06/12/2012                                                |            |
|                 | Vascular Access Site                                             |             |                 | 1 sc pac                                                  |            |
|                 | Patency                                                          |             |                 | Benign                                                    |            |
|                 |                                                                  |             |                 | Flushes easily                                            |            |
|                 |                                                                  |             |                 | Blood return                                              |            |
|                 | Vascular access dressing type                                    |             |                 | Transparent                                               |            |
|                 | Vascular access dressing condition                               |             |                 | Clean, dry, intact                                        |            |
|                 | Subcutaneous Access                                              |             |                 | NA                                                        |            |
|                 | Issues Related to Imminent Death                                 |             |                 | No issues at present                                      |            |
|                 | Emotional Status                                                 |             |                 | Mood/Affect stable and appropriate                        |            |
|                 | Potential Learning Factors - Emotional Status (anxiety/fear etc) |             |                 | Patient                                                   |            |
|                 | Potential Learning Factors - Other (specify)                     |             |                 | daughter does not want pt here, or on the hospice program |            |
|                 | Patient Bill of Rights/Responsibilities Discussed with           |             |                 | Discussed Patient                                         |            |
|                 | Discussed with other                                             |             |                 | Other                                                     |            |
|                 | Other Relationship                                               |             |                 | brian farr son                                            |            |

|                     |                      |                     |                     |
|---------------------|----------------------|---------------------|---------------------|
| <b>Performed On</b> | <b>Document Type</b> | <b>Performed By</b> | <b>Entered On</b>   |
| 06/12/2012 03:50 PM |                      | Ashleigh Pintoff RN |                     |
| <b>Completed On</b> | Intervention         |                     | 06/12/2012 04:11 PM |
|                     | 06/12/2012 04:41 PM  |                     |                     |

Intervention: IPU SN Admission Assessment

Notes:

|                     |                      |                     |                     |
|---------------------|----------------------|---------------------|---------------------|
| <b>Performed On</b> | <b>Document Type</b> | <b>Performed By</b> | <b>Entered On</b>   |
| 06/12/2012 04:20 PM |                      | Ashleigh Pintoff RN |                     |
| <b>Completed On</b> | Intervention         |                     | 06/12/2012 04:20 PM |
|                     | 06/12/2012 04:41 PM  |                     |                     |

Intervention: IPU SN Fall Risk Assessment

Notes:

|                     |                      |                     |                     |
|---------------------|----------------------|---------------------|---------------------|
| <b>Performed On</b> | <b>Document Type</b> | <b>Performed By</b> | <b>Entered On</b>   |
| 06/12/2012 04:20 PM |                      | Ashleigh Pintoff RN |                     |
| <b>Completed On</b> | Assessment           |                     | 06/12/2012 04:20 PM |
|                     | 06/12/2012 04:41 PM  |                     |                     |

Intervention: IPU SN Fall Risk Assessment

Notes:

Assessment: SRHS IPU Fall Risk Assessment

Observation

Fall Score

Result

0

**Documentation Summary**  
**Spartanburg Regional Hospice Home**  
**Sort By Patient All Disciplines Dates: 06/07/12 12:00 AM to 08/27/13 11:59 PM**

| Patient         | IPU SOC                                            | Room | Admit ID | Patient ID | LOC |
|-----------------|----------------------------------------------------|------|----------|------------|-----|
| Farr, William G | 06/10/2012                                         |      | 00038311 | 03570052   |     |
|                 | Mobility Score                                     |      |          | 2          |     |
|                 | Uncooperative or unable to follow directions score |      |          | 0          |     |
|                 | Total Score                                        |      |          | 2          |     |

| Performed On        | Document Type       | Performed By        | Entered On          |
|---------------------|---------------------|---------------------|---------------------|
| 06/12/2012 04:21 PM |                     | Ashleigh Pintoff RN |                     |
| Completed On        | Intervention        |                     | 06/12/2012 04:30 PM |
|                     | 06/12/2012 04:41 PM |                     |                     |

Intervention: IPU SN Shift Summary

Notes: admitted from srnc 5heart this shift, for symptom management with decision to d/c home on Friday with Home Hospice. son and wife are at bedside during admission and state acceptance that pt is here to stabilize and go home Friday. Daughter arrives very upset and not on the Hospice page at all, and states to the RN that he, her father, is not here for us to pump Morphine into and kill off. RN stated that she was sorry that somewhere she was mis-informed, but that is not what we do here. She replied "well whatever, I have a two year old and cannot be here around the clock and we need to be on the same page." Notified Dr. Snipes and Tracey Dawkins regarding family conflict and family meeting took place. Non-Rebreather replaced with and oximixer per pt request, he states he is hot, sweaty, and can't eat with the mask on, pt tolerating the oximixer well. emotional support provided to pt and frequent rounding noted.

| Performed On        | Document Type       | Performed By        | Entered On          |
|---------------------|---------------------|---------------------|---------------------|
| 06/12/2012 04:21 PM |                     | Ashleigh Pintoff RN |                     |
| Completed On        | Intervention        |                     | 06/12/2012 04:21 PM |
|                     | 06/12/2012 04:41 PM |                     |                     |

Intervention: IPU Instruct on pain management and use of 0-10 pain scaleNotes:

| Performed On        | Document Type       | Performed By        | Entered On          |
|---------------------|---------------------|---------------------|---------------------|
| 06/12/2012 04:21 PM |                     | Ashleigh Pintoff RN |                     |
| Completed On        | Intervention        |                     | 06/12/2012 04:21 PM |
|                     | 06/12/2012 04:41 PM |                     |                     |

Intervention: IPU Instruct Hospice orientation booklet and obtain necessary signatures on appropriate consent formsNotes:

| Performed On        | Document Type       | Performed By        | Entered On          |
|---------------------|---------------------|---------------------|---------------------|
| 06/12/2012 04:21 PM |                     | Ashleigh Pintoff RN |                     |
| Completed On        | Intervention        |                     | 06/12/2012 04:21 PM |
|                     | 06/12/2012 04:41 PM |                     |                     |

Intervention: IPU Instruct on other symptom managementNotes:

| Performed On        | Document Type       | Performed By      | Entered On          |
|---------------------|---------------------|-------------------|---------------------|
| 06/12/2012 04:45 PM |                     | Iris Caldwell PCT |                     |
| Completed On        | Intervention        |                   | 06/12/2012 07:17 PM |
|                     | 06/12/2012 07:28 PM |                   |                     |

Intervention: IPU Hospice Aide Patient EncounterNotes:

**Documentation Summary**  
**Spartanburg Regional Hospice Home**  
**All Disciplines**

Sort By Patient

Dates: 06/07/12 12:00 AM to 08/27/13 11:59 PM

|                                            |                                     |             |                                          |                                          |            |
|--------------------------------------------|-------------------------------------|-------------|------------------------------------------|------------------------------------------|------------|
| <b>Patient</b><br>Farr, William G          | <b>IPU SOC</b><br>06/10/2012        | <b>Room</b> | <b>Admit ID</b><br>00038311              | <b>Patient ID</b><br>03570052            | <b>LOC</b> |
| <b>Performed On</b><br>06/12/2012 04:45 PM | <b>Document Type</b>                |             | <b>Performed By</b><br>Iris Caldwell PCT | <b>Entered On</b><br>06/12/2012 07:18 PM |            |
| <b>Completed On</b>                        | Intervention<br>06/12/2012 07:28 PM |             |                                          |                                          |            |

Intervention: IPU Hospice Aide Shift Summary (V/S, I/O, percentage of meals, number BMs)

Notes: temp97.4 ax  
pulse101  
resp29  
bp 114/82 L

|                                            |                                     |  |                                        |                                          |  |
|--------------------------------------------|-------------------------------------|--|----------------------------------------|------------------------------------------|--|
| <b>Performed On</b><br>06/12/2012 07:55 PM | <b>Document Type</b>                |  | <b>Performed By</b><br>Norma White PCT | <b>Entered On</b><br>06/12/2012 10:43 PM |  |
| <b>Completed On</b>                        | Intervention<br>06/13/2012 04:12 AM |  |                                        |                                          |  |

Intervention: IPU Hospice Aide Patient Encounter

Notes:

|                                            |                                     |  |                                        |                                          |  |
|--------------------------------------------|-------------------------------------|--|----------------------------------------|------------------------------------------|--|
| <b>Performed On</b><br>06/12/2012 10:43 PM | <b>Document Type</b>                |  | <b>Performed By</b><br>Norma White PCT | <b>Entered On</b><br>06/12/2012 10:43 PM |  |
| <b>Completed On</b>                        | Intervention<br>06/13/2012 04:12 AM |  |                                        |                                          |  |

Intervention: IPU Fall precautions:

Notes: bed in low position; call light at bedside; family in room

|                                            |                                     |  |                                        |                                          |  |
|--------------------------------------------|-------------------------------------|--|----------------------------------------|------------------------------------------|--|
| <b>Performed On</b><br>06/13/2012 04:08 AM | <b>Document Type</b>                |  | <b>Performed By</b><br>Norma White PCT | <b>Entered On</b><br>06/13/2012 04:08 AM |  |
| <b>Completed On</b>                        | Intervention<br>06/13/2012 04:13 AM |  |                                        |                                          |  |

Intervention: IPU Hospice Aide Shift Summary (V/S, I/O, percentage of meals, number BMs)

Notes: 0 output during shift

|                                            |                                   |  |                                            |                                          |  |
|--------------------------------------------|-----------------------------------|--|--------------------------------------------|------------------------------------------|--|
| <b>Performed On</b><br>06/13/2012 04:24 AM | <b>Document Type</b>              |  | <b>Performed By</b><br>Melissa Peterson RN | <b>Entered On</b><br>06/13/2012 04:24 AM |  |
| <b>Completed On</b>                        | Assessment<br>06/13/2012 07:53 AM |  |                                            |                                          |  |

Intervention: IPU SN Fall Risk Assessment

Notes:

Assessment: SRHS IPU Fall Risk Assessment

Observation

Medication:

Medication Score

Patient has medical condition which could impair their ability to ambulate

Result

Narcotic = 1

1

Chronic debilitating illness = 1

**Documentation Summary**  
**Spartanburg Regional Hospice Home**  
**Sort By Patient      All Disciplines      Dates: 06/07/12 12:00 AM to 08/27/13 11:59 PM**

|                 |                                                                                  |             |                 |                   |            |
|-----------------|----------------------------------------------------------------------------------|-------------|-----------------|-------------------|------------|
| <b>Patient</b>  | <b>IPU SOC</b>                                                                   | <b>Room</b> | <b>Admit ID</b> | <b>Patient ID</b> | <b>LOC</b> |
| Farr, William G | 06/10/2012                                                                       |             | 00038311        | 03570052          |            |
|                 | Patient has medical condition which could impair their ability to ambulate Score |             |                 |                   | 1          |
|                 | Total Score                                                                      |             |                 |                   | 2          |

|                     |                      |                     |                     |
|---------------------|----------------------|---------------------|---------------------|
| <b>Performed On</b> | <b>Document Type</b> | <b>Performed By</b> | <b>Entered On</b>   |
| 06/13/2012 04:24 AM |                      | Melissa Peterson RN | 06/13/2012 04:24 AM |
| <b>Completed On</b> | Assessment           |                     |                     |
|                     | 06/13/2012 07:53 AM  |                     |                     |

Intervention: IPU SN Fall Risk Assessment

Notes:

Assessment: SRHS IPU Fall Risk Assessment

|                                                                                  |                                  |
|----------------------------------------------------------------------------------|----------------------------------|
| <u>Observation</u>                                                               | <u>Result</u>                    |
| Medication:                                                                      | Narcotic = 1                     |
| Medication Score                                                                 | 1                                |
| Patient has medical condition which could impair their ability to ambulate       | Chronic debilitating illness = 1 |
| Patient has medical condition which could impair their ability to ambulate Score | 1                                |
| Total Score                                                                      | 2                                |

|                     |                      |                     |                     |
|---------------------|----------------------|---------------------|---------------------|
| <b>Performed On</b> | <b>Document Type</b> | <b>Performed By</b> | <b>Entered On</b>   |
| 06/13/2012 04:24 AM |                      | Melissa Peterson RN | 06/13/2012 04:24 AM |
| <b>Completed On</b> | Intervention         |                     |                     |
|                     | 06/13/2012 07:53 AM  |                     |                     |

Intervention: IPU SN Fall Risk Assessment

Notes:

|                     |                      |                     |                     |
|---------------------|----------------------|---------------------|---------------------|
| <b>Performed On</b> | <b>Document Type</b> | <b>Performed By</b> | <b>Entered On</b>   |
| 06/13/2012 04:24 AM |                      | Melissa Peterson RN | 06/13/2012 04:24 AM |
| <b>Completed On</b> | Intervention         |                     |                     |
|                     | 06/13/2012 07:53 AM  |                     |                     |

Intervention: IPU SN Fall Risk Assessment

Notes:

|                     |                      |                     |                     |
|---------------------|----------------------|---------------------|---------------------|
| <b>Performed On</b> | <b>Document Type</b> | <b>Performed By</b> | <b>Entered On</b>   |
| 06/13/2012 06:16 AM |                      | Melissa Peterson RN | 06/13/2012 07:50 AM |
| <b>Completed On</b> | Intervention         |                     |                     |
|                     | 06/13/2012 07:53 AM  |                     |                     |

Intervention: IPU IV Med Admin/PCA bag change or dose change

Notes:

|                     |                      |                     |                     |
|---------------------|----------------------|---------------------|---------------------|
| <b>Performed On</b> | <b>Document Type</b> | <b>Performed By</b> | <b>Entered On</b>   |
| 06/13/2012 06:16 AM |                      | Melissa Peterson RN | 06/13/2012 07:51 AM |
| <b>Completed On</b> | Intervention         |                     |                     |
|                     | 06/13/2012 07:53 AM  |                     |                     |

## Documentation Summary

**-1304-**

Spartanburg Regional Hospice Home

Sort By Patient

All Disciplines

Dates: 06/07/12 12:00 AM to 08/27/13 11:59 PM

| Patient                                                                                   | IPU SOC              | Room                | Admit ID | Patient ID          | LOC |
|-------------------------------------------------------------------------------------------|----------------------|---------------------|----------|---------------------|-----|
| Farr, William G                                                                           | 06/10/2012           |                     | 00038311 | 03570052            |     |
| <u>Intervention:</u> IPU PRN Medication/FollowUp                                          |                      |                     |          |                     |     |
| <u>Notes:</u> pt was given morphine 2mg because he was having trouble breathing, labored, |                      |                     |          |                     |     |
| <b>Performed On</b>                                                                       | <b>Document Type</b> | <b>Performed By</b> |          | <b>Entered On</b>   |     |
| 06/13/2012 06:16 AM                                                                       |                      | Melissa Peterson RN |          | 06/13/2012 07:50 AM |     |
| <b>Completed On</b>                                                                       | Intervention         |                     |          |                     |     |
| 06/13/2012 07:53 AM                                                                       |                      |                     |          |                     |     |
| <u>Intervention:</u> IPU IV Med Admin/PCA bag change or dose change                       |                      |                     |          |                     |     |
| <u>Notes:</u>                                                                             |                      |                     |          |                     |     |
| <b>Performed On</b>                                                                       | <b>Document Type</b> | <b>Performed By</b> |          | <b>Entered On</b>   |     |
| 06/13/2012 06:16 AM                                                                       |                      | Melissa Peterson RN |          | 06/13/2012 07:51 AM |     |
| <b>Completed On</b>                                                                       | Intervention         |                     |          |                     |     |
| 06/13/2012 07:53 AM                                                                       |                      |                     |          |                     |     |
| <u>Intervention:</u> IPU PRN Medication/FollowUp                                          |                      |                     |          |                     |     |
| <u>Notes:</u> pt was given morphine 2mg because he was having trouble breathing, labored, |                      |                     |          |                     |     |
| <b>Performed On</b>                                                                       | <b>Document Type</b> | <b>Performed By</b> |          | <b>Entered On</b>   |     |
| 06/13/2012 06:46 AM                                                                       |                      | Melissa Peterson RN |          | 06/13/2012 07:51 AM |     |
| <b>Completed On</b>                                                                       | Intervention         |                     |          |                     |     |
| 06/13/2012 07:53 AM                                                                       |                      |                     |          |                     |     |
| <u>Intervention:</u> IPU PRN Medication/FollowUp                                          |                      |                     |          |                     |     |
| <u>Notes:</u> pt states that he feels much better.                                        |                      |                     |          |                     |     |
| <b>Performed On</b>                                                                       | <b>Document Type</b> | <b>Performed By</b> |          | <b>Entered On</b>   |     |
| 06/13/2012 06:46 AM                                                                       |                      | Melissa Peterson RN |          | 06/13/2012 07:51 AM |     |
| <b>Completed On</b>                                                                       | Intervention         |                     |          |                     |     |
| 06/13/2012 07:53 AM                                                                       |                      |                     |          |                     |     |
| <u>Intervention:</u> IPU PRN Medication/FollowUp                                          |                      |                     |          |                     |     |
| <u>Notes:</u> pt states that he feels much better.                                        |                      |                     |          |                     |     |
| <b>Performed On</b>                                                                       | <b>Document Type</b> | <b>Performed By</b> |          | <b>Entered On</b>   |     |
| 06/13/2012 06:46 AM                                                                       |                      | Gloria Davis RN     |          | 06/13/2012 08:48 AM |     |
| <b>Completed On</b>                                                                       | Intervention         |                     |          |                     |     |
| 06/13/2012 01:30 PM                                                                       |                      |                     |          |                     |     |
| <u>Intervention:</u> IPU IV Med Admin/PCA bag change or dose change                       |                      |                     |          |                     |     |
| <u>Notes:</u>                                                                             |                      |                     |          |                     |     |
| <b>Performed On</b>                                                                       | <b>Document Type</b> | <b>Performed By</b> |          | <b>Entered On</b>   |     |
| 06/13/2012 08:06 AM                                                                       |                      | Gloria Davis RN     |          | 06/13/2012 08:45 AM |     |
| <b>Completed On</b>                                                                       | Intervention         |                     |          |                     |     |
| 06/13/2012 01:30 PM                                                                       |                      |                     |          |                     |     |

## Spartanburg Regional Hospice Home

Sort By Patient

All Disciplines

Dates: 06/07/12 12:00 AM to 08/27/13 11:59 PM

| Patient         | IPU SOC    | Room | Admit ID | Patient ID | LOC |
|-----------------|------------|------|----------|------------|-----|
| Farr, William G | 06/10/2012 |      | 00038311 | 03570052   |     |

Intervention: IPU SN Perform Daily AssessmentNotes:

| Performed On        | Document Type       | Performed By    | Entered On          |
|---------------------|---------------------|-----------------|---------------------|
| 06/13/2012 08:06 AM | Assessment          | Gloria Davis RN | 06/13/2012 08:45 AM |
| Completed On        | 06/13/2012 01:30 PM |                 |                     |

Intervention: IPU SN Perform Daily AssessmentNotes:Assessment: SRHS IPU Nursing Assessment Routine 2Observation

Patient denies pain at this time  
 Pain Observations  
 Mental Status  
 Oriented to

Neurological Status  
 Patients ability to express self  
 Appetite  
 Diet  
 Oral Cavity  
 GI Abdomen  
 Bowel Sounds  
 Last bowel movement  
 GU  
 Cardiovascular System

Peripheral Pulses  
 Edema  
 Breath Sounds  
 Pulmonary

Oximizer L/min  
 Pulmonary  
 Liver  
 Bathing  
 Eating/Oral Care  
 Ambulation  
 Integument

Turgor  
 Vascular Access Type

Vascular access site location  
 Vascular Access Site  
 Patency  
 Vascular access dressing type

Result

Patient denies pain at this time  
 No non-verbal signs of pain  
 Alert  
 Person  
 Place  
 Time  
 No Significant Findings  
 Express thoughts, feelings, needs w/o difficulty  
 Poor  
 As tolerated  
 No significant findings  
 Soft  
 Active  
 06/13/2012  
 No Significant Findings  
 Tachycardia  
 Temperature change to lower extremities  
 No Significant Findings  
 None noted  
 Rhonci  
 Regular  
 Dyspnea  
 Dyspnea on exertion  
 O2 Therapy  
 15  
 Nebulizer treatment  
 No Significant Findings  
 Partial assist  
 Independent  
 Partial assist  
 Warm  
 Dry  
 Loose  
 Implanted Device (Port, etc)  
 Port accessed  
 LSCL  
 Benign  
 Flushes easily  
 Transparent



Documentation Summary  
Spartanburg Regional Hospice Home

Sort By Patient

All Disciplines

Dates: 06/07/12 12:00 AM to 08/27/13 11:59 PM

|                                                                         |                                     |             |                                         |                                          |            |
|-------------------------------------------------------------------------|-------------------------------------|-------------|-----------------------------------------|------------------------------------------|------------|
| <b>Patient</b><br>Farr, William G                                       | <b>IPU SOC</b><br>06/10/2012        | <b>Room</b> | <b>Admit ID</b><br>00038311             | <b>Patient ID</b><br>03570052            | <b>LOC</b> |
|                                                                         | Vascular access dressing condition  |             |                                         | Clean, dry, intact                       |            |
|                                                                         | Subcutaneous Access                 |             |                                         | NA                                       |            |
|                                                                         | Issues Related to Imminent Death    |             |                                         | No issues at present                     |            |
|                                                                         | Emotional Status                    |             |                                         | Mood/Affect stable and appropriate       |            |
| <b>Performed On</b><br>06/13/2012 08:06 AM                              | <b>Document Type</b>                |             | <b>Performed By</b><br>Gloria Davis RN  | <b>Entered On</b><br>06/13/2012 08:48 AM |            |
| <b>Completed On</b>                                                     | Intervention<br>06/13/2012 01:30 PM |             |                                         |                                          |            |
| <u>Intervention:</u> IPU IV Med Admin/PCA bag change or dose change     |                                     |             |                                         |                                          |            |
| <u>Notes:</u>                                                           |                                     |             |                                         |                                          |            |
| <b>Performed On</b><br>06/13/2012 11:45 AM                              | <b>Document Type</b>                |             | <b>Performed By</b><br>Gloria Davis RN  | <b>Entered On</b><br>06/13/2012 11:48 AM |            |
| <b>Completed On</b>                                                     | Intervention<br>06/13/2012 01:30 PM |             |                                         |                                          |            |
| <u>Intervention:</u> IPU IV Med Admin/PCA bag change or dose change     |                                     |             |                                         |                                          |            |
| <u>Notes:</u>                                                           |                                     |             |                                         |                                          |            |
| <b>Performed On</b><br>06/13/2012 11:45 AM                              | <b>Document Type</b>                |             | <b>Performed By</b><br>Gloria Davis RN  | <b>Entered On</b><br>06/13/2012 11:49 AM |            |
| <b>Completed On</b>                                                     | Intervention<br>06/13/2012 01:30 PM |             |                                         |                                          |            |
| <u>Intervention:</u> IPU PRN Medication/FollowUp                        |                                     |             |                                         |                                          |            |
| <u>Notes:</u> medicated with morphine 2 mg in for dyspnea and shakiness |                                     |             |                                         |                                          |            |
| <b>Performed On</b><br>06/13/2012 11:45 AM                              | <b>Document Type</b>                |             | <b>Performed By</b><br>Gloria Davis RN  | <b>Entered On</b><br>06/13/2012 11:48 AM |            |
| <b>Completed On</b>                                                     | Intervention<br>06/13/2012 01:30 PM |             |                                         |                                          |            |
| <u>Intervention:</u> IPU IV Med Admin/PCA bag change or dose change     |                                     |             |                                         |                                          |            |
| <u>Notes:</u>                                                           |                                     |             |                                         |                                          |            |
| <b>Performed On</b><br>06/13/2012 11:45 AM                              | <b>Document Type</b>                |             | <b>Performed By</b><br>Gloria Davis RN  | <b>Entered On</b><br>06/13/2012 11:49 AM |            |
| <b>Completed On</b>                                                     | Intervention<br>06/13/2012 01:30 PM |             |                                         |                                          |            |
| <u>Intervention:</u> IPU PRN Medication/FollowUp                        |                                     |             |                                         |                                          |            |
| <u>Notes:</u> medicated with morphine 2 mg in for dyspnea and shakiness |                                     |             |                                         |                                          |            |
| <b>Performed On</b><br>06/13/2012 12:15 PM                              | <b>Document Type</b>                |             | <b>Performed By</b><br>Jamica Mayes PCT | <b>Entered On</b><br>06/13/2012 06:41 PM |            |
| <b>Completed On</b>                                                     | Intervention<br>06/13/2012 06:42 PM |             |                                         |                                          |            |

**Documentation Summary**  
**Spartanburg Regional Hospice Home**  
Sort By Patient      All Disciplines      Dates: 06/07/12 12:00 AM to 08/27/13 11:59 PM

|                 |                |             |                 |                   |            |
|-----------------|----------------|-------------|-----------------|-------------------|------------|
| <b>Patient</b>  | <b>IPU SOC</b> | <b>Room</b> | <b>Admit ID</b> | <b>Patient ID</b> | <b>LOC</b> |
| Farr, William G | 06/10/2012     |             | 00038311        | 03570052          |            |

Intervention: IPU Bath: \_\_\_\_\_

Notes:

|                     |                      |                     |                     |
|---------------------|----------------------|---------------------|---------------------|
| <b>Performed On</b> | <b>Document Type</b> | <b>Performed By</b> | <b>Entered On</b>   |
| 06/13/2012 12:15 PM |                      | Jamica Mayes PCT    |                     |
| <b>Completed On</b> | <b>Intervention</b>  |                     | 06/13/2012 06:41 PM |
|                     | 06/13/2012 06:42 PM  |                     |                     |

Intervention: IPU Hospice Aide Patient Encounter

Notes:

|                     |                      |                     |                     |
|---------------------|----------------------|---------------------|---------------------|
| <b>Performed On</b> | <b>Document Type</b> | <b>Performed By</b> | <b>Entered On</b>   |
| 06/13/2012 12:17 PM |                      | Gloria Davis RN     |                     |
| <b>Completed On</b> | <b>Intervention</b>  |                     | 06/13/2012 12:21 PM |
|                     | 06/13/2012 01:30 PM  |                     |                     |

Intervention: IPU SN Shift Summary

Notes: 69 y/o male

Lung ca/Cpod

GIP

Alert and oriented x 3/able to make his own decisions re care and meds at this time

O2 at 10l/min via oxymizer/O2 decreased to 10L at pts request

Medicated x 3 with morphine 2 mg iv and x 1 with ativan 1mg for sob/shakiness and acute exacerbation of dyspnea with good results

Appears comfortable

Family at the bedside

Emotional support provided

|                     |                      |                     |                     |
|---------------------|----------------------|---------------------|---------------------|
| <b>Performed On</b> | <b>Document Type</b> | <b>Performed By</b> | <b>Entered On</b>   |
| 06/13/2012 12:17 PM |                      | Gloria Davis RN     |                     |
| <b>Completed On</b> | <b>Intervention</b>  |                     | 06/13/2012 12:17 PM |
|                     | 06/13/2012 01:30 PM  |                     |                     |

Intervention: IPU PRN Medication/FollowUp

Notes: pat states "I'm feeling pretty good now"/medication effective

|                     |                      |                     |                     |
|---------------------|----------------------|---------------------|---------------------|
| <b>Performed On</b> | <b>Document Type</b> | <b>Performed By</b> | <b>Entered On</b>   |
| 06/13/2012 12:17 PM |                      | Gloria Davis RN     |                     |
| <b>Completed On</b> | <b>Intervention</b>  |                     | 06/13/2012 12:17 PM |
|                     | 06/13/2012 01:30 PM  |                     |                     |

Intervention: IPU PRN Medication/FollowUp

Notes: pat states "I'm feeling pretty good now"/medication effective

|                     |                      |                     |                     |
|---------------------|----------------------|---------------------|---------------------|
| <b>Performed On</b> | <b>Document Type</b> | <b>Performed By</b> | <b>Entered On</b>   |
| 06/13/2012 12:17 PM |                      | Gloria Davis RN     |                     |
| <b>Completed On</b> | <b>Intervention</b>  |                     | 06/13/2012 12:21 PM |
|                     | 06/13/2012 01:30 PM  |                     |                     |

Documentation Summary

Spartanburg Regional Hospice Home

Sort By Patient

All Disciplines

Dates: 06/07/12 12:00 AM to 08/27/13 11:59 PM

| Patient         | IPU SOC    | Room | Admit ID | Patient ID | LOC |
|-----------------|------------|------|----------|------------|-----|
| Farr, William G | 06/10/2012 |      | 00038311 | 03570052   |     |

Intervention: IPU SN Shift Summary

Notes: 69 y/o male

Lung ca/Cpod

GIP

Alert and oriented x 3/able to make his own decisions re care and meds at this time

O2 at 10l/min via oxymizer/O2 decreased to 10L at pts request

Medicated x 3 with morphine 2 mg iv and x 1 with ativan 1mg for sob/shakiness and acute exacerbation of dyspnea with good results

Appears comfortable

Family at the bedside

Emotional support provided

Performed On

Document Type

Performed By

Entered On

06/13/2012 12:21 PM

Gloria Davis RN

06/13/2012 12:22 PM

Completed On

Intervention

06/13/2012 01:30 PM

Intervention: IPU Conference with Social Worker

Notes: IDG

Performed On

Document Type

Performed By

Entered On

06/13/2012 12:21 PM

Gloria Davis RN

06/13/2012 12:22 PM

Completed On

Intervention

06/13/2012 01:30 PM

Intervention: IPU Conference with Social Worker

Notes: IDG

Performed On

Document Type

Performed By

Entered On

06/13/2012 12:22 PM

Gloria Davis RN

06/13/2012 12:22 PM

Completed On

Intervention

06/13/2012 01:30 PM

Intervention: IPU Conference with Hospice Aide

Notes:

Performed On

Document Type

Performed By

Entered On

06/13/2012 12:22 PM

Gloria Davis RN

06/13/2012 12:22 PM

Completed On

Intervention

06/13/2012 01:30 PM

Intervention: IPU Conference with Physician

Notes: IDG

Performed On

Document Type

Performed By

Entered On

06/13/2012 12:22 PM

Gloria Davis RN

06/13/2012 12:22 PM

Completed On

Intervention

06/13/2012 01:30 PM

**Documentation Summary**  
**Spartanburg Regional Hospice Home**  
**Sort By Patient      All Disciplines      Dates: 06/07/12 12:00 AM to 08/27/13 11:59 PM**

|                 |                |             |                 |                   |            |
|-----------------|----------------|-------------|-----------------|-------------------|------------|
| <b>Patient</b>  | <b>IPU SOC</b> | <b>Room</b> | <b>Admit ID</b> | <b>Patient ID</b> | <b>LOC</b> |
| Farr, William G | 06/10/2012     |             | 00038311        | 03570052          |            |

Intervention: IPU Conference with Hospice Aide

Notes:

|                     |                      |                     |                     |
|---------------------|----------------------|---------------------|---------------------|
| <b>Performed On</b> | <b>Document Type</b> | <b>Performed By</b> | <b>Entered On</b>   |
| 06/13/2012 12:22 PM |                      | Gloria Davis RN     |                     |
| <b>Completed On</b> | <b>Intervention</b>  |                     | 06/13/2012 12:22 PM |
|                     | 06/13/2012 01:30 PM  |                     |                     |

Intervention: IPU Conference with Physician

Notes: IDG

|                     |                      |                     |                     |
|---------------------|----------------------|---------------------|---------------------|
| <b>Performed On</b> | <b>Document Type</b> | <b>Performed By</b> | <b>Entered On</b>   |
| 06/13/2012 12:35 PM |                      | Gloria Davis RN     |                     |
| <b>Completed On</b> | <b>Intervention</b>  |                     | 06/13/2012 01:11 PM |
|                     | 06/13/2012 01:30 PM  |                     |                     |

Intervention: IPU PRN Medication/FollowUp

Notes: morphine 4 mg and ativan 1mg iv given for acute resp distress

|                     |                      |                     |                     |
|---------------------|----------------------|---------------------|---------------------|
| <b>Performed On</b> | <b>Document Type</b> | <b>Performed By</b> | <b>Entered On</b>   |
| 06/13/2012 12:35 PM |                      | Gloria Davis RN     |                     |
| <b>Completed On</b> | <b>Intervention</b>  |                     | 06/13/2012 01:10 PM |
|                     | 06/13/2012 01:30 PM  |                     |                     |

Intervention: IPU IV Med Admin/PCA bag change or dose change

Notes:

|                     |                      |                     |                     |
|---------------------|----------------------|---------------------|---------------------|
| <b>Performed On</b> | <b>Document Type</b> | <b>Performed By</b> | <b>Entered On</b>   |
| 06/13/2012 12:35 PM |                      | Gloria Davis RN     |                     |
| <b>Completed On</b> | <b>Intervention</b>  |                     | 06/13/2012 01:10 PM |
|                     | 06/13/2012 01:30 PM  |                     |                     |

Intervention: IPU IV Med Admin/PCA bag change or dose change

Notes:

|                     |                      |                     |                     |
|---------------------|----------------------|---------------------|---------------------|
| <b>Performed On</b> | <b>Document Type</b> | <b>Performed By</b> | <b>Entered On</b>   |
| 06/13/2012 12:35 PM |                      | Gloria Davis RN     |                     |
| <b>Completed On</b> | <b>Intervention</b>  |                     | 06/13/2012 01:11 PM |
|                     | 06/13/2012 01:30 PM  |                     |                     |

Intervention: IPU PRN Medication/FollowUp

Notes: morphine 4 mg and ativan 1mg iv given for acute resp distress

|                     |                      |                     |                     |
|---------------------|----------------------|---------------------|---------------------|
| <b>Performed On</b> | <b>Document Type</b> | <b>Performed By</b> | <b>Entered On</b>   |
| 06/13/2012 01:00 PM |                      | Gloria Davis RN     |                     |
| <b>Completed On</b> | <b>Intervention</b>  |                     | 06/13/2012 01:11 PM |
|                     | 06/13/2012 01:30 PM  |                     |                     |

Documentation Summary

Spartanburg Regional Hospice Home

Sort By Patient

All Disciplines

Dates: 06/07/12 12:00 AM to 08/27/13 11:59 PM

|                 |                |             |                 |                   |            |
|-----------------|----------------|-------------|-----------------|-------------------|------------|
| <b>Patient</b>  | <b>IPU SOC</b> | <b>Room</b> | <b>Admit ID</b> | <b>Patient ID</b> | <b>LOC</b> |
| Farr, William G | 06/10/2012     |             | 00038311        | 03570052          |            |

Intervention: IPU PRN Medication/FollowUp  
Notes: medication effective/pt much better now

|                     |                      |                     |                     |
|---------------------|----------------------|---------------------|---------------------|
| <b>Performed On</b> | <b>Document Type</b> | <b>Performed By</b> | <b>Entered On</b>   |
| 06/13/2012 01:00 PM |                      | Gloria Davis RN     |                     |
| <b>Completed On</b> | Intervention         |                     | 06/13/2012 01:11 PM |
|                     | 06/13/2012 01:30 PM  |                     |                     |

Intervention: IPU PRN Medication/FollowUp  
Notes: medication effective/pt much better now

|                     |                      |                        |                     |
|---------------------|----------------------|------------------------|---------------------|
| <b>Performed On</b> | <b>Document Type</b> | <b>Performed By</b>    | <b>Entered On</b>   |
| 06/13/2012 03:18 PM |                      | Antoinette Sanders MSW |                     |
| <b>Completed On</b> | Intervention         |                        | 06/13/2012 06:08 PM |
|                     | 06/13/2012 07:33 PM  |                        |                     |

Intervention: IPU SW Patient Encounter Admission  
Notes:

|                     |                      |                        |                     |
|---------------------|----------------------|------------------------|---------------------|
| <b>Performed On</b> | <b>Document Type</b> | <b>Performed By</b>    | <b>Entered On</b>   |
| 06/13/2012 06:08 PM |                      | Antoinette Sanders MSW |                     |
| <b>Completed On</b> | Assessment           |                        | 06/13/2012 06:09 PM |
|                     | 06/13/2012 07:33 PM  |                        |                     |

Intervention: IPU SW Perform Initial Assessment

Notes:

Assessment: SRHS IPU Psychosocial Intial Assessment

Observation

Current Regional Hospice Patient  
 Individual's Participating in Interview

Individual's Participating in Interview Notes

Name of Partner or Spouse  
 Duration of Relationship  
 Anniversary Date  
 Does Partner/Spouse function as Primary Caregiver?  
 Name of Member of Household (1)  
 Age (1)  
 Member of household  
 Relationship to Patient (1)  
 Member Actively Involved in Care (1)  
 Members of Household Notes

Social Support Systems

Result

Current Regional Hospice Patient  
 Lisa  
 dtr  
 Deloris  
 spouse  
 pt  
 Sisters Ann and Faye arrived at conclusion of visit  
 Deloris  
 50 years  
 11/08/2012  
 1 - Yes  
 Deloris  
 60s  
 1 - Yes  
 spouse  
 1 - Yes  
 son Brian involved in care and dtr Lisa lives in columbia and voices her availability to assist once pt is discharged home  
 0 - Excellent social support system which includes three or more willing family members or

## Documentation Summary

## Spartanburg Regional Hospice Home

Sort By Patient

All Disciplines

Dates: 06/07/12 12:00 AM to 08/27/13 11:59 PM

| Patient                                                                        | IPU SOC    | Room | Admit ID | Patient ID                                                                                        | LOC |
|--------------------------------------------------------------------------------|------------|------|----------|---------------------------------------------------------------------------------------------------|-----|
| Farr, William G                                                                | 06/10/2012 |      | 00038311 | 03570052                                                                                          |     |
| Social Support System Notes                                                    |            |      |          | friends<br>close family living in close proximity of one another. pt has 3 sisters and 3 brothers |     |
| Abuse/Neglect                                                                  |            |      |          | No signs of abuse/neglect                                                                         |     |
| Mental Status                                                                  |            |      |          | 1 - Alert - Oriented to:<br>Person<br>Place<br>Time                                               |     |
| Does the Patient or Family have any concerns about the patients mental status? |            |      |          | 2 - No                                                                                            |     |
| Emotional Status - Patient                                                     |            |      |          | Mood/Affect stable and appropriate                                                                |     |
| Emotional Status Notes                                                         |            |      |          | Spouse does not speak. pt dtr adamant that pt will walk out of the hospice home                   |     |
| Patient Coping Mechanisms                                                      |            |      |          | Patient demonstrates a healthy mix of coping strategies to achieve end of life goals              |     |
| Sources of Stress/Grief in Addition to Patients Current Illness or Death:      |            |      |          | 1 - Accepting<br>None reported                                                                    |     |
| Patient Current Employment Status                                              |            |      |          | 6 - Retired                                                                                       |     |
| Patient retired - Life occupation                                              |            |      |          | self employed                                                                                     |     |
| Source of Income                                                               |            |      |          | social security                                                                                   |     |
| Financial concerns expressed by patient or spouse/SO                           |            |      |          | No concerns expressed                                                                             |     |
| Patient needs the following services:                                          |            |      |          | 5 - Other                                                                                         |     |
| Patient needs the following services - Other                                   |            |      |          | referral to hospice agency in Union                                                               |     |
| Status of Plans for Funeral/Final Arrangements:                                |            |      |          | 2 - Plans in Process                                                                              |     |
| Name of Funeral Home                                                           |            |      |          | Holcombes                                                                                         |     |
| Status of Plans for Funeral/Final Arrangements:                                |            |      |          | 2 - Plans in Process                                                                              |     |

| Performed On        | Document Type | Performed By           | Entered On          |
|---------------------|---------------|------------------------|---------------------|
| 06/13/2012 06:08 PM |               | Antoinette Sanders MSW |                     |
| Completed On        | Intervention  |                        | 06/13/2012 06:09 PM |
| 06/13/2012 07:33 PM |               |                        |                     |

Intervention: IPU SW Perform Initial AssessmentNotes:

| Performed On        | Document Type | Performed By           | Entered On          |
|---------------------|---------------|------------------------|---------------------|
| 06/13/2012 06:16 PM |               | Antoinette Sanders MSW |                     |
| Completed On        | Intervention  |                        | 06/13/2012 06:17 PM |
| 06/13/2012 07:33 PM |               |                        |                     |

Intervention: IPU End of Life decisions/planningNotes: Holcombes

| Performed On        | Document Type | Performed By           | Entered On          |
|---------------------|---------------|------------------------|---------------------|
| 06/13/2012 06:16 PM |               | Antoinette Sanders MSW |                     |
| Completed On        | Intervention  |                        | 06/13/2012 06:16 PM |
| 06/13/2012 07:33 PM |               |                        |                     |

Intervention: IPU Provide Psychosocial counseling

**Documentation Summary**  
**Spartanburg Regional Hospice Home**  
**All Disciplines**

Sort By Patient

Dates: 06/07/12 12:00 AM to 08/27/13 11:59 PM

|                 |                |             |                 |                   |            |
|-----------------|----------------|-------------|-----------------|-------------------|------------|
| <b>Patient</b>  | <b>IPU SOC</b> | <b>Room</b> | <b>Admit ID</b> | <b>Patient ID</b> | <b>LOC</b> |
| Farr, William G | 06/10/2012     |             | 00038311        | 03570052          |            |

Notes:

|                     |                      |                        |                     |
|---------------------|----------------------|------------------------|---------------------|
| <b>Performed On</b> | <b>Document Type</b> | <b>Performed By</b>    | <b>Entered On</b>   |
| 06/13/2012 06:17 PM |                      | Antoinette Sanders MSW |                     |
| <b>Completed On</b> | <b>Intervention</b>  |                        |                     |
|                     | 06/13/2012 07:33 PM  |                        | 06/13/2012 06:17 PM |

Intervention: IPU Discharge planningNotes: pt desires to be discharged home by the end of the week if possible

|                     |                      |                        |                     |
|---------------------|----------------------|------------------------|---------------------|
| <b>Performed On</b> | <b>Document Type</b> | <b>Performed By</b>    | <b>Entered On</b>   |
| 06/13/2012 06:17 PM |                      | Antoinette Sanders MSW |                     |
| <b>Completed On</b> | <b>Intervention</b>  |                        |                     |
|                     | 06/13/2012 07:33 PM  |                        | 06/13/2012 06:18 PM |

Intervention: IPU Conference with PhysicianNotes: in idg

|                     |                      |                        |                     |
|---------------------|----------------------|------------------------|---------------------|
| <b>Performed On</b> | <b>Document Type</b> | <b>Performed By</b>    | <b>Entered On</b>   |
| 06/13/2012 06:17 PM |                      | Antoinette Sanders MSW |                     |
| <b>Completed On</b> | <b>Intervention</b>  |                        |                     |
|                     | 06/13/2012 07:33 PM  |                        | 06/13/2012 06:17 PM |

Intervention: IPU Conference with NurseNotes: in idg

|                     |                      |                        |                     |
|---------------------|----------------------|------------------------|---------------------|
| <b>Performed On</b> | <b>Document Type</b> | <b>Performed By</b>    | <b>Entered On</b>   |
| 06/13/2012 06:18 PM |                      | Antoinette Sanders MSW |                     |
| <b>Completed On</b> | <b>Intervention</b>  |                        |                     |
|                     | 06/13/2012 07:33 PM  |                        | 06/13/2012 06:31 PM |

Intervention: IPU SW Shift SummaryNotes: pt is a 69 year old male diagnosed with lung Ca/COPD.

msw conferenced with LBSW Cheri who visited pt at the hospital but was unable to complete an assessment.

msw and prn SW Patti completed initial assesment with pt and his dtr Lisa. Lisa is of the belief that the hospice home is an evil place where we administer morphine until our pts die. she states this is the belief in the community as well. msw provided education to her regarding her misconceptions and beliefs about hospice services and hospice home services. msw explained that many pts are discharged alive and that was the plan for her father. She became teary eyed a couple of times when msw addressed her misconceptions and love for her father. However, her faith will not allow her to believe that her father will die. she believes that weak, unfaithful, and unbelieving people die to cancer and those who speak negatively fulfill their own prophecies. She explains she has researched morphine and hospice and she stands by her beliefs. Regardless of how many times msw redirected her focus and attention to discharge plans she reverted back to her beliefs about hospice and morphine and the fact that her father was going to walk out of the hospice home. During my conversation with Lisa, pt was asleep but when he awakened, msw engaged him in conversation. Pt states he is wel aware of his situation and although his goal is to see his granddtr Victoria graduate, he realizes this dream may not materialize. msw voiced concerns about Lisa and he stated that people have to realize that no one lives forever. This msw found him to be realistic about his diagnosis while supporting his decision to return home. He is in agreement with the plan to use a hospice agency in Union and msw will help coordinate plans.

Documentation Summary

Spartanburg Regional Hospice Home

Sort By Patient

All Disciplines

Dates: 06/07/12 12:00 AM to 08/27/13 11:59 PM

|                 |                |             |                 |                   |            |
|-----------------|----------------|-------------|-----------------|-------------------|------------|
| <b>Patient</b>  | <b>IPU SOC</b> | <b>Room</b> | <b>Admit ID</b> | <b>Patient ID</b> | <b>LOC</b> |
| Farr, William G | 06/10/2012     |             | 00038311        | 03570052          |            |

Pt states he owned his own Red Dot/convenience/cafe store until he sold it. he receives social security. He and his wife, who does not speak, have been married for 50 years and they have two children. Their son Brian lives in B.Springs. Pt has 3 brothers and 3 sisters and two visited towards the conclusion of the visit. They live within close proximity of one another and Lisa describes them as a close knit family. Pt also enjoys gardening and watching football. Funeral plans are with Holcombe's.

msw provided education, emotional support, and active listening.

|                     |                      |                     |                     |
|---------------------|----------------------|---------------------|---------------------|
| <b>Performed On</b> | <b>Document Type</b> | <b>Performed By</b> | <b>Entered On</b>   |
| 06/13/2012 06:41 PM |                      | Jamica Mayes PCT    |                     |
| <b>Completed On</b> | <b>Intervention</b>  |                     |                     |
|                     | 06/13/2012 06:42 PM  |                     | 06/13/2012 06:42 PM |

Intervention: IPU Hospice Aide Shift Summary (V/S, I/O, percentage of meals, number BMs)

Notes: T-97.7

P-128

R-38

BP-128/64

BKF-100

LUNCH-100

DINNER-TRAY STILL AT PATIENT BEDSIDE

OUTPUT-

BM-

|                     |                      |                     |                     |
|---------------------|----------------------|---------------------|---------------------|
| <b>Performed On</b> | <b>Document Type</b> | <b>Performed By</b> | <b>Entered On</b>   |
| 06/13/2012 09:40 PM |                      | Frances Stockley RN |                     |
| <b>Completed On</b> | <b>Intervention</b>  |                     |                     |
|                     | 06/14/2012 07:30 AM  |                     | 06/14/2012 03:39 AM |

Intervention: IPU PRN Medication/FollowUp

Notes: dyspneic/anxious; Morphine 4mg IV

|                     |                      |                     |                     |
|---------------------|----------------------|---------------------|---------------------|
| <b>Performed On</b> | <b>Document Type</b> | <b>Performed By</b> | <b>Entered On</b>   |
| 06/13/2012 09:40 PM |                      | Frances Stockley RN |                     |
| <b>Completed On</b> | <b>Intervention</b>  |                     |                     |
|                     | 06/14/2012 07:30 AM  |                     | 06/14/2012 03:39 AM |

Intervention: IPU PRN Medication/FollowUp

Notes: dyspneic/anxious; Morphine 4mg IV

|                     |                      |                     |                     |
|---------------------|----------------------|---------------------|---------------------|
| <b>Performed On</b> | <b>Document Type</b> | <b>Performed By</b> | <b>Entered On</b>   |
| 06/13/2012 09:55 PM |                      | Frances Stockley RN |                     |
| <b>Completed On</b> | <b>Intervention</b>  |                     |                     |
|                     | 06/14/2012 07:30 AM  |                     | 06/14/2012 03:40 AM |

Intervention: IPU PRN Medication/FollowUp

Notes: cont to be restless and difficulty slowing RR down (68); Lorazepam 1mg IV



**Documentation Summary**  
**Spartanburg Regional Hospice Home**  
**Sort By Patient All Disciplines Dates: 06/07/12 12:00 AM to 08/27/13 11:59 PM**

|                     |                      |             |                     |                     |            |
|---------------------|----------------------|-------------|---------------------|---------------------|------------|
| <b>Patient</b>      | <b>IPU SOC</b>       | <b>Room</b> | <b>Admit ID</b>     | <b>Patient ID</b>   | <b>LOC</b> |
| Farr, William G     | 06/10/2012           |             | 00038311            | 03570052            |            |
| <b>Performed On</b> | <b>Document Type</b> |             | <b>Performed By</b> | <b>Entered On</b>   |            |
| 06/13/2012 09:55 PM |                      |             | Frances Stockley RN | 06/14/2012 03:40 AM |            |
| <b>Completed On</b> | <b>Intervention</b>  |             |                     |                     |            |
|                     | 06/14/2012 07:30 AM  |             |                     |                     |            |

Intervention: IPU PRN Medication/FollowUp

Notes: cont to be restless and difficulty slowing RR down (68); Lorazepam 1mg IV

|                     |                      |                     |                     |
|---------------------|----------------------|---------------------|---------------------|
| <b>Performed On</b> | <b>Document Type</b> | <b>Performed By</b> | <b>Entered On</b>   |
| 06/13/2012 10:30 PM |                      | Frances Stockley RN | 06/14/2012 03:41 AM |
| <b>Completed On</b> | <b>Intervention</b>  |                     |                     |
|                     | 06/14/2012 07:30 AM  |                     |                     |

Intervention: IPU PRN Medication/FollowUp

Notes: more comfortable; able to speak /s dyspnea; RR 36; medication effective

|                     |                      |                     |                     |
|---------------------|----------------------|---------------------|---------------------|
| <b>Performed On</b> | <b>Document Type</b> | <b>Performed By</b> | <b>Entered On</b>   |
| 06/13/2012 10:30 PM |                      | Frances Stockley RN | 06/14/2012 03:41 AM |
| <b>Completed On</b> | <b>Intervention</b>  |                     |                     |
|                     | 06/14/2012 07:30 AM  |                     |                     |

Intervention: IPU PRN Medication/FollowUp

Notes: more comfortable; able to speak /s dyspnea; RR 36; medication effective

|                     |                      |                     |                     |
|---------------------|----------------------|---------------------|---------------------|
| <b>Performed On</b> | <b>Document Type</b> | <b>Performed By</b> | <b>Entered On</b>   |
| 06/14/2012 12:30 AM |                      | Frances Stockley RN | 06/14/2012 03:37 AM |
| <b>Completed On</b> | <b>Intervention</b>  |                     |                     |
|                     | 06/14/2012 07:30 AM  |                     |                     |

Intervention: IPU Instruct on disease process

Notes:

|                     |                      |                     |                     |
|---------------------|----------------------|---------------------|---------------------|
| <b>Performed On</b> | <b>Document Type</b> | <b>Performed By</b> | <b>Entered On</b>   |
| 06/14/2012 03:29 AM |                      | Frances Stockley RN | 06/14/2012 03:29 AM |
| <b>Completed On</b> | <b>Intervention</b>  |                     |                     |
|                     | 06/14/2012 07:30 AM  |                     |                     |

Intervention: IPU SN Perform ESAS

Notes: chose the incorrect assessment - not completed

|                     |                      |                     |                     |
|---------------------|----------------------|---------------------|---------------------|
| <b>Performed On</b> | <b>Document Type</b> | <b>Performed By</b> | <b>Entered On</b>   |
| 06/14/2012 03:29 AM |                      | Frances Stockley RN | 06/14/2012 03:29 AM |
| <b>Completed On</b> | <b>Intervention</b>  |                     |                     |
|                     | 06/14/2012 07:30 AM  |                     |                     |

Intervention: IPU SN Perform ESAS

Notes: chose the incorrect assessment - not completed

## Documentation Summary

Spartanburg Regional Hospice Home

Sort By Patient

All Disciplines

Dates: 06/07/12 12:00 AM to 08/27/13 11:59 PM

| Patient         | IPU SOC    | Room | Admit ID | Patient ID | LOC |
|-----------------|------------|------|----------|------------|-----|
| Farr, William G | 06/10/2012 |      | 00038311 | 03570052   |     |

| Performed On        | Document Type       | Performed By        | Entered On          |
|---------------------|---------------------|---------------------|---------------------|
| 06/14/2012 03:30 AM |                     | Frances Stockley RN | 06/14/2012 03:30 AM |
| Completed On        | Intervention        |                     |                     |
|                     | 06/14/2012 07:30 AM |                     |                     |

Intervention: IPU SN Fall Risk AssessmentNotes:

| Performed On        | Document Type       | Performed By        | Entered On          |
|---------------------|---------------------|---------------------|---------------------|
| 06/14/2012 03:30 AM |                     | Frances Stockley RN | 06/14/2012 03:30 AM |
| Completed On        | Assessment          |                     |                     |
|                     | 06/14/2012 07:30 AM |                     |                     |

Intervention: IPU SN Fall Risk AssessmentNotes:Assessment: SRHS IPU Fall Risk AssessmentObservation

Mobility:

Mobility Score

Medication:

Medication Score

Patient has medical condition which could impair their ability to ambulate

Patient has medical condition which could impair their ability to ambulate Score

Total Score

Tier II Low Risk Intervention

Tier II Low Risk Intervention Other

Result

3 - Patient able to move all four extremities and attempts to get out of bed

3

Sedative/hypnotic = 1

Narcotic = 1

Benzodiazepines = 1

3

Chronic debilitating illness = 1

1

7

Post Yellow Leaf

Provide teaching on calling for assistance with transferring or ambulation

Conduct frequent rounding

Other

SR up x 2 at all times; bed in lowest position at all times; room directly across from nsg station; family /c pt at all times

| Performed On        | Document Type       | Performed By        | Entered On          |
|---------------------|---------------------|---------------------|---------------------|
| 06/14/2012 03:30 AM |                     | Frances Stockley RN | 06/14/2012 03:30 AM |
| Completed On        | Assessment          |                     |                     |
|                     | 06/14/2012 07:30 AM |                     |                     |

Intervention: IPU SN Fall Risk AssessmentNotes:Assessment: SRHS IPU Fall Risk AssessmentObservation

Mobility:

Result

3 - Patient able to move all four extremities and attempts to get out of bed

Documentation Summary

Spartanburg Regional Hospice Home

Sort By Patient

All Disciplines

Dates: 06/07/12 12:00 AM to 08/27/13 11:59 PM

| Patient         | IPU SOC                                                                          | Room | Admit ID | Patient ID                                                                                                                    | LOC |
|-----------------|----------------------------------------------------------------------------------|------|----------|-------------------------------------------------------------------------------------------------------------------------------|-----|
| Farr, William G | 06/10/2012                                                                       |      | 00038311 | 03570052                                                                                                                      |     |
|                 | Mobility Score                                                                   |      |          | 3                                                                                                                             |     |
|                 | Medication:                                                                      |      |          | Sedative/hypnotic = 1                                                                                                         |     |
|                 |                                                                                  |      |          | Narcotic = 1                                                                                                                  |     |
|                 |                                                                                  |      |          | Benzodiazepines = 1                                                                                                           |     |
|                 | Medication Score                                                                 |      |          | 3                                                                                                                             |     |
|                 | Patient has medical condition which could impair their ability to ambulate       |      |          | Chronic debilitating illness = 1                                                                                              |     |
|                 | Patient has medical condition which could impair their ability to ambulate Score |      |          | 1                                                                                                                             |     |
|                 | Total Score                                                                      |      |          | 7                                                                                                                             |     |
|                 | Tier II Low Risk Intervention                                                    |      |          | Post Yellow Leaf                                                                                                              |     |
|                 |                                                                                  |      |          | Provide teaching on calling for assistance with transferring or ambulation                                                    |     |
|                 |                                                                                  |      |          | Conduct frequent rounding                                                                                                     |     |
|                 |                                                                                  |      |          | Other                                                                                                                         |     |
|                 | Tier II Low Risk Intervention Other                                              |      |          | SR up x 2 at all times; bed in lowest position at all times; room directly across from nsg station; family /c pt at all times |     |

| Performed On        | Document Type | Performed By        | Entered On          |
|---------------------|---------------|---------------------|---------------------|
| 06/14/2012 03:30 AM |               | Frances Stockley RN | 06/14/2012 03:30 AM |
| Completed On        | Intervention  |                     |                     |
| 06/14/2012 07:30 AM |               |                     |                     |

Intervention: IPU SN Fall Risk Assessment

Notes:

| Performed On        | Document Type | Performed By    | Entered On          |
|---------------------|---------------|-----------------|---------------------|
| 06/14/2012 03:38 AM |               | Norma White PCT | 06/14/2012 03:38 AM |
| Completed On        | Intervention  |                 |                     |
| 06/14/2012 03:42 AM |               |                 |                     |

Intervention: IPU Hospice Aide Shift Summary (V/S, I/O, percentage of meals, number BMs)

Notes: no output during shift

| Performed On        | Document Type | Performed By        | Entered On          |
|---------------------|---------------|---------------------|---------------------|
| 06/14/2012 06:38 AM |               | Frances Stockley RN | 06/14/2012 07:14 AM |
| Completed On        | Intervention  |                     |                     |
| 06/14/2012 07:31 AM |               |                     |                     |

Intervention: IPU SN Shift Summary

Notes: 69 w/m /c lung ca; a/o x3; in good humor with family and staff; O2 at 15 L/M /x oxizimizer; pt has non-rebreather mask but prefers the oxizimer; takes meds whole; at early shift became extremely dyspneic at the beginning of a DuoNeb INH treatment; Morphine 4mg IV given and shortly after Lorazepam given; pt responded well and was able to calm down; HR up to 150's and O2 SaO2 down to 84 on pt's personal pulse oximeter; pt constantly wears his oximeter and focuses on it; pt slept well after receiving Morphine and Lorazepam throughout the night; family at bedside; more understanding of pt's needs and treatment, compassionate care provided

| Performed On        | Document Type | Performed By        | Entered On          |
|---------------------|---------------|---------------------|---------------------|
| 06/14/2012 06:38 AM |               | Frances Stockley RN | 06/14/2012 07:14 AM |
| Completed On        | Intervention  |                     |                     |
| 06/14/2012 07:31 AM |               |                     |                     |

Documentation Summary

Spartanburg Regional Hospice Home

Sort By Patient

All Disciplines

Dates: 06/07/12 12:00 AM to 08/27/13 11:59 PM

|                 |            |      |          |            |     |
|-----------------|------------|------|----------|------------|-----|
| Patient         | IPU SOC    | Room | Admit ID | Patient ID | LOC |
| Farr, William G | 06/10/2012 |      | 00038311 | 03570052   |     |

Intervention: IPU SN Shift Summary

Notes: 69 w/m /c lung ca; a/o x3; in good humor with family and staff; O2 at 15 L/M /x oxizimizer; pt has non-rebreather mask but prefers the oxizimer; takes meds whole; at early shift became extremely dyspneic at the beginning of a DuoNeb INH treatment; Morphine 4mg IV given and shortly after Lorazepam given; pt responded well and was able to calm down; HR up to 150's and O2 SaO2 down to 84 on pt's personal pulse oximeter; pt constantly wears his oximeter and focuses on it; pt slept well after receiving Morphine and Lorazepam throughout the night; family at bedside; more understanding of pt's needs and treatment, compassionate care provided

|                     |                     |                   |                     |
|---------------------|---------------------|-------------------|---------------------|
| Performed On        | Document Type       | Performed By      | Entered On          |
| 06/14/2012 07:53 AM |                     | Dorothy Shults RN |                     |
| Completed On        | Intervention        |                   | 06/14/2012 11:05 AM |
|                     | 06/14/2012 06:37 PM |                   |                     |

Intervention: IPU PRN Medication/FollowUp

Notes: morphine 4 mg iv and ativan 1 mg iv for dyspnea and anxiety

|                     |                     |                   |                     |
|---------------------|---------------------|-------------------|---------------------|
| Performed On        | Document Type       | Performed By      | Entered On          |
| 06/14/2012 07:53 AM |                     | Dorothy Shults RN |                     |
| Completed On        | Intervention        |                   | 06/14/2012 11:05 AM |
|                     | 06/14/2012 06:37 PM |                   |                     |

Intervention: IPU PRN Medication/FollowUp

Notes: morphine 4 mg iv and ativan 1 mg iv for dyspnea and anxiety

|                     |                     |                   |                     |
|---------------------|---------------------|-------------------|---------------------|
| Performed On        | Document Type       | Performed By      | Entered On          |
| 06/14/2012 08:00 AM |                     | Dorothy Shults RN |                     |
| Completed On        | Intervention        |                   | 06/14/2012 10:10 AM |
|                     | 06/14/2012 06:37 PM |                   |                     |

Intervention: IPU SN Perform Daily Assessment

Notes:

|                     |                     |                   |                     |
|---------------------|---------------------|-------------------|---------------------|
| Performed On        | Document Type       | Performed By      | Entered On          |
| 06/14/2012 08:00 AM |                     | Dorothy Shults RN |                     |
| Completed On        | Assessment          |                   | 06/14/2012 10:10 AM |
|                     | 06/14/2012 06:37 PM |                   |                     |

Intervention: IPU SN Perform Daily Assessment

Notes:

Assessment: SRHS IPU Nursing Assessment Routine 2

Observation

Patient denies pain at this time  
Pain Observations

Mental Status  
Oriented to

Result

Patient denies pain at this time  
Labored breathing  
Restlessness  
Anxiety  
Alert  
Person

## Documentation Summary

Spartanburg Regional Hospice Home

Sort By Patient

All Disciplines

Dates: 06/07/12 12:00 AM to 08/27/13 11:59 PM

| Patient         | IPU SOC                            | Room | Admit ID | Patient ID                              | LOC |
|-----------------|------------------------------------|------|----------|-----------------------------------------|-----|
| Farr, William G | 06/10/2012                         |      | 00038311 | 03570052                                |     |
|                 | Oriented to                        |      |          | Place                                   |     |
|                 | Mental Status                      |      |          | Other (specify)                         |     |
|                 | Mental Status Other                |      |          | very anxious                            |     |
|                 | Neurological Status                |      |          | No Significant Findings                 |     |
|                 | Patients ability to express self   |      |          | Requires extra time, reminders or cuing |     |
|                 | Appetite                           |      |          | Fair                                    |     |
|                 | Diet                               |      |          | As tolerated                            |     |
|                 | Oral Cavity                        |      |          | No significant findings                 |     |
|                 | GI Abdomen                         |      |          | Round                                   |     |
|                 |                                    |      |          | Soft                                    |     |
|                 | Bowel Sounds                       |      |          | Active                                  |     |
|                 | Last bowel movement                |      |          | 06/13/2012                              |     |
|                 | GU                                 |      |          | No Significant Findings                 |     |
|                 | Cardiovascular System              |      |          | Tachycardia                             |     |
|                 |                                    |      |          | Other (specify)                         |     |
|                 | Cardiovascular System Other        |      |          | nail beds cynotic at times              |     |
|                 | Peripheral Pulses Weak             |      |          | Pedal                                   |     |
|                 | Edema                              |      |          | None noted                              |     |
|                 | Breath Sounds                      |      |          | Diminished                              |     |
|                 | Pulmonary                          |      |          | Labored                                 |     |
|                 |                                    |      |          | O2 Therapy                              |     |
|                 | Oximizer L/min                     |      |          | 12                                      |     |
|                 | Pulmonary                          |      |          | Nebulizer treatment                     |     |
|                 | Liver                              |      |          | No Significant Findings                 |     |
|                 | Bathing                            |      |          | Total care                              |     |
|                 | Eating/Oral Care                   |      |          | Partial assist                          |     |
|                 | Integument                         |      |          | Warm                                    |     |
|                 |                                    |      |          | Dry                                     |     |
|                 |                                    |      |          | Flushed                                 |     |
|                 | Turgor                             |      |          | Loose                                   |     |
|                 | Vascular Access Type               |      |          | Central Line                            |     |
|                 |                                    |      |          | Port accessed                           |     |
|                 | Port accessed                      |      |          | Date flushed                            |     |
|                 | Port accessed date flushed         |      |          | 06/14/2012                              |     |
|                 | Vascular access site location      |      |          | left chest                              |     |
|                 | Vascular Access Site               |      |          | Benign                                  |     |
|                 | Patency                            |      |          | Flushes easily                          |     |
|                 | Vascular access dressing type      |      |          | Transparent                             |     |
|                 | Vascular access dressing condition |      |          | Clean, dry, intact                      |     |
|                 | Subcutaneous Access                |      |          | NA                                      |     |
|                 | Issues Related to Imminent Death   |      |          | No issues at present                    |     |
|                 | Emotional Status                   |      |          | Anxious                                 |     |

Performed On  
06/14/2012 08:03 AM  
Completed On

Document Type

Intervention

06/14/2012 06:45 PM

Performed By  
Jamica Mayes PCT

Entered On

06/14/2012 08:03 AM

Intervention: IPU Hospice Aide Shift Summary (V/S, I/O, percentage of meals, number BMs)Notes: T-98.0

P-110

R-16

**Documentation Summary**  
**Spartanburg Regional Hospice Home**  
**Sort By Patient      All Disciplines      Dates: 06/07/12 12:00 AM to 08/27/13 11:59 PM**

|                 |                |             |                 |                   |            |
|-----------------|----------------|-------------|-----------------|-------------------|------------|
| <b>Patient</b>  | <b>IPU SOC</b> | <b>Room</b> | <b>Admit ID</b> | <b>Patient ID</b> | <b>LOC</b> |
| Farr, William G | 06/10/2012     |             | 00038311        | 03570052          |            |

BP-138/82

BKF-50%

LUNCH-PATIENT ATE A TOMATO SANDWICH

DINNER-PATIENT TRAY IS STILL AT THE BEDSIDE

OUTPUT-1X

BM-0

|                     |                      |                     |                     |
|---------------------|----------------------|---------------------|---------------------|
| <b>Performed On</b> | <b>Document Type</b> | <b>Performed By</b> | <b>Entered On</b>   |
| 06/14/2012 08:27 AM |                      | Dorothy Shults RN   |                     |
| <b>Completed On</b> | <b>Intervention</b>  |                     | 06/14/2012 11:14 AM |
|                     | 06/14/2012 06:37 PM  |                     |                     |

Intervention: IPU PRN Medication/FollowUp

Notes: meds effective, pt resting quietly and is less anxious

|                     |                      |                     |                     |
|---------------------|----------------------|---------------------|---------------------|
| <b>Performed On</b> | <b>Document Type</b> | <b>Performed By</b> | <b>Entered On</b>   |
| 06/14/2012 08:27 AM |                      | Dorothy Shults RN   |                     |
| <b>Completed On</b> | <b>Intervention</b>  |                     | 06/14/2012 11:14 AM |
|                     | 06/14/2012 06:37 PM  |                     |                     |

Intervention: IPU PRN Medication/FollowUp

Notes: meds effective, pt resting quietly and is less anxious

|                     |                      |                        |                     |
|---------------------|----------------------|------------------------|---------------------|
| <b>Performed On</b> | <b>Document Type</b> | <b>Performed By</b>    | <b>Entered On</b>   |
| 06/14/2012 08:53 AM |                      | Antoinette Sanders MSW |                     |
| <b>Completed On</b> | <b>Intervention</b>  |                        | 06/14/2012 04:40 PM |
|                     | 06/14/2012 05:18 PM  |                        |                     |

Intervention: IPU SW Patient Encounter Daily

Notes:

|                     |                      |                     |                     |
|---------------------|----------------------|---------------------|---------------------|
| <b>Performed On</b> | <b>Document Type</b> | <b>Performed By</b> | <b>Entered On</b>   |
| 06/14/2012 10:45 AM |                      | Jamica Mayes PCT    |                     |
| <b>Completed On</b> | <b>Intervention</b>  |                     | 06/14/2012 11:33 AM |
|                     | 06/14/2012 06:45 PM  |                     |                     |

Intervention: IPU Hospice Aide Patient Encounter

Notes:

|                     |                      |                     |                     |
|---------------------|----------------------|---------------------|---------------------|
| <b>Performed On</b> | <b>Document Type</b> | <b>Performed By</b> | <b>Entered On</b>   |
| 06/14/2012 10:45 AM |                      | Jamica Mayes PCT    |                     |
| <b>Completed On</b> | <b>Intervention</b>  |                     | 06/14/2012 11:34 AM |
|                     | 06/14/2012 06:45 PM  |                     |                     |

Intervention: IPU Bath: shower or bedbath - pt's preference

Notes: bedbath refused at this time by the patient

Documentation Summary

Spartanburg Regional Hospice Home

Sort By Patient

All Disciplines

Dates: 06/07/12 12:00 AM to 08/27/13 11:59 PM

|                     |                      |             |                     |                     |            |
|---------------------|----------------------|-------------|---------------------|---------------------|------------|
| <b>Patient</b>      | <b>IPU SOC</b>       | <b>Room</b> | <b>Admit ID</b>     | <b>Patient ID</b>   | <b>LOC</b> |
| Farr, William G     | 06/10/2012           |             | 00038311            | 03570052            |            |
| <b>Performed On</b> | <b>Document Type</b> |             | <b>Performed By</b> | <b>Entered On</b>   |            |
| 06/14/2012 03:28 PM |                      |             | Dorothy Shults RN   | 06/14/2012 04:54 PM |            |
| <b>Completed On</b> | <b>Intervention</b>  |             |                     |                     |            |
|                     | 06/14/2012 06:37 PM  |             |                     |                     |            |

Intervention: IPU PRN Medication/FollowUp

Notes: morphine 4 mg iv and ativan 1 mg iv for labored resp and anxiety

|                     |                      |                     |                     |
|---------------------|----------------------|---------------------|---------------------|
| <b>Performed On</b> | <b>Document Type</b> | <b>Performed By</b> | <b>Entered On</b>   |
| 06/14/2012 03:28 PM |                      | Dorothy Shults RN   | 06/14/2012 04:54 PM |
| <b>Completed On</b> | <b>Intervention</b>  |                     |                     |
|                     | 06/14/2012 06:37 PM  |                     |                     |

Intervention: IPU PRN Medication/FollowUp

Notes: morphine 4 mg iv and ativan 1 mg iv for labored resp and anxiety

|                     |                      |                     |                     |
|---------------------|----------------------|---------------------|---------------------|
| <b>Performed On</b> | <b>Document Type</b> | <b>Performed By</b> | <b>Entered On</b>   |
| 06/14/2012 04:00 PM |                      | Dorothy Shults RN   | 06/14/2012 04:54 PM |
| <b>Completed On</b> | <b>Intervention</b>  |                     |                     |
|                     | 06/14/2012 06:37 PM  |                     |                     |

Intervention: IPU PRN Medication/FollowUp

Notes: meds effective, pt sleeping

|                     |                      |                     |                     |
|---------------------|----------------------|---------------------|---------------------|
| <b>Performed On</b> | <b>Document Type</b> | <b>Performed By</b> | <b>Entered On</b>   |
| 06/14/2012 04:00 PM |                      | Dorothy Shults RN   | 06/14/2012 04:54 PM |
| <b>Completed On</b> | <b>Intervention</b>  |                     |                     |
|                     | 06/14/2012 06:37 PM  |                     |                     |

Intervention: IPU PRN Medication/FollowUp

Notes: meds effective, pt sleeping

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|---------------------|----------------------|---------------------------|---------------------|
| <b>Performed On</b> | <b>Document Type</b> | <b>Performed By</b>       | <b>Entered On</b>   |
| 06/14/2012 04:10 PM |                      | David Hutchinson Chaplain | 06/14/2012 04:12 PM |
| <b>Completed On</b> | <b>Intervention</b>  |                           |                     |
|                     | 06/25/2012 04:31 PM  |                           |                     |

Intervention: IPU CH Initial Assessment

Notes: 69 y.o. male transferred in for medication management. Patient is asleep. informatio from sister and daughter.

|                     |                      |                           |                     |
|---------------------|----------------------|---------------------------|---------------------|
| <b>Performed On</b> | <b>Document Type</b> | <b>Performed By</b>       | <b>Entered On</b>   |
| 06/14/2012 04:12 PM |                      | David Hutchinson Chaplain | 06/14/2012 04:12 PM |
| <b>Completed On</b> | <b>Intervention</b>  |                           |                     |
|                     | 06/25/2012 04:31 PM  |                           |                     |

Intervention: IPU Provide Spiritual Care

Notes: Spiritual needs are met by local Protestant faith community. Pastoral care and presence provided.

**Documentation Summary**  
**Spartanburg Regional Hospice Home**  
**All Disciplines**      **Dates: 06/07/12 12:00 AM to 08/27/13 11:59 PM**

Sort By Patient

|                 |                |             |                 |                   |            |
|-----------------|----------------|-------------|-----------------|-------------------|------------|
| <b>Patient</b>  | <b>IPU SOC</b> | <b>Room</b> | <b>Admit ID</b> | <b>Patient ID</b> | <b>LOC</b> |
| Farr, William G | 06/10/2012     |             | 00038311        | 03570052          |            |

|                     |                      |                           |                     |
|---------------------|----------------------|---------------------------|---------------------|
| <b>Performed On</b> | <b>Document Type</b> | <b>Performed By</b>       | <b>Entered On</b>   |
| 06/14/2012 04:13 PM |                      | David Hutchinson Chaplain | 06/14/2012 04:13 PM |
| <b>Completed On</b> | <b>Intervention</b>  |                           |                     |
| 06/25/2012 04:31 PM |                      |                           |                     |

Intervention: IPU Conference with NurseNotes: Advised to attend the patient and family by nurse on duty.

|                     |                      |                           |                     |
|---------------------|----------------------|---------------------------|---------------------|
| <b>Performed On</b> | <b>Document Type</b> | <b>Performed By</b>       | <b>Entered On</b>   |
| 06/14/2012 04:14 PM |                      | David Hutchinson Chaplain | 06/14/2012 04:17 PM |
| <b>Completed On</b> | <b>Intervention</b>  |                           |                     |
| 06/25/2012 04:31 PM |                      |                           |                     |

Intervention: IPU CH Shift Summary

Notes: Patient has lung cancer and pulmonary issues. Sisters (2) are in room, one is very attentive to patient and interacting with nursing and support staff. Patient is medicated and unavailable for conversation this visit. Daughter is not fully adjusted to end-of-life issue, expecting a "things to turn around."  
 No immediate need for spiritual care at this time.

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|---------------------|----------------------|------------------------|---------------------|
| <b>Performed On</b> | <b>Document Type</b> | <b>Performed By</b>    | <b>Entered On</b>   |
| 06/14/2012 04:40 PM |                      | Antoinette Sanders MSW | 06/14/2012 04:40 PM |
| <b>Completed On</b> | <b>Intervention</b>  |                        |                     |
| 06/14/2012 05:18 PM |                      |                        |                     |

Intervention: IPU Provide Psychosocial counselingNotes:

|                     |                      |                        |                     |
|---------------------|----------------------|------------------------|---------------------|
| <b>Performed On</b> | <b>Document Type</b> | <b>Performed By</b>    | <b>Entered On</b>   |
| 06/14/2012 04:41 PM |                      | Antoinette Sanders MSW | 06/14/2012 04:41 PM |
| <b>Completed On</b> | <b>Intervention</b>  |                        |                     |
| 06/14/2012 05:18 PM |                      |                        |                     |

Intervention: IPU Provide Psychosocial counselingNotes:

|                     |                      |                        |                     |
|---------------------|----------------------|------------------------|---------------------|
| <b>Performed On</b> | <b>Document Type</b> | <b>Performed By</b>    | <b>Entered On</b>   |
| 06/14/2012 04:41 PM |                      | Antoinette Sanders MSW | 06/14/2012 04:42 PM |
| <b>Completed On</b> | <b>Intervention</b>  |                        |                     |
| 06/14/2012 05:18 PM |                      |                        |                     |

Intervention: IPU SW Shift Summary

Notes: msw on brief visit with pt at the request of his brother Charles. Pt having more difficulty breathing today. His son Brian also present and engaged msw in conversation regarding his concerns. Dr. Snipes and NP entered the room and addressed their concerns and needs. Pt wears an oximixer which he states bring him comfort. Support and active listening provided.



**Documentation Summary****Spartanburg Regional Hospice Home****Sort By Patient****All Disciplines****Dates: 06/07/12 12:00 AM to 08/27/13 11:59 PM**

| <b>Patient</b>      | <b>IPU SOC</b>       | <b>Room</b> | <b>Admit ID</b>     | <b>Patient ID</b>   | <b>LOC</b> |
|---------------------|----------------------|-------------|---------------------|---------------------|------------|
| Farr, William G     | 06/10/2012           |             | 00038311            | 03570052            |            |
| <b>Performed On</b> | <b>Document Type</b> |             | <b>Performed By</b> | <b>Entered On</b>   |            |
| 06/14/2012 04:55 PM |                      |             | Dorothy Shults RN   | 06/14/2012 04:56 PM |            |
| <b>Completed On</b> | <b>Intervention</b>  |             |                     |                     |            |
|                     | 06/14/2012 06:38 PM  |             |                     |                     |            |

**Intervention:** IPU SN Shift Summary**Notes:** pt with lung cancer, labored resp and anxiety early am .medicated with morphine and ativan twice this shift with effective results. uses urinal, appetite poor. family at bedside.

|                     |                      |                     |                     |
|---------------------|----------------------|---------------------|---------------------|
| <b>Performed On</b> | <b>Document Type</b> | <b>Performed By</b> | <b>Entered On</b>   |
| 06/14/2012 04:55 PM |                      | Dorothy Shults RN   | 06/14/2012 04:56 PM |
| <b>Completed On</b> | <b>Intervention</b>  |                     |                     |
|                     | 06/14/2012 06:38 PM  |                     |                     |

**Intervention:** IPU SN Shift Summary**Notes:** pt with lung cancer, labored resp and anxiety early am .medicated with morphine and ativan twice this shift with effective results. uses urinal, appetite poor. family at bedside.

|                     |                      |                     |                     |
|---------------------|----------------------|---------------------|---------------------|
| <b>Performed On</b> | <b>Document Type</b> | <b>Performed By</b> | <b>Entered On</b>   |
| 06/14/2012 10:15 PM |                      | Carolyn OGrady PCT  | 06/15/2012 01:51 AM |
| <b>Completed On</b> | <b>Intervention</b>  |                     |                     |
|                     | 06/15/2012 06:24 AM  |                     |                     |

**Intervention:** IPU Hospice Aide Patient Encounter**Notes:**

|                     |                      |                     |                     |
|---------------------|----------------------|---------------------|---------------------|
| <b>Performed On</b> | <b>Document Type</b> | <b>Performed By</b> | <b>Entered On</b>   |
| 06/14/2012 10:38 PM |                      | Frances Stockley RN | 06/15/2012 05:13 AM |
| <b>Completed On</b> | <b>Intervention</b>  |                     |                     |
|                     | 06/15/2012 06:40 AM  |                     |                     |

**Intervention:** IPU PRN Medication/FollowUp**Notes:** dyspneic, requesting Morphine; 4mg IV given

|                     |                      |                     |                     |
|---------------------|----------------------|---------------------|---------------------|
| <b>Performed On</b> | <b>Document Type</b> | <b>Performed By</b> | <b>Entered On</b>   |
| 06/14/2012 10:38 PM |                      | Frances Stockley RN | 06/15/2012 05:25 AM |
| <b>Completed On</b> | <b>Intervention</b>  |                     |                     |
|                     | 06/15/2012 06:40 AM  |                     |                     |

**Intervention:** IPU IV Med Admin/PCA bag change or dose change**Notes:** dyspneic and requesting Morphine; Morphine 4mg IV given

|                     |                      |                     |                     |
|---------------------|----------------------|---------------------|---------------------|
| <b>Performed On</b> | <b>Document Type</b> | <b>Performed By</b> | <b>Entered On</b>   |
| 06/14/2012 10:38 PM |                      | Frances Stockley RN | 06/15/2012 05:13 AM |
| <b>Completed On</b> | <b>Intervention</b>  |                     |                     |
|                     | 06/15/2012 06:40 AM  |                     |                     |

**Intervention:** IPU PRN Medication/FollowUp

**Documentation Summary**  
**Spartanburg Regional Hospice Home**  
Sort By Patient      All Disciplines      Dates: 06/07/12 12:00 AM to 08/27/13 11:59 PM

| Patient         | IPU SOC    | Room | Admit ID | Patient ID | LOC |
|-----------------|------------|------|----------|------------|-----|
| Farr, William G | 06/10/2012 |      | 00038311 | 03570052   |     |

Notes: dyspneic, requesting Morphine; 4mg IV given

| Performed On        | Document Type | Performed By        | Entered On          |
|---------------------|---------------|---------------------|---------------------|
| 06/14/2012 10:38 PM |               | Frances Stockley RN |                     |
| Completed On        | Intervention  |                     | 06/15/2012 05:25 AM |
| 06/15/2012 06:40 AM |               |                     |                     |

Intervention: IPU IV Med Admin/PCA bag change or dose change

Notes: dyspneic and requesting Morphine; Morphine 4mg IV given

| Performed On        | Document Type | Performed By        | Entered On          |
|---------------------|---------------|---------------------|---------------------|
| 06/14/2012 11:00 PM |               | Frances Stockley RN |                     |
| Completed On        | Intervention  |                     | 06/15/2012 05:26 AM |
| 06/15/2012 06:40 AM |               |                     |                     |

Intervention: IPU IV Med Admin/PCA bag change or dose change

Notes: pt resting and /s c/o; medication effective

| Performed On        | Document Type | Performed By        | Entered On          |
|---------------------|---------------|---------------------|---------------------|
| 06/14/2012 11:00 PM |               | Frances Stockley RN |                     |
| Completed On        | Intervention  |                     | 06/15/2012 05:14 AM |
| 06/15/2012 06:40 AM |               |                     |                     |

Intervention: IPU PRN Medication/FollowUp

Notes: resting; less anxious; RR down - medication effective

| Performed On        | Document Type | Performed By        | Entered On          |
|---------------------|---------------|---------------------|---------------------|
| 06/14/2012 11:00 PM |               | Frances Stockley RN |                     |
| Completed On        | Intervention  |                     | 06/15/2012 05:26 AM |
| 06/15/2012 06:41 AM |               |                     |                     |

Intervention: IPU IV Med Admin/PCA bag change or dose change

Notes: pt resting and /s c/o; medication effective

| Performed On        | Document Type | Performed By        | Entered On          |
|---------------------|---------------|---------------------|---------------------|
| 06/14/2012 11:00 PM |               | Frances Stockley RN |                     |
| Completed On        | Intervention  |                     | 06/15/2012 05:14 AM |
| 06/15/2012 06:40 AM |               |                     |                     |

Intervention: IPU PRN Medication/FollowUp

Notes: resting; less anxious; RR down - medication effective

| Performed On        | Document Type | Performed By       | Entered On          |
|---------------------|---------------|--------------------|---------------------|
| 06/14/2012 11:50 PM |               | Carolyn OGrady PCT |                     |
| Completed On        | Intervention  |                    | 06/15/2012 02:09 AM |
| 06/15/2012 06:24 AM |               |                    |                     |

Intervention: IPU Hospice Aide Patient Encounter

Notes:

**Documentation Summary**  
**Spartanburg Regional Hospice Home**  
**All Disciplines**      **Dates: 06/07/12 12:00 AM to 08/27/13 11:59 PM**

Sort By Patient

|                                            |                                            |             |                                           |                                          |            |
|--------------------------------------------|--------------------------------------------|-------------|-------------------------------------------|------------------------------------------|------------|
| <b>Patient</b><br>Farr, William G          | <b>IPU SOC</b><br>06/10/2012               | <b>Room</b> | <b>Admit ID</b><br>00038311               | <b>Patient ID</b><br>03570052            | <b>LOC</b> |
| <b>Performed On</b><br>06/15/2012 01:20 AM | <b>Document Type</b>                       |             | <b>Performed By</b><br>Carolyn OGrady PCT | <b>Entered On</b><br>06/15/2012 02:17 AM |            |
| <b>Completed On</b>                        | <b>Intervention</b><br>06/15/2012 06:24 AM |             |                                           |                                          |            |

Intervention: IPU Hospice Aide Patient Encounter  
Notes:

|                                            |                                            |                                           |                                          |
|--------------------------------------------|--------------------------------------------|-------------------------------------------|------------------------------------------|
| <b>Performed On</b><br>06/15/2012 03:12 AM | <b>Document Type</b>                       | <b>Performed By</b><br>Carolyn OGrady PCT | <b>Entered On</b><br>06/15/2012 03:05 AM |
| <b>Completed On</b>                        | <b>Intervention</b><br>06/15/2012 06:24 AM |                                           |                                          |

Intervention: IPU Hospice Aide Patient Encounter  
Notes:

|                                            |                                            |                                            |                                          |
|--------------------------------------------|--------------------------------------------|--------------------------------------------|------------------------------------------|
| <b>Performed On</b><br>06/15/2012 05:07 AM | <b>Document Type</b>                       | <b>Performed By</b><br>Frances Stockley RN | <b>Entered On</b><br>06/15/2012 05:08 AM |
| <b>Completed On</b>                        | <b>Intervention</b><br>06/15/2012 06:41 AM |                                            |                                          |

Intervention: IPU SN Fall Risk Assessment  
Notes:

|                                            |                                          |                                            |                                          |
|--------------------------------------------|------------------------------------------|--------------------------------------------|------------------------------------------|
| <b>Performed On</b><br>06/15/2012 05:07 AM | <b>Document Type</b>                     | <b>Performed By</b><br>Frances Stockley RN | <b>Entered On</b><br>06/15/2012 05:08 AM |
| <b>Completed On</b>                        | <b>Assessment</b><br>06/15/2012 06:41 AM |                                            |                                          |

Intervention: IPU SN Fall Risk Assessment  
Notes:

Assessment: SRHS IPU Fall Risk Assessment

|                                                                                  |                                  |
|----------------------------------------------------------------------------------|----------------------------------|
| <u>Observation</u>                                                               | <u>Result</u>                    |
| Medication:                                                                      | Narcotic = 1                     |
|                                                                                  | Benzodiazepines = 1              |
| Medication Score                                                                 | 2                                |
| Patient has medical condition which could impair their ability to ambulate       | Chronic debilitating illness = 1 |
| Patient has medical condition which could impair their ability to ambulate Score | 1                                |
| Total Score                                                                      | 3                                |

|                                            |                                          |                                            |                                          |
|--------------------------------------------|------------------------------------------|--------------------------------------------|------------------------------------------|
| <b>Performed On</b><br>06/15/2012 05:07 AM | <b>Document Type</b>                     | <b>Performed By</b><br>Frances Stockley RN | <b>Entered On</b><br>06/15/2012 05:08 AM |
| <b>Completed On</b>                        | <b>Assessment</b><br>06/15/2012 06:41 AM |                                            |                                          |

Intervention: IPU SN Fall Risk Assessment

**Documentation Summary**  
**Spartanburg Regional Hospice Home**  
**Sort By Patient      All Disciplines      Dates: 06/07/12 12:00 AM to 08/27/13 11:59 PM**

|                 |                |             |                 |                   |            |
|-----------------|----------------|-------------|-----------------|-------------------|------------|
| <b>Patient</b>  | <b>IPU SOC</b> | <b>Room</b> | <b>Admit ID</b> | <b>Patient ID</b> | <b>LOC</b> |
| Farr, William G | 06/10/2012     |             | 00038311        | 03570052          |            |

Notes:Assessment: SRHS IPU Fall Risk AssessmentObservation

Medication:

Medication Score

Patient has medical condition which could impair their ability to ambulate

Patient has medical condition which could impair their ability to ambulate Score

Total Score

Result

Narcotic = 1

Benzodiazepines = 1

2

Chronic debilitating illness = 1

1

3

|                     |                      |                     |                     |
|---------------------|----------------------|---------------------|---------------------|
| <b>Performed On</b> | <b>Document Type</b> | <b>Performed By</b> | <b>Entered On</b>   |
| 06/15/2012 05:07 AM |                      | Frances Stockley RN |                     |
| <b>Completed On</b> | <b>Intervention</b>  |                     |                     |
|                     | 06/15/2012 06:41 AM  |                     | 06/15/2012 05:08 AM |

Intervention: IPU SN Fall Risk AssessmentNotes:

|                     |                      |                     |                     |
|---------------------|----------------------|---------------------|---------------------|
| <b>Performed On</b> | <b>Document Type</b> | <b>Performed By</b> | <b>Entered On</b>   |
| 06/15/2012 05:15 AM |                      | Frances Stockley RN |                     |
| <b>Completed On</b> | <b>Intervention</b>  |                     |                     |
|                     | 06/15/2012 06:41 AM  |                     | 06/15/2012 05:24 AM |

Intervention: IPU SN Shift Summary

Notes: Pt on 4th day of admission; a/o x3; bedrest due to respiratory depletion; colostomy with soft brown stool, pt emptied and changed wafer without assistance; uses urinal frequently; Lt PAC intact and patent, last date changed 6/10; pt's respiratory status appears slightly improved; O2 at 8-10 L/M oxizimer; INH Albuterol attempted /c pt pulling it off after a few minutes stating it was causing him to "close up" immediately he asked for Morphine; Bi-Pap had been ordered, tried for about 15-20 minutes, pt c/o that the air flow was too great, O2 level decreased, pt wanted the BiPap settings changed and when informed him I would need to have that approved by MD, he just stopped the Bi-Pap and went back to oxizimer; pt has slept well throughout night without distress of any kind; family at bedside and also slept most of the night

|                     |                      |                     |                     |
|---------------------|----------------------|---------------------|---------------------|
| <b>Performed On</b> | <b>Document Type</b> | <b>Performed By</b> | <b>Entered On</b>   |
| 06/15/2012 05:15 AM |                      | Frances Stockley RN |                     |
| <b>Completed On</b> | <b>Intervention</b>  |                     |                     |
|                     | 06/15/2012 06:41 AM  |                     | 06/15/2012 05:24 AM |

Intervention: IPU SN Shift Summary

Notes: Pt on 4th day of admission; a/o x3; bedrest due to respiratory depletion; colostomy with soft brown stool, pt emptied and changed wafer without assistance; uses urinal frequently; Lt PAC intact and patent, last date changed 6/10; pt's respiratory status appears slightly improved; O2 at 8-10 L/M oxizimer; INH Albuterol attempted /c pt pulling it off after a few minutes stating it was causing him to "close up" immediately he asked for Morphine; Bi-Pap had been ordered, tried for about 15-20 minutes, pt c/o that the air flow was too great, O2 level decreased, pt wanted the BiPap settings changed and when informed him I would need to have that approved by MD, he just stopped the Bi-Pap and went back to oxizimer; pt has slept well throughout night without distress of any kind; family at bedside and also slept most of the night

Documentation Summary

Spartanburg Regional Hospice Home

Sort By Patient

All Disciplines

Dates: 06/07/12 12:00 AM to 08/27/13 11:59 PM

|                                            |                              |             |                                           |                                          |            |
|--------------------------------------------|------------------------------|-------------|-------------------------------------------|------------------------------------------|------------|
| <b>Patient</b><br>Farr, William G          | <b>IPU SOC</b><br>06/10/2012 | <b>Room</b> | <b>Admit ID</b><br>00038311               | <b>Patient ID</b><br>03570052            | <b>LOC</b> |
| <b>Performed On</b><br>06/15/2012 06:16 AM | <b>Document Type</b>         |             | <b>Performed By</b><br>Carolyn OGrady PCT | <b>Entered On</b><br>06/15/2012 06:17 AM |            |
| <b>Completed On</b>                        | Intervention                 |             |                                           |                                          |            |
|                                            | 06/15/2012 06:24 AM          |             |                                           |                                          |            |

Intervention: IPU Hospice Aide Shift Summary (V/S, I/O, percentage of meals, number BMs)

Notes: 1 bm , emptied clostomy

|                                            |                      |                                           |                                          |
|--------------------------------------------|----------------------|-------------------------------------------|------------------------------------------|
| <b>Performed On</b><br>06/15/2012 06:16 AM | <b>Document Type</b> | <b>Performed By</b><br>Carolyn OGrady PCT | <b>Entered On</b><br>06/15/2012 06:16 AM |
| <b>Completed On</b>                        | Intervention         |                                           |                                          |
|                                            | 06/16/2012 05:52 AM  |                                           |                                          |

Intervention: IPU Hospice Aide Patient Encounter

Notes:

|                                            |                      |                                           |                                          |
|--------------------------------------------|----------------------|-------------------------------------------|------------------------------------------|
| <b>Performed On</b><br>06/15/2012 07:51 AM | <b>Document Type</b> | <b>Performed By</b><br>Angelene Moore PCT | <b>Entered On</b><br>06/15/2012 08:11 AM |
| <b>Completed On</b>                        | Intervention         |                                           |                                          |
|                                            | 06/15/2012 07:03 PM  |                                           |                                          |

Intervention: IPU Hospice Aide Patient Encounter

Notes:

|                                            |                      |                                           |                                          |
|--------------------------------------------|----------------------|-------------------------------------------|------------------------------------------|
| <b>Performed On</b><br>06/15/2012 08:11 AM | <b>Document Type</b> | <b>Performed By</b><br>Angelene Moore PCT | <b>Entered On</b><br>06/15/2012 08:12 AM |
| <b>Completed On</b>                        | Intervention         |                                           |                                          |
|                                            | 06/15/2012 07:03 PM  |                                           |                                          |

Intervention: IPU Hospice Aide Shift Summary (V/S, I/O, percentage of meals, number BMs)

Notes:

|                                            |                      |                                           |                                          |
|--------------------------------------------|----------------------|-------------------------------------------|------------------------------------------|
| <b>Performed On</b><br>06/15/2012 08:11 AM | <b>Document Type</b> | <b>Performed By</b><br>Angelene Moore PCT | <b>Entered On</b><br>06/15/2012 08:11 AM |
| <b>Completed On</b>                        | Intervention         |                                           |                                          |
|                                            | 06/15/2012 07:03 PM  |                                           |                                          |

Intervention: IPU Fall precaution: Yellow  
keep urinal at bedside/ within reach

Notes:

|                                            |                      |                                       |                                          |
|--------------------------------------------|----------------------|---------------------------------------|------------------------------------------|
| <b>Performed On</b><br>06/15/2012 09:40 AM | <b>Document Type</b> | <b>Performed By</b><br>Vickie Tate RN | <b>Entered On</b><br>06/15/2012 09:40 AM |
| <b>Completed On</b>                        | Intervention         |                                       |                                          |
|                                            | 06/15/2012 12:40 PM  |                                       |                                          |

Intervention: IPU IV Med Admin/PCA bag change or dose change

Notes:

**Documentation Summary**  
**Spartanburg Regional Hospice Home**  
**All Disciplines**

Sort By Patient

Dates: 06/07/12 12:00 AM to 08/27/13 11:59 PM

|                 |                |             |                 |                   |            |
|-----------------|----------------|-------------|-----------------|-------------------|------------|
| <b>Patient</b>  | <b>IPU SOC</b> | <b>Room</b> | <b>Admit ID</b> | <b>Patient ID</b> | <b>LOC</b> |
| Farr, William G | 06/10/2012     |             | 00038311        | 03570052          |            |

|                     |                      |                     |                     |
|---------------------|----------------------|---------------------|---------------------|
| <b>Performed On</b> | <b>Document Type</b> | <b>Performed By</b> | <b>Entered On</b>   |
| 06/15/2012 09:40 AM |                      | Vickie Tate RN      |                     |
| <b>Completed On</b> | <b>Intervention</b>  |                     | 06/15/2012 09:40 AM |
|                     | 06/15/2012 12:40 PM  |                     |                     |

Intervention: IPU IV Med Admin/PCA bag change or dose change

Notes:

|                     |                      |                     |                     |
|---------------------|----------------------|---------------------|---------------------|
| <b>Performed On</b> | <b>Document Type</b> | <b>Performed By</b> | <b>Entered On</b>   |
| 06/15/2012 09:41 AM |                      | Vickie Tate RN      |                     |
| <b>Completed On</b> | <b>Intervention</b>  |                     | 06/15/2012 09:41 AM |
|                     | 06/15/2012 12:40 PM  |                     |                     |

Intervention: IPU SN Perform Daily Assessment

Notes:

|                     |                      |                     |                     |
|---------------------|----------------------|---------------------|---------------------|
| <b>Performed On</b> | <b>Document Type</b> | <b>Performed By</b> | <b>Entered On</b>   |
| 06/15/2012 09:41 AM |                      | Vickie Tate RN      |                     |
| <b>Completed On</b> | <b>Assessment</b>    |                     | 06/15/2012 09:41 AM |
|                     | 06/15/2012 12:40 PM  |                     |                     |

Intervention: IPU SN Perform Daily Assessment

Notes:

Assessment: SRHS IPU Nursing Assessment Routine 2

Observation

Patient denies pain at this time  
Pain Observations

Pain Observations Other

Mental Status  
Neurological Status  
Patients ability to express self  
Appetite  
Oral Cavity  
GI Abdomen  
Ostomy Appliance  
Bowel Sounds  
Reproductive  
Cardiovascular System  
Peripheral Pulses  
Edema  
Breath Sounds  
Pulmonary  
  
Oximizer L/min  
Pulmonary  
Liver

Result

Patient denies pain at this time  
Labored breathing  
Hyperventilation  
Other (specify)  
patient has episodes of resp distress more than  
pain issues  
Alert  
No Significant Findings  
Express thoughts, feelings, needs w/o difficulty  
Fair  
No significant findings  
Soft  
Colostomy  
Active  
No Significant Findings  
Tachycardia  
No Significant Findings  
None noted  
Diminished  
Regular  
O2 Therapy  
15  
Nebulizer treatment  
No Significant Findings

## Spartanburg Regional Hospice Home

Sort By Patient

All Disciplines

Dates: 06/07/12 12:00 AM to 08/27/13 11:59 PM

| Patient         | IPU SOC                            | Room | Admit ID | Patient ID                         | LOC |
|-----------------|------------------------------------|------|----------|------------------------------------|-----|
| Farr, William G | 06/10/2012                         |      | 00038311 | 03570052                           |     |
|                 | Bathing                            |      |          | Total care                         |     |
|                 | Integument                         |      |          | Cool                               |     |
|                 |                                    |      |          | Dry                                |     |
|                 | Turgor                             |      |          | WNL                                |     |
|                 | Vascular Access Type               |      |          | Central Line                       |     |
|                 |                                    |      |          | Port accessed                      |     |
|                 | Port accessed                      |      |          | Date flushed                       |     |
|                 | Port accessed date flushed         |      |          | 06/15/2012                         |     |
|                 | Vascular access site location      |      |          | left PAC                           |     |
|                 | Vascular Access Site               |      |          | Benign                             |     |
|                 | Patency                            |      |          | Flushes easily                     |     |
|                 |                                    |      |          | Blood return                       |     |
|                 | Vascular access dressing type      |      |          | Transparent                        |     |
|                 | Vascular access dressing condition |      |          | Clean, dry, intact                 |     |
|                 | Subcutaneous Access                |      |          | NA                                 |     |
|                 | Issues Related to Imminent Death   |      |          | No issues at present               |     |
|                 | Emotional Status                   |      |          | Mood/Affect stable and appropriate |     |

| Performed On        | Document Type       | Performed By   | Entered On          |
|---------------------|---------------------|----------------|---------------------|
| 06/15/2012 09:46 AM |                     | Vickie Tate RN |                     |
| Completed On        | Intervention        |                | 06/15/2012 09:50 AM |
|                     | 06/15/2012 12:34 PM |                |                     |

Intervention: IPU SN Shift Summary

Notes: This is a 69 year old male with lung cancer. He is alert and able to verbalize needs. This patient has episodes of resp. distress. 0745 this shift patient had an episode. Gave Morphine and ativan and taught patient to lean over bedside table to increase airflow. Dr Snipes addressed patients medications and changed some of the resp medication. Patient has a left PAC that is clean and flushes well. He has a colostomy that he cares for. He is continent and he takes his medications whole. Family is by bedside. Will continue to round frequently and assess patients comfort and needs. Emotional support given to patient as well as family.

| Performed On        | Document Type       | Performed By   | Entered On          |
|---------------------|---------------------|----------------|---------------------|
| 06/15/2012 09:46 AM |                     | Vickie Tate RN |                     |
| Completed On        | Intervention        |                | 06/15/2012 09:50 AM |
|                     | 06/15/2012 12:34 PM |                |                     |

Intervention: IPU SN Shift Summary

Notes: This is a 69 year old male with lung cancer. He is alert and able to verbalize needs. This patient has episodes of resp. distress. 0745 this shift patient had an episode. Gave Morphine and ativan and taught patient to lean over bedside table to increase airflow. Dr Snipes addressed patients medications and changed some of the resp medication. Patient has a left PAC that is clean and flushes well. He has a colostomy that he cares for. He is continent and he takes his medications whole. Family is by bedside. Will continue to round frequently and assess patients comfort and needs. Emotional support given to patient as well as family.

| Performed On        | Document Type       | Performed By       | Entered On          |
|---------------------|---------------------|--------------------|---------------------|
| 06/15/2012 10:20 AM |                     | Cheri Freeman LBSW |                     |
| Completed On        | Intervention        |                    | 06/15/2012 11:16 AM |
|                     | 06/15/2012 11:28 AM |                    |                     |

Intervention: IPU SW Patient Encounter Daily

Notes: routine visit. Pt, spouse and 2 of pts brothers in the room. LBSW conferenced with Dr. Snipes prior to visit.

**Documentation Summary**  
**Spartanburg Regional Hospice Home**

Sort By Patient

All Disciplines

Dates: 06/07/12 12:00 AM to 08/27/13 11:59 PM

|                 |                |             |                 |                   |            |
|-----------------|----------------|-------------|-----------------|-------------------|------------|
| <b>Patient</b>  | <b>IPU SOC</b> | <b>Room</b> | <b>Admit ID</b> | <b>Patient ID</b> | <b>LOC</b> |
| Farr, William G | 06/10/2012     |             | 00038311        | 03570052          |            |

LBSW had visited pt at SRMC prior to transfer to Hospice House and pt verbalized that he was feeling better than the last time LBSW saw him and that things are going "slow but sure". Plan at present is for pt to remain in the Hospice House and pt stated that he is agreeable with this at present, feeling better with the care that he has recieved. LBSW provided emotional support and encouragement to pt and family.

|                     |                      |                     |                     |
|---------------------|----------------------|---------------------|---------------------|
| <b>Performed On</b> | <b>Document Type</b> | <b>Performed By</b> | <b>Entered On</b>   |
| 06/15/2012 11:17 AM |                      | Cheri Freeman LBSW  | 06/15/2012 11:17 AM |
| <b>Completed On</b> | <b>Intervention</b>  |                     |                     |
|                     | 06/15/2012 11:29 AM  |                     |                     |

Intervention: IPU SW Shift Summary

Notes: routine visit. Pt, spouse and 2 of pts brothers in the room. LBSW conferenced with Dr. Snipes prior to visit. LBSW had visited pt at SRMC prior to transfer to Hospice House and pt verbalized that he was feeling better than the last time LBSW saw him and that things are going "slow but sure". Plan at present is for pt to remain in the Hospice House and pt stated that he is agreeable with this at present, feeling better with the care that he has recieved. LBSW provided emotional support and encouragement to pt and family.

|                     |                      |                     |                     |
|---------------------|----------------------|---------------------|---------------------|
| <b>Performed On</b> | <b>Document Type</b> | <b>Performed By</b> | <b>Entered On</b>   |
| 06/15/2012 12:01 PM |                      | Angelene Moore PCT  | 06/15/2012 12:02 PM |
| <b>Completed On</b> | <b>Intervention</b>  |                     |                     |
|                     | 06/15/2012 07:03 PM  |                     |                     |

Intervention: IPU Hospice Aide Shift Summary (V/S, I/O, percentage of meals, number BMs)

Notes: B 25% 120cc  
 L 0% 0cc  
 D 0% 0%

OUTPUT

T 95.2  
 P 82  
 R 32  
 BP 120/90

|                     |                      |                     |                     |
|---------------------|----------------------|---------------------|---------------------|
| <b>Performed On</b> | <b>Document Type</b> | <b>Performed By</b> | <b>Entered On</b>   |
| 06/15/2012 04:01 PM |                      | Dorothy Shults RN   | 06/15/2012 05:40 PM |
| <b>Completed On</b> | <b>Intervention</b>  |                     |                     |
|                     | 06/15/2012 06:36 PM  |                     |                     |

Intervention: IPU PRN Medication/FollowUp

Notes: morphine 2 mg iv and ativan 0.5 mg iv for anxiety and labored resp

|                     |                      |                     |                     |
|---------------------|----------------------|---------------------|---------------------|
| <b>Performed On</b> | <b>Document Type</b> | <b>Performed By</b> | <b>Entered On</b>   |
| 06/15/2012 04:01 PM |                      | Dorothy Shults RN   | 06/15/2012 05:40 PM |
| <b>Completed On</b> | <b>Intervention</b>  |                     |                     |
|                     | 06/15/2012 06:36 PM  |                     |                     |

Intervention: IPU PRN Medication/FollowUp

Notes: morphine 2 mg iv and ativan 0.5 mg iv for anxiety and labored resp



Documentation Summary

Spartanburg Regional Hospice Home

Sort By Patient

All Disciplines

Dates: 06/07/12 12:00 AM to 08/27/13 11:59 PM

|                                            |                                     |             |                                          |                                          |            |
|--------------------------------------------|-------------------------------------|-------------|------------------------------------------|------------------------------------------|------------|
| <b>Patient</b><br>Farr, William G          | <b>IPU SOC</b><br>06/10/2012        | <b>Room</b> | <b>Admit ID</b><br>00038311              | <b>Patient ID</b><br>03570052            | <b>LOC</b> |
| <b>Performed On</b><br>06/15/2012 04:35 PM | <b>Document Type</b>                |             | <b>Performed By</b><br>Dorothy Shults RN | <b>Entered On</b><br>06/15/2012 05:41 PM |            |
| <b>Completed On</b>                        | Intervention<br>06/15/2012 06:36 PM |             |                                          |                                          |            |

Intervention: IPU PRN Medication/FollowUp

Notes: meds effective

|                                            |                                     |  |                                          |                                          |  |
|--------------------------------------------|-------------------------------------|--|------------------------------------------|------------------------------------------|--|
| <b>Performed On</b><br>06/15/2012 04:35 PM | <b>Document Type</b>                |  | <b>Performed By</b><br>Dorothy Shults RN | <b>Entered On</b><br>06/15/2012 05:41 PM |  |
| <b>Completed On</b>                        | Intervention<br>06/15/2012 06:36 PM |  |                                          |                                          |  |

Intervention: IPU PRN Medication/FollowUp

Notes: meds effective

|                                            |                                     |  |                                          |                                          |  |
|--------------------------------------------|-------------------------------------|--|------------------------------------------|------------------------------------------|--|
| <b>Performed On</b><br>06/15/2012 05:41 PM | <b>Document Type</b>                |  | <b>Performed By</b><br>Dorothy Shults RN | <b>Entered On</b><br>06/15/2012 05:42 PM |  |
| <b>Completed On</b>                        | Intervention<br>06/15/2012 06:36 PM |  |                                          |                                          |  |

Intervention: IPU SN Shift Summary

Notes: alert at times, resp labored at times with much anxiety. family hesitant about meds for comfort. appetite poor. family at bedside all shift.

|                                            |                                     |  |                                          |                                          |  |
|--------------------------------------------|-------------------------------------|--|------------------------------------------|------------------------------------------|--|
| <b>Performed On</b><br>06/15/2012 05:41 PM | <b>Document Type</b>                |  | <b>Performed By</b><br>Dorothy Shults RN | <b>Entered On</b><br>06/15/2012 05:42 PM |  |
| <b>Completed On</b>                        | Intervention<br>06/15/2012 06:36 PM |  |                                          |                                          |  |

Intervention: IPU SN Shift Summary

Notes: alert at times, resp labored at times with much anxiety. family hesitant about meds for comfort. appetite poor. family at bedside all shift.

|                                            |                                     |  |                                            |                                          |  |
|--------------------------------------------|-------------------------------------|--|--------------------------------------------|------------------------------------------|--|
| <b>Performed On</b><br>06/15/2012 08:53 PM | <b>Document Type</b>                |  | <b>Performed By</b><br>Frances Stockley RN | <b>Entered On</b><br>06/16/2012 01:56 AM |  |
| <b>Completed On</b>                        | Intervention<br>06/16/2012 06:18 AM |  |                                            |                                          |  |

Intervention: IPU IV Med Admin/PCA bag change or dose change

Notes: c/o tightness in chest and "feeling an attack coming on"; requested Morphine; Morphine 4mg IV Lorazepam 1mg IV

|                                            |                                     |  |                                            |                                          |  |
|--------------------------------------------|-------------------------------------|--|--------------------------------------------|------------------------------------------|--|
| <b>Performed On</b><br>06/15/2012 08:53 PM | <b>Document Type</b>                |  | <b>Performed By</b><br>Frances Stockley RN | <b>Entered On</b><br>06/16/2012 01:59 AM |  |
| <b>Completed On</b>                        | Intervention<br>06/16/2012 06:18 AM |  |                                            |                                          |  |

**Documentation Summary**  
**Spartanburg Regional Hospice Home**  
 Sort By Patient      All Disciplines      Dates: 06/07/12 12:00 AM to 08/27/13 11:59 PM

|                 |                |             |                 |                   |            |
|-----------------|----------------|-------------|-----------------|-------------------|------------|
| <b>Patient</b>  | <b>IPU SOC</b> | <b>Room</b> | <b>Admit ID</b> | <b>Patient ID</b> | <b>LOC</b> |
| Farr, William G | 06/10/2012     |             | 00038311        | 03570052          |            |

Intervention: IPU Instruct on other symptom management

Notes: asked by family members about Morphine being given; use of Morphine for dyspnea and air hunger explained

|                     |                      |                     |                     |
|---------------------|----------------------|---------------------|---------------------|
| <b>Performed On</b> | <b>Document Type</b> | <b>Performed By</b> | <b>Entered On</b>   |
| 06/15/2012 08:53 PM |                      | Frances Stockley RN |                     |
| <b>Completed On</b> | Intervention         |                     | 06/16/2012 01:56 AM |
|                     | 06/16/2012 06:18 AM  |                     |                     |

Intervention: IPU IV Med Admin/PCA bag change or dose change

Notes: c/o tightness in chest and "feeling an attack coming on"; requested Morphine; Morphine 4mg IV Lorazepam 1mg IV

|                     |                      |                     |                     |
|---------------------|----------------------|---------------------|---------------------|
| <b>Performed On</b> | <b>Document Type</b> | <b>Performed By</b> | <b>Entered On</b>   |
| 06/15/2012 08:53 PM |                      | Frances Stockley RN |                     |
| <b>Completed On</b> | Intervention         |                     | 06/16/2012 01:59 AM |
|                     | 06/16/2012 06:18 AM  |                     |                     |

Intervention: IPU Instruct on other symptom management

Notes: asked by family members about Morphine being given; use of Morphine for dyspnea and air hunger explained

|                     |                      |                     |                     |
|---------------------|----------------------|---------------------|---------------------|
| <b>Performed On</b> | <b>Document Type</b> | <b>Performed By</b> | <b>Entered On</b>   |
| 06/15/2012 09:00 PM |                      | Frances Stockley RN |                     |
| <b>Completed On</b> | Intervention         |                     | 06/16/2012 02:18 AM |
|                     | 06/16/2012 06:18 AM  |                     |                     |

Intervention: IPU SN Shift Summary

Notes: 4th day of admission, dx: Non-Small Cell lung ca; alert/oriented x 3; bedrest due to exertion; continent of urine; colostomy from previous colon ca patent and maintained by patient; 02 at 8 L/M oxizimer; PAC (L) patent and intact dssg date 6/10; restful at this time; family with pt at all times

|                     |                      |                     |                     |
|---------------------|----------------------|---------------------|---------------------|
| <b>Performed On</b> | <b>Document Type</b> | <b>Performed By</b> | <b>Entered On</b>   |
| 06/15/2012 09:00 PM |                      | Frances Stockley RN |                     |
| <b>Completed On</b> | Intervention         |                     | 06/16/2012 02:18 AM |
|                     | 06/16/2012 06:18 AM  |                     |                     |

Intervention: IPU SN Shift Summary

Notes: 4th day of admission, dx: Non-Small Cell lung ca; alert/oriented x 3; bedrest due to exertion; continent of urine; colostomy from previous colon ca patent and maintained by patient; 02 at 8 L/M oxizimer; PAC (L) patent and intact dssg date 6/10; restful at this time; family with pt at all times

|                     |                      |                     |                     |
|---------------------|----------------------|---------------------|---------------------|
| <b>Performed On</b> | <b>Document Type</b> | <b>Performed By</b> | <b>Entered On</b>   |
| 06/15/2012 09:30 PM |                      | Frances Stockley RN |                     |
| <b>Completed On</b> | Intervention         |                     | 06/16/2012 01:58 AM |
|                     | 06/16/2012 06:18 AM  |                     |                     |

Intervention: IPU IV Med Admin/PCA bag change or dose change

Notes: resting comfortably; answers questions appropriately; no dyspnea; medication effective

**Documentation Summary**  
**Spartanburg Regional Hospice Home**  
**Sort By Patient All Disciplines Dates: 06/07/12 12:00 AM to 08/27/13 11:59 PM**

|                     |                      |             |                     |                     |            |
|---------------------|----------------------|-------------|---------------------|---------------------|------------|
| <b>Patient</b>      | <b>IPU SOC</b>       | <b>Room</b> | <b>Admit ID</b>     | <b>Patient ID</b>   | <b>LOC</b> |
| Farr, William G     | 06/10/2012           |             | 00038311            | 03570052            |            |
| <b>Performed On</b> | <b>Document Type</b> |             | <b>Performed By</b> | <b>Entered On</b>   |            |
| 06/15/2012 09:30 PM |                      |             | Frances Stockley RN | 06/16/2012 01:58 AM |            |
| <b>Completed On</b> | <b>Intervention</b>  |             |                     |                     |            |
|                     | 06/16/2012 06:18 AM  |             |                     |                     |            |

Intervention: IPU IV Med Admin/PCA bag change or dose change

Notes: resting comfortably; answers questions appropriately; no dyspnea; medication effective

|                     |                      |                     |                     |
|---------------------|----------------------|---------------------|---------------------|
| <b>Performed On</b> | <b>Document Type</b> | <b>Performed By</b> | <b>Entered On</b>   |
| 06/15/2012 10:00 PM |                      | Frances Stockley RN | 06/16/2012 02:04 AM |
| <b>Completed On</b> | <b>Intervention</b>  |                     |                     |
|                     | 06/16/2012 06:18 AM  |                     |                     |

Intervention: IPU Family conference

Notes: Received call from SRHS ED staff stating family member, Lisa, at ED requesting patient be transfer there for 2nd opinion. Spoke with pt's son, Brian, whom has been active in pt's care and informed him of call. Brian requested that the request be ignored.

|                     |                      |                     |                     |
|---------------------|----------------------|---------------------|---------------------|
| <b>Performed On</b> | <b>Document Type</b> | <b>Performed By</b> | <b>Entered On</b>   |
| 06/15/2012 10:00 PM |                      | Frances Stockley RN | 06/16/2012 02:04 AM |
| <b>Completed On</b> | <b>Intervention</b>  |                     |                     |
|                     | 06/16/2012 06:18 AM  |                     |                     |

Intervention: IPU Family conference

Notes: Received call from SRHS ED staff stating family member, Lisa, at ED requesting patient be transfer there for 2nd opinion. Spoke with pt's son, Brian, whom has been active in pt's care and informed him of call. Brian requested that the request be ignored.

|                     |                      |                     |                     |
|---------------------|----------------------|---------------------|---------------------|
| <b>Performed On</b> | <b>Document Type</b> | <b>Performed By</b> | <b>Entered On</b>   |
| 06/16/2012 12:30 AM |                      | Frances Stockley RN | 06/16/2012 02:09 AM |
| <b>Completed On</b> | <b>Intervention</b>  |                     |                     |
|                     | 06/16/2012 06:18 AM  |                     |                     |

Intervention: IPU Family conference

Notes: Son, Brian, concerned that pt may be receiving too much Morphine and making him sleep. He states pt's brother and sisters are very concerned. Pt's PRN given in last 14 hours discussed. Pt has requested the Morphine when having acute dyspneic episode and received relief within 3-5 minutes. Brian requested that pt only be given 2mg initially and then 2 more if needed. Advised that we would consider this but give the amount pt requested. Family concerned that pt sleeps too much. The exhaustion of dyspnea explained and the pt's need for increased rest as condition declines.

|                     |                      |                     |                     |
|---------------------|----------------------|---------------------|---------------------|
| <b>Performed On</b> | <b>Document Type</b> | <b>Performed By</b> | <b>Entered On</b>   |
| 06/16/2012 12:30 AM |                      | Frances Stockley RN | 06/16/2012 02:09 AM |
| <b>Completed On</b> | <b>Intervention</b>  |                     |                     |
|                     | 06/16/2012 06:18 AM  |                     |                     |

Intervention: IPU Family conference

Notes: Son, Brian, concerned that pt may be receiving too much Morphine and making him sleep. He states pt's brother and sisters are very concerned. Pt's PRN given in last 14 hours discussed. Pt has requested the Morphine when

**Documentation Summary**  
**Spartanburg Regional Hospice Home**  
**Sort By Patient All Disciplines Dates: 06/07/12 12:00 AM to 08/27/13 11:59 PM**

|                 |                |             |                 |                   |            |
|-----------------|----------------|-------------|-----------------|-------------------|------------|
| <b>Patient</b>  | <b>IPU SOC</b> | <b>Room</b> | <b>Admit ID</b> | <b>Patient ID</b> | <b>LOC</b> |
| Farr, William G | 06/10/2012     |             | 00038311        | 03570052          |            |

having acute dyspneic episode and received relief within 3-5 minutes. Brian requested that pt only be given 2mg initially and then 2 more if needed. Advised that we would consider this but give the amount pt requested. Family concerned that pt sleeps too much. The exhaustion of dyspnea explained and the pt's need for increased rest as condition declines.

|                     |                      |                     |                     |
|---------------------|----------------------|---------------------|---------------------|
| <b>Performed On</b> | <b>Document Type</b> | <b>Performed By</b> | <b>Entered On</b>   |
| 06/16/2012 01:54 AM |                      | Frances Stockley RN |                     |
| <b>Completed On</b> |                      |                     | 06/16/2012 01:54 AM |
|                     | Intervention         |                     |                     |
| 06/16/2012 06:19 AM |                      |                     |                     |

Intervention: IPU SN Fall Risk Assessment

Notes:

|                     |                      |                     |                     |
|---------------------|----------------------|---------------------|---------------------|
| <b>Performed On</b> | <b>Document Type</b> | <b>Performed By</b> | <b>Entered On</b>   |
| 06/16/2012 01:54 AM |                      | Frances Stockley RN |                     |
| <b>Completed On</b> |                      |                     | 06/16/2012 01:54 AM |
|                     | Intervention         |                     |                     |
| 06/16/2012 06:19 AM |                      |                     |                     |

Intervention: IPU SN Fall Risk Assessment

Notes:

|                     |                      |                     |                     |
|---------------------|----------------------|---------------------|---------------------|
| <b>Performed On</b> | <b>Document Type</b> | <b>Performed By</b> | <b>Entered On</b>   |
| 06/16/2012 01:54 AM |                      | Frances Stockley RN |                     |
| <b>Completed On</b> |                      |                     | 06/16/2012 01:54 AM |
|                     | Assessment           |                     |                     |
| 06/16/2012 06:19 AM |                      |                     |                     |

Intervention: IPU SN Fall Risk Assessment

Notes:

Assessment: SRHS IPU Fall Risk Assessment

Observation

Medication:

Medication Score

Patient has medical condition which could impair their ability to ambulate

Patient has medical condition which could impair their ability to ambulate Score

Total Score

Result

Narcotic = 1

Benzodiazepines = 1

2

Chronic debilitating illness = 1

1

3

|                     |                      |                     |                     |
|---------------------|----------------------|---------------------|---------------------|
| <b>Performed On</b> | <b>Document Type</b> | <b>Performed By</b> | <b>Entered On</b>   |
| 06/16/2012 01:54 AM |                      | Frances Stockley RN |                     |
| <b>Completed On</b> |                      |                     | 06/16/2012 01:54 AM |
|                     | Assessment           |                     |                     |
| 06/16/2012 06:19 AM |                      |                     |                     |

Intervention: IPU SN Fall Risk Assessment

Notes:

Assessment: SRHS IPU Fall Risk Assessment

Observation

Medication:

Result

Narcotic = 1

Benzodiazepines = 1

Documentation Summary

Spartanburg Regional Hospice Home

Sort By Patient

All Disciplines

Dates: 06/07/12 12:00 AM to 08/27/13 11:59 PM

|                     |                                                                                  |                     |                     |                                  |            |
|---------------------|----------------------------------------------------------------------------------|---------------------|---------------------|----------------------------------|------------|
| <b>Patient</b>      | <b>IPU SOC</b>                                                                   | <b>Room</b>         | <b>Admit ID</b>     | <b>Patient ID</b>                | <b>LOC</b> |
| Farr, William G     | 06/10/2012                                                                       |                     | 00038311            | 03570052                         |            |
|                     | Medication Score                                                                 |                     |                     | 2                                |            |
|                     | Patient has medical condition which could impair their ability to ambulate       |                     |                     | Chronic debilitating illness = 1 |            |
|                     | Patient has medical condition which could impair their ability to ambulate Score |                     |                     | 1                                |            |
|                     | Total Score                                                                      |                     |                     | 3                                |            |
| <b>Performed On</b> | <b>Document Type</b>                                                             | <b>Performed By</b> | <b>Entered On</b>   |                                  |            |
| 06/16/2012 02:21 AM |                                                                                  | Frances Stockley RN |                     |                                  |            |
| <b>Completed On</b> | Intervention                                                                     |                     | 06/16/2012 02:21 AM |                                  |            |
|                     | 06/16/2012 06:19 AM                                                              |                     |                     |                                  |            |

Intervention: IPU SN Shift Summary

Notes: awake requesting coffee and orange juice; has slept since 2200 prior to this

|                     |                      |                     |                     |
|---------------------|----------------------|---------------------|---------------------|
| <b>Performed On</b> | <b>Document Type</b> | <b>Performed By</b> | <b>Entered On</b>   |
| 06/16/2012 02:21 AM |                      | Frances Stockley RN |                     |
| <b>Completed On</b> | Intervention         |                     | 06/16/2012 02:21 AM |
|                     | 06/16/2012 06:19 AM  |                     |                     |

Intervention: IPU SN Shift Summary

Notes: awake requesting coffee and orange juice; has slept since 2200 prior to this

|                     |                      |                     |                     |
|---------------------|----------------------|---------------------|---------------------|
| <b>Performed On</b> | <b>Document Type</b> | <b>Performed By</b> | <b>Entered On</b>   |
| 06/16/2012 05:37 AM |                      | Carolyn OGrady PCT  |                     |
| <b>Completed On</b> | Intervention         |                     | 06/16/2012 05:37 AM |
|                     | 06/16/2012 05:52 AM  |                     |                     |

Intervention: IPU Hospice Aide Shift Summary (V/S, I/O, percentage of meals, number BMs)

Notes: one urine out

|                     |                      |                     |                     |
|---------------------|----------------------|---------------------|---------------------|
| <b>Performed On</b> | <b>Document Type</b> | <b>Performed By</b> | <b>Entered On</b>   |
| 06/16/2012 05:55 AM |                      | Frances Stockley RN |                     |
| <b>Completed On</b> | Intervention         |                     | 06/16/2012 05:57 AM |
|                     | 06/16/2012 06:19 AM  |                     |                     |

Intervention: IPU SN Shift Summary

Notes: slept throughout the night from 2100 until 0500; awoke feeling fresh; stated "that is the best sleep I have had in months". no dyspnea; O2 cont; states he emptied his colostomy on late evening; used urinal with yellow urine - amt not measured, no dyspnea episodes this shift, family at bedside throughout the night

|                     |                      |                     |                     |
|---------------------|----------------------|---------------------|---------------------|
| <b>Performed On</b> | <b>Document Type</b> | <b>Performed By</b> | <b>Entered On</b>   |
| 06/16/2012 05:55 AM |                      | Frances Stockley RN |                     |
| <b>Completed On</b> | Intervention         |                     | 06/16/2012 05:57 AM |
|                     | 06/16/2012 06:19 AM  |                     |                     |

Intervention: IPU SN Shift Summary

Notes: slept throughout the night from 2100 until 0500; awoke feeling fresh; stated "that is the best sleep I have had in months". no dyspnea; O2 cont; states he emptied his colostomy on late evening; used urinal with yellow urine - amt not measured, no dyspnea episodes this shift, family at bedside throughout the night

**Documentation Summary**  
**Spartanburg Regional Hospice Home**  
**Sort By Patient      All Disciplines      Dates: 06/07/12 12:00 AM to 08/27/13 11:59 PM**

|                     |                |                      |                     |                   |                     |
|---------------------|----------------|----------------------|---------------------|-------------------|---------------------|
| <b>Patient</b>      | <b>IPU SOC</b> | <b>Room</b>          | <b>Admit ID</b>     | <b>Patient ID</b> | <b>LOC</b>          |
| Farr, William G     | 06/10/2012     |                      | 00038311            | 03570052          |                     |
| <b>Performed On</b> |                | <b>Document Type</b> | <b>Performed By</b> |                   | <b>Entered On</b>   |
| 06/16/2012 07:44 AM |                |                      | Angelene Moore PCT  |                   | 06/16/2012 07:45 AM |
| <b>Completed On</b> |                | <b>Intervention</b>  |                     |                   |                     |
|                     |                | 06/16/2012 06:48 PM  |                     |                   |                     |

Intervention: IPU Hospice Aide Shift Summary (V/S, I/O, percentage of meals, number BMs)

Notes: T 96.6

P 108

R 34

BP 120/70

B

L

D

OUTPUT

|                     |                      |                     |                     |
|---------------------|----------------------|---------------------|---------------------|
| <b>Performed On</b> | <b>Document Type</b> | <b>Performed By</b> | <b>Entered On</b>   |
| 06/16/2012 08:00 AM |                      | Debra Strevel RN    | 06/16/2012 08:03 AM |
| <b>Completed On</b> | <b>Assessment</b>    |                     |                     |
|                     | 06/16/2012 01:33 PM  |                     |                     |

Intervention: IPU SN Admission Assessment

Notes:

Assessment: SRHS IPU Nursing Assessment - Admission

|                     |                      |                     |                     |
|---------------------|----------------------|---------------------|---------------------|
| <b>Performed On</b> | <b>Document Type</b> | <b>Performed By</b> | <b>Entered On</b>   |
| 06/16/2012 08:00 AM |                      | Debra Strevel RN    | 06/16/2012 08:03 AM |
| <b>Completed On</b> | <b>Assessment</b>    |                     |                     |
|                     | 06/16/2012 01:33 PM  |                     |                     |

Intervention: IPU SN Perform Daily Assessment

Notes:

Assessment: SRHS IPU Nursing Assessment Routine 2

Observation

Patient denies pain at this time

Pain Observations

Mental Status

Oriented to

Neurological Status

Patients ability to express self

Appetite

Nutrition/Hydration

Diet

Oral Cavity

GI Abdomen

Result

Patient denies pain at this time

Labored breathing

No non-verbal signs of pain

Alert

Person

Place

Time

No Significant Findings

Express thoughts, feelings, needs w/o difficulty

Poor

Anorexia

As tolerated

No significant findings

Flat

Documentation Summary

Spartanburg Regional Hospice Home

Sort By Patient

All Disciplines

Dates: 06/07/12 12:00 AM to 08/27/13 11:59 PM

| Patient         | IPU SOC                            | Room | Admit ID | Patient ID                         | LOC |
|-----------------|------------------------------------|------|----------|------------------------------------|-----|
| Farr, William G | 06/10/2012                         |      | 00038311 | 03570052                           |     |
|                 | GI Abdomen                         |      |          | Soft                               |     |
|                 | Ostomy Appliance                   |      |          | Colostomy                          |     |
|                 | Bowel Sounds                       |      |          | Active                             |     |
|                 | Last bowel movement                |      |          | 06/15/2012                         |     |
|                 | GU                                 |      |          | No Significant Findings            |     |
|                 | Peripheral Pulses Weak             |      |          | Pedal                              |     |
|                 | Edema                              |      |          | None noted                         |     |
|                 | Breath Sounds                      |      |          | Diminished                         |     |
|                 |                                    |      |          | Rales                              |     |
|                 |                                    |      |          | Rhonci                             |     |
|                 | Pulmonary                          |      |          | Labored                            |     |
|                 |                                    |      |          | Dyspnea                            |     |
|                 |                                    |      |          | O2 Therapy                         |     |
|                 |                                    |      |          | 10                                 |     |
|                 | Oximizer L/min                     |      |          | BiPAP                              |     |
|                 | Pulmonary                          |      |          | No Significant Findings            |     |
|                 | Liver                              |      |          | Partial assist                     |     |
|                 | Bathing                            |      |          | Warm                               |     |
|                 | Integument                         |      |          | Dry                                |     |
|                 |                                    |      |          | Loose                              |     |
|                 | Turgor                             |      |          | Implanted Device (Port, etc)       |     |
|                 | Vascular Access Type               |      |          | Port accessed                      |     |
|                 |                                    |      |          | left chest                         |     |
|                 | Vascular access site location      |      |          | Benign                             |     |
|                 | Vascular Access Site               |      |          | Flushes easily                     |     |
|                 | Patency                            |      |          | Transparent                        |     |
|                 | Vascular access dressing type      |      |          | Clean, dry, intact                 |     |
|                 | Vascular access dressing condition |      |          | NA                                 |     |
|                 | Subcutaneous Access                |      |          | No issues at present               |     |
|                 | Issues Related to Imminent Death   |      |          | Mood/Affect stable and appropriate |     |
|                 | Emotional Status                   |      |          |                                    |     |

| Performed On        | Document Type | Performed By     | Entered On          |
|---------------------|---------------|------------------|---------------------|
| 06/16/2012 08:00 AM |               | Debra Strevel RN |                     |
| Completed On        | Intervention  |                  | 06/16/2012 08:03 AM |
| 06/16/2012 01:33 PM |               |                  |                     |

Intervention: IPU SN Perform Daily Assessment

Notes:

| Performed On        | Document Type | Performed By     | Entered On          |
|---------------------|---------------|------------------|---------------------|
| 06/16/2012 08:00 AM |               | Debra Strevel RN |                     |
| Completed On        | Intervention  |                  | 06/16/2012 08:03 AM |
| 06/16/2012 01:33 PM |               |                  |                     |

Intervention: IPU SN Admission Assessment

Notes:

| Performed On        | Document Type | Performed By        | Entered On          |
|---------------------|---------------|---------------------|---------------------|
| 06/16/2012 01:00 PM |               | Ashleigh Pintoff RN |                     |
| Completed On        | Intervention  |                     | 06/16/2012 01:21 PM |
| 06/16/2012 03:03 PM |               |                     |                     |

**Documentation Summary**  
**Spartanburg Regional Hospice Home**  
**Sort By Patient All Disciplines Dates: 06/07/12 12:00 AM to 08/27/13 11:59 PM**

|                 |                |             |                 |                   |            |
|-----------------|----------------|-------------|-----------------|-------------------|------------|
| <b>Patient</b>  | <b>IPU SOC</b> | <b>Room</b> | <b>Admit ID</b> | <b>Patient ID</b> | <b>LOC</b> |
| Farr, William G | 06/10/2012     |             | 00038311        | 03570052          |            |

Intervention: IPU SN Patient Encounter Discharge Alive

Notes:

|                     |                      |                     |                     |
|---------------------|----------------------|---------------------|---------------------|
| <b>Performed On</b> | <b>Document Type</b> | <b>Performed By</b> | <b>Entered On</b>   |
| 06/16/2012 01:21 PM |                      | Ashleigh Pintoff RN |                     |
| <b>Completed On</b> | <b>Intervention</b>  |                     | 06/16/2012 01:21 PM |
|                     | 06/16/2012 03:03 PM  |                     |                     |

Intervention: IPU Provide patient report to receiving facility if applicable

Notes: notified hosice care of SC

|                     |                      |                     |                     |
|---------------------|----------------------|---------------------|---------------------|
| <b>Performed On</b> | <b>Document Type</b> | <b>Performed By</b> | <b>Entered On</b>   |
| 06/16/2012 01:21 PM |                      | Ashleigh Pintoff RN |                     |
| <b>Completed On</b> | <b>Intervention</b>  |                     | 06/16/2012 01:21 PM |
|                     | 06/16/2012 03:03 PM  |                     |                     |

Intervention: IPU Complete discharge forms

Notes:

|                     |                      |                     |                     |
|---------------------|----------------------|---------------------|---------------------|
| <b>Performed On</b> | <b>Document Type</b> | <b>Performed By</b> | <b>Entered On</b>   |
| 06/16/2012 01:21 PM |                      | Ashleigh Pintoff RN |                     |
| <b>Completed On</b> | <b>Intervention</b>  |                     | 06/16/2012 01:21 PM |
|                     | 06/16/2012 03:03 PM  |                     |                     |

Intervention: IPU Provide discharge instructions

Notes: to son, Brian Farr

|                     |                      |                     |                     |
|---------------------|----------------------|---------------------|---------------------|
| <b>Performed On</b> | <b>Document Type</b> | <b>Performed By</b> | <b>Entered On</b>   |
| 06/16/2012 01:22 PM |                      | Ashleigh Pintoff RN |                     |
| <b>Completed On</b> | <b>Intervention</b>  |                     | 06/16/2012 01:22 PM |
|                     | 06/16/2012 03:03 PM  |                     |                     |

Intervention: IPU SN Shift Summary

Notes: please see nursing daily shift summary

|                     |                      |                     |                     |
|---------------------|----------------------|---------------------|---------------------|
| <b>Performed On</b> | <b>Document Type</b> | <b>Performed By</b> | <b>Entered On</b>   |
| 06/16/2012 01:22 PM |                      | Ashleigh Pintoff RN |                     |
| <b>Completed On</b> | <b>Intervention</b>  |                     | 06/16/2012 01:22 PM |
|                     | 06/16/2012 03:03 PM  |                     |                     |

Intervention: IPU SN Shift Summary

Notes: please see nursing daily shift summary

|                     |                      |                     |                     |
|---------------------|----------------------|---------------------|---------------------|
| <b>Performed On</b> | <b>Document Type</b> | <b>Performed By</b> | <b>Entered On</b>   |
| 06/16/2012 01:22 PM |                      | Ashleigh Pintoff RN |                     |
| <b>Completed On</b> | <b>Intervention</b>  |                     | 06/16/2012 01:22 PM |
|                     | 06/16/2012 03:03 PM  |                     |                     |



Documentation Summary

Spartanburg Regional Hospice Home

Sort By Patient

All Disciplines

Dates: 06/07/12 12:00 AM to 08/27/13 11:59 PM

|                 |                |             |                 |                   |            |
|-----------------|----------------|-------------|-----------------|-------------------|------------|
| <b>Patient</b>  | <b>IPU SOC</b> | <b>Room</b> | <b>Admit ID</b> | <b>Patient ID</b> | <b>LOC</b> |
| Farr, William G | 06/10/2012     |             | 00038311        | 03570052          |            |

Intervention: IPU SN Shift Summary

Notes: please see nursing daily shift summary

|                     |                      |                     |                     |
|---------------------|----------------------|---------------------|---------------------|
| <b>Performed On</b> | <b>Document Type</b> | <b>Performed By</b> | <b>Entered On</b>   |
| 06/16/2012 01:27 PM |                      | Debra Strevel RN    |                     |
| <b>Completed On</b> | <b>Intervention</b>  |                     |                     |
|                     | 06/16/2012 01:33 PM  |                     | 06/16/2012 01:32 PM |

Intervention: IPU SN Shift Summary

Notes: DX: lung ca with hx colon ca--GIP. Pt had "episode" early shift of severe dyspnea, medicated with morphine and ativan with good relief achieved.....family continues to question actions of staff re: meds and pt's care. This RN is uncomfortable with family interference in providing appropriate care for pt's distressing sx of dyspnea and sensation of "smothering"

Discussed d/c home with pt/family. Son, Brian, spoke with Dr Snipes by phone and decision is made to transfer care to Hospice Care of SC and d/c home this afternoon.

C2 rx's faxed to OP pharmacy (SRHS) and reg meds called in to OP pharmacy.

Reviewed d/c instructions and med rec with Brian

|                     |                      |                     |                     |
|---------------------|----------------------|---------------------|---------------------|
| <b>Performed On</b> | <b>Document Type</b> | <b>Performed By</b> | <b>Entered On</b>   |
| 06/16/2012 01:27 PM |                      | Debra Strevel RN    |                     |
| <b>Completed On</b> | <b>Intervention</b>  |                     |                     |
|                     | 06/16/2012 01:33 PM  |                     | 06/16/2012 01:32 PM |

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| 06/16/2012 01:27 PM |                      | Debra Strevel RN    |                     |
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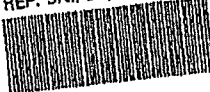
C2 rx's faxed to OP pharmacy (SRHS) and reg meds called in to OP pharmacy.

Reviewed d/c instructions and med rec with Brian

☐ SRMC      ☐ SHRC    ☐ VH

| DATE/TIME | NOTES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|-----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 06/12/14  | <p><u>ADMIT NOTE - 1st P DICTATED</u></p> <p>69yo man w/ CHRONIC LEFT PALLOR<br/>DUE TO -</p> <ol style="list-style-type: none"> <li>① EG COPD</li> <li>② SP BILOBAR RESECTION</li> <li>③ PROBABLE BLUNT LYMATICAL CT</li> </ol> <p>NYHA CLASS 4 (NYMAN). PPS-307</p> <p>PLAN: ① LR MONITORING<br/>         ② CONT LOW BULKY MED<br/>         INTERVENTION.<br/>         ③ Home &amp; Home HOPEFUL IF<br/>         POSSIBLE<br/>         ④ GOC DISCT PM, PALLY<br/>         "I WANT TO BE COMFORTABLE"<br/>         Correctly</p> |

1216401412 000 478684 08/12/12  
FARR, WILLIAM G M 69Y  
ADM: SNIPES, GARRETT E  
REF: SNIPES, GARRETT E



1080 (Rev

Page 1 of 5

## Physician Progress Note

SPARTANBURG REGIONAL HOSPICE HOME

Date: 06/18/12 Time: 12 PM

S:

INITIALLY BETTER NO DYSPNOEA AND  
THEN BECAME PROFOUNDLY  
DYSPNOEIC P STANDING

Breakthrough doses:

Activity:

Intake:

O: Physical exam: Vital signs 97.7 - 120 - 30 - 120/64 ☐ Unremarkable

General: No distress / comfortable / mod distress / severe distress

Mental status: Alert / lethargic / obtunded / agitated / SAS Anxious / Cynotic

HBENT: MMs moist/dry

Neck: JVD

Lungs: CTA / diminished / rales / wheeze / upper airway congestion

Cardiac: RRR / tachycardia / irregular

Abd: Soft / distended / tender / BS pres/abs

Extremities: Edema

Neuro:

Other:

A: Assessment

Hospice diagnosis

Other

I/P: Plans

A/C NEPT PULMONO DIS COPO  
LUNG RESECTION  
INDICATION 14/3/2011  
VS. CA

- REVERS EXacerbation of DYSPNOEA PRIOR  
→ PRN OXYGENS LONGER, MONITORING ON  
RELIEF PR.

☒ Family counseling:

UPDATE TO FAMILY BRADON, DAWGHER

PPS: 30-20 Prognosis:

? DAYS TO PRIOR WEL (COULD DIE IN)

Reason for GIF (if applicable): ☐ Symptom management. What symptoms/how?

ANY TIME

☐ Other:Disposition: ☒ Active management ☐ Possible D/C if stabilizes ☐ Planning discharge

Signature:

Garrett Snipes

☒ Garrett Snipes, MD ☐ Brian Bell, MD☐ Robert Houston, MD ☐ Sam Gacha, MD

1216401412 000478684 08/12/12  
FARR, WILLIAM G M 69Y  
ADM: SNIPES, GARRETT E  
REF: SNIPES, GARRETT E



## Physician Progress Note

SPARTANBURG REGIONAL HOSPICE HOME

Date: 06/12/12 Time: \_\_\_\_\_

S: \_\_\_\_\_

INTERMITTENTLY VERY DYSPNEIC.  
THIS MORNING VENTILATOR COMPROMISED  
BUT WORK - USING ACCESSORY MUSCLES  
OF VENTILATION.

## Breakthrough doses:

Activity: B.A. Intake: FOMD  
O: Physical exam: Vital signs 98-112-16-135/92 ☐ Unremarkable  
General: No distress / comfortable / ~~mod distress~~ / severe distress  
Mental status: Alert / lethargic / obtunded / agitated / SAS  
HEENT: MMs moist/dry  
Neck: JVD  
Lungs: CTA / diminished / rales / wheeze / upper airway congestion  
Cardiac: RRR / tachycardic / irregular  
Abd: Soft / distended / tender / BS pres/abs  
Extremities: Edema  
Neuro: \_\_\_\_\_  
Other: \_\_\_\_\_

## A: Assessment

Hospice diagnosis

Other

SEVERE CHD / CHRONIC LEFT HEART FAILURE  
\* PULMONARY EDEMA  
\* DYSPNOEA: INTERMITTENT: SEVERE  
EXERCISE INTOLERANCE

→ ADULT HEART FAILURE / PALLIATION OF DYSPNOEA  
THIS EVENING

☒ Family counseling: SON BRIAN / BLONDE.

PPS: 20 Prognosis: DDY TO ADULT HEART FAILURE - FURTHER NORTH POSSIBLE

Reason for GIP (if applicable): ☒ Symptom management. What symptoms/how?:

DYSPNOEA

☐ Other: \_\_\_\_\_

Disposition: ☒ Active management ☐ Possible D/C if stabilizes ☐ Planning discharge

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

☐ Garrett Snipes, MD ☐ Brian Bell, MD  
☐ Robert Houston, MD ☐ Sam Gacha, MD

1216401412 000478684 06/12/12  
FARR, WILLIAM G M 69Y  
ADM: SNIPES, GARRETT E  
REF: SNIPES, GARRETT E



## Physician Progress Note

SPARTANBURG REGIONAL HOSPICE HOME

Date: 06/12/12 Time: \_\_\_\_\_

S:

DYSPNOEA AT REST BUT NOT DISTRESS  
 WEDK, GETTING WEDKER  
 EPISODE OF PROFOUND DYSPNOEA - 2  
 MUCCON. PLEUR

Breakthrough doses:

Activity: BR

Intake: + 1000

O: Physical exam: Vital signs 98.4 92 100/60 ☐ UnremarkableGeneral: No distress / comfortable / ~~mod~~ distress / severe distress

Mental status: Alert / lethargic / obtunded / agitated / SAS

HEENT: Mucous moist/dry

Neck: JVD

Lungs: CTA / diminished / rales / wheeze / upper airway congestion USING NEBULIZER

Cardiac: RR / tachycardia / irregular

Abd: Soft / distended / tender / BS pres/abs

Extremities: Edema

Neuro: \_\_\_\_\_

Other: \_\_\_\_\_

A: Assessment

Hospice diagnosis

Other

ES COPD / CHRONIC NEOP. PAINING / PAIN  
 REQUIREMENT  
 CONG  
 CANCER

DYSPNOEA  
 CHRONICALLY DECLINING

→ ① PS. DOES WANT CARE AT HLT, DESPITE FAMILY  
 REFUSAL

② AS TO MDD: - FOR TRUNK HAD MAY  
 WORSE DYSPNOEA

☐ Family counseling: ③ PLAN B1 PAIN - OFFICER / DRUG TO LYDIA

PPS: 200 Prognosis: 2 DAY TO WEDK

Reason for GIP (if applicable): ☒ Symptom management. What symptoms/how?:☐ Other: \_\_\_\_\_Disposition: ☒ Active management ☐ Possible D/C if stabilizes ☐ Planning discharge

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

☒ Garrett Snipes, MD ☐ Brian Bell, MD☐ Robert Houston, MD ☐ Sam Gacha, MD

1216401412 000-478684 06/12/12  
 FARR, WILLIAM G M 69Y  
 ADM: SNIPES, GARRETT E  
 REF: SNIPES, GARRETT E





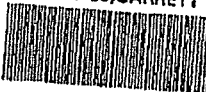
**SPARTANBURG**  
Regional Healthcare System

☐ SRMC ☐ SHRC ☐ VH

**PROGRESS NOTES**

| DATE/TIME | NOTES                                                  |
|-----------|--------------------------------------------------------|
| 06/16/12  | S: SOB (+) wearing O <sub>2</sub> maximizer            |
| 11:10     | O: VS stable Afebrile                                  |
|           | CV: hN2P                                               |
|           | Chest: Ratch (+) crackles (+)                          |
|           | Abd Bx (+) Soft.                                       |
|           | A/P                                                    |
|           | (1) ZSCOPD                                             |
|           | (2) Chronic resp failure                               |
|           | Plan: wife @ bedside / w family. By RN family has been |
|           | difficult to deal.                                     |
|           | PPS 10-20%                                             |
|           | Denies Pain                                            |
|           | <i>SBACH md</i>                                        |
| 06/17/12  | D/C summary dictated                                   |
|           | 1259443                                                |
|           | <i>SBACH md</i>                                        |

Pa 1216401412 000-478684 06/12/12  
FARR, WILLIAM G M 69Y  
ADM: SNIPES, GARRETT E  
REF: SNIPES, GARRETT E



1080 (Rev. L)

Discharged

Customer: Farr, William G

Customer ID: 03570052

Admit ID: 00038224

DOB: [REDACTED]

SOC: 06/07/2012

Spartanburg Regional Hospice

120 Heywood Ave

Suite 300

Spartanburg, SC 293021211

8645603900

Contains

SRHS Discharge Summary

Hospice IDG Careplan 3 Non-Visit

Hospice IDG Careplan 3 Discharge Non-Death

Date In: 6/16/2012 5:42:00PM

Date Out: 6/16/2012 8:34:00PM

Personnel: Shelton, Sarah RN

---

SRHS Discharge SummaryClinical Record Items

Discharge Summary

Patient ID Number

Start of Care Date

Patient Name

Patient State of Residence

Patient Zip Code

Admission Condition

Discharge Date:

Last Visit Date

Discharge Discipline

Agency Discharge

00038224

06/07/2012

Farr William G

SC

29379

Guarded

06/16/2012

06/08/2012

SN

MSW

HHA

SN

MSW

HHA

Disciplines Provided:

Reason for discharge

Advance Directives:

Transferred to another agency

1- DNR

2- Living Will

Power of Attorney (specify name):

Power of Attorney (specify name):

Brian Farr

Orders Regarding End of Life Decisions:

Comfort measures only

Discharge Diagnosis - Primary

MALIGNANT NEOPLASM OF BRONCHUS AND LUNG,  
UNSPECIFIED

Primary ICD9

1629

Primary Exacerbation Date

05/31/2012

Discharge Diagnosis Secondary

OBSTRUCTIVE CHRONIC BRONCHITIS WITH (ACUTE)  
EXACERBATION

Created: 6/18/2012 5:42:00PM

Printed: 8/26/2013 11:09:47AM

Completed: 6/21/2012 8:35:00PM

Braden Scale © Barbara Braden and Nancy Bergstrom 1988

Fall Risk Assessment - Delmarva Foundation and adapted by CIMRO of Nebraska. 8SOW-NE-HH-680

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Page 1 of 9

Customer: Farr, William G

Customer ID: 03570052

Admit ID: 00038224

|                               |                                      |
|-------------------------------|--------------------------------------|
| Discharge Diagnosis Secondary | UNSPECIFIED ESSENTIAL HYPERTENSION   |
|                               | HYPOPOTASSEMIA                       |
|                               | OTHER AND UNSPECIFIED HYPERLIPIDEMIA |
| Secondary ICD9                | 49121                                |
| Secondary Exacerbation Date   | 05/31/2012                           |
| Secondary ICD9                | 4019                                 |
| Secondary Exacerbation Date   | 05/31/2012                           |
| Secondary ICD9                | 2768                                 |
|                               | 2724                                 |
| Secondary Exacerbation Date   | 05/31/2012                           |
| Overall Status:               | 2- Stablized                         |
| Systolic Blood Pressure (1)   | 118                                  |
| Diastolic Blood Pressure (1)  | 82                                   |
| Pulse (1)                     | 120                                  |
| Respirations                  | 28                                   |
| Oxygen O2 Flow Rate (LPM)     | 6                                    |
| Temperature                   | 96.5                                 |

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Customer: Farr, William G

Customer ID: 03570052

Admit ID: 00038224

## Medications:

\*\*\* AMBIEN 10 mg TABLET 1 ORAL Bedtime  
Begin: 06/07/2012  
Coverage: Provider

\*\*\* ATIVAN 1 mg TABLET 1-2 ORAL Every 4 hours as needed  
Begin: 06/07/2012  
Coverage: Provider

\*\*\* Klor-Con M20 20 mEq TAB ER PRT 2 ORAL 2 times daily  
Begin: 06/07/2012

\*\*\* moxifloxacin 400mg tablet 1 ORAL Daily  
Begin: 06/07/2012

\*\*\* NORCO 10 mg-325 mg TABLET 1-2 ORAL Every 4 hours as needed  
Begin: 06/07/2012

\*\*\* OMEPRAZOLE 20 mg TABLET DR 1 ORAL 2 times daily  
Begin: 06/07/2012  
Coverage: Patient

\*\*\* PREDNISONE 20 mg TABLET 1 ORAL 3 times daily  
Begin: 06/07/2012  
Coverage: Provider

\*\*\* PROAIR HFA 90 mcg HFA AER AD 2 puffs INHALATION As needed  
Begin: 06/07/2012  
Coverage: Provider

\*\*\* PROVENTIL 90 mcg AER REFILL 2 puffs INHALATION Every 6 hours as needed  
Begin: 06/07/2012  
Coverage: Provider

\*\*\* ROXANOL 20 mg/mL SOLUTION 0.25-0.5 ORAL Every 2 to 3 hours as needed  
Begin: 06/07/2012  
Coverage: Provider  
Order Note: New order for 06/07/2012  
ROXANOL 20 mg/mL SOLUTION  
0.25-0.5 ORAL Every 2 to 3 hours as needed  
Coverage: Provider

\*\*\* SIMVASTATIN 40 mg TABLET 1 ORAL Bedtime  
Begin: 06/07/2012  
Coverage: Patient

\*\*\* TRIAMTERENE W/HCTZ 37.5-25MG TABLET 1 ORAL Daily  
Begin: 06/07/2012  
Coverage: Patient

Summary of Discipline - SN

1-Self care education  
2-Medication management  
4-Symptom management  
8-Other (specify)

Summary of Discipline - SN other

emotional support

Summary of Discipline - MSW

1-Evaluation

6-Other (specify)

Summary of Discipline - MSW other

Emotional support

Summary of Discipline - HHA

1-Personal care

Summary of Discipline - HHA other

Emotional support

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## Hospice Pre Post Patient Activity (Visit 06/16/2012)



1593112194

Customer: Farr, William G

Customer ID: 03570052

Admit ID: 00038224

|                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Patient                                              | 1-Demonstrates knowledge of disease process including expected course/prognosis                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Caregiver                                            | 1-Demonstrates knowledge of disease process including expected course/prognosis                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Patient                                              | 2-Skin intact with no indication of infection                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Caregiver                                            | 3-Pain relieved or controlled within acceptable limits                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|                                                      | 4-Describes signs and symptoms to report to MD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|                                                      | 5-Verbalizes appropriate emergency response measures                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|                                                      | 6-Describes the purpose/action and side effects of all medications                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Patient                                              | 7-Demonstrates compliance with medication schedule                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Caregiver                                            | 7-Demonstrates compliance with medication schedule                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Patient                                              | 8-No signs and/or symptoms of adverse effects of medication evident                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|                                                      | 9- Compliant with prescribed diet including any restrictions                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|                                                      | 10-Maintains adequate intake of fluid and calories                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|                                                      | 11-ADL needs met either independent;ly or with assistance                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Caregiver                                            | 13-Complies with safety measures implemented to reduce risk of falls/injury                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|                                                      | 14-Performs therapeutic procedures correctly                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|                                                      | 15-Complies with infection control measures including disposal of medical waste                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|                                                      | 16-Demonstrates safe use of DME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|                                                      | 17-Demonstrates effective coping skills                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|                                                      | 18-Uses available community resources effectively                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| Other Progress toward Goals/Other Outcomes Achieved: | Initial Hospice Plan of Care Physician: Mehta, Sharmila Pravin MD<br>Cert Period Starts: 06/07/2012 Cert Period Ends: 09/04/2012<br>Problems:<br>EXPECTED OUTCOMES<br><br>Plans:<br>Verbalizes correct medication/supplement schedule or has written schedule for reference.<br>Verbalizes hospice protocol.<br>Verbalizes plan of care and hospice services.<br>Verbalizes how and when to contact hospice staff.<br>Patient verbalizes/demonstrates effective level of pain and/or symptom control<br>Verbalizes primary concern and personal goals for care.<br>Verbalizes measures to ensure personal safety.<br>Pt/Cg verbalizes disease progression: s/sx dying, potential for skin breakdown, urinary incontinence, decreased desire/ability to eat/drink and alternative treatment measures to increase comfort. |
| Notification of Service Termination:                 | 2-Physician<br>3-Pharmacy<br>4-HME provider<br>5-Other (specify):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| Notification of Service Termination - Other:         | Hospice staff                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Notes:                                               | Patient transfered to another Hospice agency                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |

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## Hospice Pre Post Patient Activity (Visit 06/16/2012)



1593112194

Customer: Farr, William G

Customer ID: 03570052

Admit ID: 00038224

Clinician Diagnoses

| <u>Resolved</u> | <u>Description</u>                                                                                                                                                                                                    |
|-----------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 06/18/2012      | Physical/symptom issues: pain, delirium, cognitive impairments, dyspnea, cough, wound, nausea, vomiting, anorexia, bladder incontinence, bowel incontinence, constipation, diarrhea, immobility, self-care deficit __ |
| 06/18/2012      | Psychosocial/emotional issues: agitation, anxiety, depression, stress, anticipatory grieving, denial, anger, ineffective coping, intimacy, self image, limited support system, substance abuse, mental illness __     |
| 06/18/2012      | Caregiver issues: anxiety, depression, anticipatory grieving, burden of care, limited support system, physical limitations, substance abuse, mental illness __                                                        |
| 06/18/2012      | Functional/Safety issues: immobility, self-care deficit__                                                                                                                                                             |
| 06/18/2012      | Spiritual issues: altered access to faith/spiritual community, alteration in spiritual practices, altered belief system, altered life's meaning, need for closure, spiritual distress __                              |
| 06/18/2012      | Family/support issues: family conflict, communication, lack of resources, child/teen grief, role reversal, finances, inadequate housing __                                                                            |
| 06/18/2012      | OXYGEN Use/Safety                                                                                                                                                                                                     |
| 06/18/2012      | Palliative/Hospice Disease Management                                                                                                                                                                                 |
| 06/18/2012      | PAIN MANAGEMENT                                                                                                                                                                                                       |
| 06/18/2012      | Symptom Management                                                                                                                                                                                                    |
| 06/18/2012      | Fall/Safety Risk Prevention                                                                                                                                                                                           |
| 06/18/2012      | Nutrition - End of Life                                                                                                                                                                                               |

Grouped Clinician Diagnosis: Caregiver issues: anxiety, depression, anticipatory grieving, burden of care, limited support system, physical limitations, substance abuse, mental illness \_\_

Interventions

|                        |                                 |                                                                                           |                        |            |                 |                 |                |                           |
|------------------------|---------------------------------|-------------------------------------------------------------------------------------------|------------------------|------------|-----------------|-----------------|----------------|---------------------------|
| Intervention Category: | PSYCHOSOCIAL/SPIRITUAL/CULTURAL |                                                                                           | Identified: 06/07/2012 |            | Achieved:       |                 |                |                           |
|                        | <u>Achieved</u>                 | <u>Interventions</u>                                                                      | <u>Performed</u>       | <u>Var</u> | <u>Var Type</u> | <u>Rsn Code</u> | <u>Act Cod</u> | <u>Move to Next Visit</u> |
|                        | 06/18/2012                      | Evaluate need for respite care and/or volunteer services; instruct on available services. | N                      | N          |                 |                 |                | N                         |

Grouped Clinician Diagnosis: Functional/Safety issues: immobility, self-care deficit\_\_

Interventions

|                        |          |               |           |                        |          |           |         |                    |
|------------------------|----------|---------------|-----------|------------------------|----------|-----------|---------|--------------------|
| Intervention Category: | SAFETY   |               |           | Identified: 06/07/2012 |          | Achieved: |         |                    |
|                        | Achieved | Interventions | Performed | Var                    | Var Type | Rsn Code  | Act Cod | Move to Next Visit |

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## Hospice Pre Post Patient Activity (Visit 06/16/2012)



1593112194

Customer: Farr, William G

Customer ID: 03570052

Admit ID: 00038224

|            |                                                                                                                       |   |   |  |  |  |  |   |
|------------|-----------------------------------------------------------------------------------------------------------------------|---|---|--|--|--|--|---|
| 06/18/2012 | Instruct on principles of Standard Precautions: proper handling/disposal of items coming in contact with body fluids. | N | N |  |  |  |  | N |
| 06/18/2012 | Instruct on safe use, care, storage, and disposal of equipment, supplies and medications.                             | N | N |  |  |  |  | N |

## Grouped Clinician Diagnosis: Not Associated

## Interventions

Intervention Category: NURSE CLINICAL SUMMARY

Identified: 06/07/2012 Achieved:

| <u>Achieved</u> | <u>Interventions</u>                                                                                                                                                                    | <u>Performed</u> | <u>Var</u> | <u>Var Type</u> | <u>Rsn Code</u> | <u>Act Cod</u> | <u>Move to Next Visit</u> |
|-----------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|------------|-----------------|-----------------|----------------|---------------------------|
| 06/18/2012      | Enter a summary of the NURSE Visit in the NOTE BOX. Include items that may require follow up. Background required on Admission clinical summary.<br>Note: Transferred to another agency | Y                | N          |                 |                 |                | N                         |

## Grouped Clinician Diagnosis: Nutrition - End of Life

## Problems

Problem: EXPECTED OUTCOMES

Identified: 06/07/2012 Achieved:

| <u>Target</u> | <u>Achieved</u> | <u>Outcomes</u>                                                                                                                                                                                     | <u>Var</u> | <u>Var Type</u> | <u>Rsn Code</u> | <u>Act Cod</u> |
|---------------|-----------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-----------------|-----------------|----------------|
| 06/18/2012    |                 | Pt/Cg verbalizes disease progression: s/sx dying, potential for skin breakdown, urinary incontinence, decreased desire/ability to eat/drink and alternative treatment measures to increase comfort. | N          |                 |                 |                |

## Grouped Clinician Diagnosis: Palliative/Hospice Disease Management

## Interventions

Intervention Category: HOSPICE SERVICES

Identified: 06/07/2012 Achieved:

| <u>Achieved</u> | <u>Interventions</u>                                                                                                                              | <u>Performed</u> | <u>Var</u> | <u>Var Type</u> | <u>Rsn Code</u> | <u>Act Cod</u> | <u>Move to Next Visit</u> |
|-----------------|---------------------------------------------------------------------------------------------------------------------------------------------------|------------------|------------|-----------------|-----------------|----------------|---------------------------|
| 06/18/2012      | Verify Medicare Notice of Non Coverage is completed at least 2 days prior to discharge if discharge is not due to death, revocation, or transfer. | N                | N          |                 |                 |                | N                         |
| 06/18/2012      | Discuss and obtain signatures on discharge forms as appropriate, Hospice Transfer or Hospice Revocation.                                          | N                | N          |                 |                 |                | N                         |
| 06/18/2012      | Instruct on discharge items, resumption of traditional Medicare benefits and re election of Hospice benefit.                                      | N                | N          |                 |                 |                | N                         |

Intervention Category: INTERTEAM SERVICES/COMMUNITY REFERRALS

Identified: 06/07/2012 Achieved:

| <u>Achieved</u> | <u>Interventions</u> | <u>Performed</u> | <u>Var</u> | <u>Var Type</u> | <u>Rsn Code</u> | <u>Act Cod</u> | <u>Move to Next Visit</u> |
|-----------------|----------------------|------------------|------------|-----------------|-----------------|----------------|---------------------------|
|-----------------|----------------------|------------------|------------|-----------------|-----------------|----------------|---------------------------|

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## Hospice Pre Post Patient Activity (Visit 06/16/2012)



1593112194

Customer: Farr, William G

Customer ID: 03570052

Admit ID: 00038224

|            |                                                                                                                 |   |   |   |
|------------|-----------------------------------------------------------------------------------------------------------------|---|---|---|
| 06/18/2012 | Coordinate services for medications, medical equipment and supplies, medical services, and community resources. | N | N | N |
| 06/18/2012 | Assess ability to purchase necessary supplies, food, etc., needed for treatment.                                | N | N | N |
| 06/18/2012 | Coordinate services with receiving hospice if transferring.                                                     | N | N | N |
| 06/18/2012 | Evaluate need for assistance with funeral planning.                                                             | N | N | N |
| 06/18/2012 | Discuss any changes in patient condition and plan to discharge from Hospice with caregiver/facility staff.      | N | N | N |
| 06/18/2012 | Coordinate/Provide copy of Hospice careplan                                                                     | N | N | N |

Intervention Category:

DISEASE AND SYMPTOM

Identified: 06/07/2012 Achieved:

| Achieved   | Interventions                                  | Performed | Var | Var Type | Rsn Code | Act Cod | Move to Next Visit |
|------------|------------------------------------------------|-----------|-----|----------|----------|---------|--------------------|
| 06/18/2012 | Provide signed DNR order to be placed in home. | N         | N   |          |          |         | N                  |

**Problems**

Problem:

EXPECTED OUTCOMES

Identified: 06/07/2012 Achieved:

Target

| Achieved   | Outcomes                                                                       | Var | Var Type | Rsn Code | Act Cod |
|------------|--------------------------------------------------------------------------------|-----|----------|----------|---------|
| 06/18/2012 | Verbalizes plan to obtain equipment, supplies, medications and lab tests.      | N   |          |          |         |
| 06/18/2012 | Verbalizes hospice protocol.                                                   | N   |          |          |         |
| 06/18/2012 | Verbalizes importance of follow-up visits with physician and other services.   | N   |          |          |         |
| 06/18/2012 | Verbalizes plan of care and hospice services.                                  | N   |          |          |         |
| 06/18/2012 | Verbalizes how and when to contact hospice staff.                              | N   |          |          |         |
| 06/18/2012 | Patient verbalizes/demonstrates effective level of pain and/or symptom control | N   |          |          |         |
| 06/18/2012 | Verbalizes primary concern and personal goals for care.                        | N   |          |          |         |
| 06/18/2012 | Verbalizes measures to ensure personal safety.                                 | N   |          |          |         |

Grouped Clinician Diagnosis: Physical/symptom issues: pain, delirium, cognitive impairments, dyspnea, cough, wound, nausea, vomiting, anorexia, bladder incontinence, bowel incontinence, constipation, diarrhea, immobility, self-care deficit \_\_

**Interventions**

Intervention Category:

DISEASE AND SYMPTOM

Identified: 06/07/2012 Achieved:

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## Hospice Pre Post Patient Activity (Visit 06/16/2012)



1593112194

Customer: Farr, William G

Customer ID: 03570052

Admit ID: 00038224

| <u>Achieved</u> | <u>Interventions</u>                                                                                   | <u>Performed</u> | <u>Var</u> | <u>Var Type</u> | <u>Rsn Code</u> | <u>Act Cod</u> | <u>Move to Next Visit</u> |
|-----------------|--------------------------------------------------------------------------------------------------------|------------------|------------|-----------------|-----------------|----------------|---------------------------|
| 06/18/2012      | Assess for medication effectiveness/symptom control; side effects and compliance.                      | N                | N          |                 |                 |                | N                         |
| 06/18/2012      | Instruct on medication/supplement; purpose, action, and side effects.                                  | N                | N          |                 |                 |                | N                         |
| 06/18/2012      | Evaluate need/effectiveness/safety of equipment/supplies; initiate order as needed; instruct as needed | N                | N          |                 |                 |                | N                         |

**Problems**

Problem: EXPECTED OUTCOMES

Identified: 06/07/2012 Achieved:

| <u>Target</u> | <u>Achieved</u> | <u>Outcomes</u>                                                                          | <u>Var</u> | <u>Var Type</u> | <u>Rsn Code</u> | <u>Act Cod</u> |
|---------------|-----------------|------------------------------------------------------------------------------------------|------------|-----------------|-----------------|----------------|
| 06/18/2012    |                 | Verbalizes correct medication/supplement schedule or has written schedule for reference. | N          |                 |                 |                |

**Grouped Clinician Diagnosis: Psychosocial/emotional issues: agitation, anxiety, depression, stress, anticipatory grieving, denial, anger, ineffective coping, intimacy, self image, limited support system, substance abuse, mental illness \_\_\_\_**

**Problems**

Problem: EXPECTED OUTCOMES - Spiritual/Chaplain

Identified: 06/07/2012 Achieved:

| <u>Target</u>           | <u>Achieved</u> | <u>Outcomes</u>                                                  | <u>Var</u> | <u>Var Type</u> | <u>Rsn Code</u> | <u>Act Cod</u> |
|-------------------------|-----------------|------------------------------------------------------------------|------------|-----------------|-----------------|----------------|
| By Discharge 06/18/2012 |                 | HOS - Patient demonstrates appropriate expression of grief/loss. | N          |                 |                 |                |
| By Discharge 06/18/2012 |                 | Verbalizes that he/she is ready to die.                          | N          |                 |                 |                |
| By Discharge 06/18/2012 |                 | Patient verbalizes that he/she has no unresolved issues.         | N          |                 |                 |                |

Problem: EXPECTED OUTCOMES

Identified: 06/07/2012 Achieved:

| <u>Target</u> | <u>Achieved</u> | <u>Outcomes</u>                                                  | <u>Var</u> | <u>Var Type</u> | <u>Rsn Code</u> | <u>Act Cod</u> |
|---------------|-----------------|------------------------------------------------------------------|------------|-----------------|-----------------|----------------|
| 06/18/2012    |                 | Verbalizes agreement with discharge plans or continued services. | N          |                 |                 |                |

**Grouped Clinician Diagnosis: Spiritual issues: altered access to faith/spiritual community, alteration in spiritual practices, altered belief system, altered life's meaning, need for closure, spiritual distress \_\_\_\_**

**Interventions**

Intervention Category: INTERTEAM/COMMUNITY - Spiritual/Chaplain

Identified: 06/07/2012 Achieved:

| <u>Achieved</u> | <u>Interventions</u>                                    | <u>Performed</u> | <u>Var</u> | <u>Var Type</u> | <u>Rsn Code</u> | <u>Act Cod</u> | <u>Move to Next Visit</u> |
|-----------------|---------------------------------------------------------|------------------|------------|-----------------|-----------------|----------------|---------------------------|
| 06/18/2012      | Assess patient/family spiritual resources.              | N                | N          |                 |                 |                | N                         |
| 06/18/2012      | Initiate contact with specified congregation/synagogue. | N                | N          |                 |                 |                | N                         |
| 06/18/2012      | Provide arrangement for requested sacraments.           | N                | N          |                 |                 |                | N                         |

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Hospice Pre Post Patient Activity (Visit 06/16/2012)



1593112194

Customer: Farr, William G

Customer ID: 03570052

Admit ID: 00038224

Intervention Category: PSYCHOSOCIAL - Spiritual/Chaplain

Identified: 06/07/2012 Achieved:

| <u>Achieved</u> | <u>Interventions</u>                                                                                                                                       | <u>Performed</u> | <u>Var</u> | <u>Var Type</u> | <u>Rsn Code</u> | <u>Act Cod</u> | <u>Move to Next Visit</u> |
|-----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|------------|-----------------|-----------------|----------------|---------------------------|
| 06/18/2012      | Support verbalization/discussion of spiritual issues, grief/loss, closure, other ____.                                                                     | N                | N          |                 |                 |                | N                         |
| 06/18/2012      | Provide belief system inquiry related to: life's meaning, adequacy of belief system, why me, isolation from communities sharing belief system, other ____. | N                | N          |                 |                 |                | N                         |
| 06/18/2012      | Initiate discussion as facilitated by: life review, validation of belief system, providing acceptance.                                                     | N                | N          |                 |                 |                | N                         |

**Problems**

Problem: EXPECTED OUTCOMES - Spiritual/Chaplain

Identified: 06/07/2012 Achieved:

| <u>Target</u> | <u>Achieved</u> | <u>Outcomes</u>                                                           | <u>Var</u> | <u>Var Type</u> | <u>Rsn Code</u> | <u>Act Cod</u> |
|---------------|-----------------|---------------------------------------------------------------------------|------------|-----------------|-----------------|----------------|
| By Discharge  | 06/18/2012      | HOS - Patient verbalizes spiritual support is adequate.                   | N          |                 |                 |                |
| By Discharge  | 06/18/2012      | HOS - Caregiver/family verbalize spiritual support is adequate.           | N          |                 |                 |                |
| By Discharge  | 06/18/2012      | HOS - Caregiver/family demonstrates appropriate expression of grief/loss. | N          |                 |                 |                |
| By Discharge  | 06/18/2012      | Verbalizes how and when to contact Hospice staff                          | N          |                 |                 |                |

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Author: Shelton, Sarah RN

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Union

Allergies NKDA

Farr, William

Nickname Hot Shot

MRN 102406

Start Of Care 06/16/2012

Date Of Death: 06/19/2012

Status Deceased More

## General Patient Details

## Referral Date

06/16/2012

## Referral Source

Edwards, Cheryl Lynn:  
HCSC

## Referral Obtained By

Penny Adamo

## Referral Office

Union

## General Patient Details

## First Name

William

## Last Name

Farr

## Nickname

Hot Shot

## Date of Birth

[REDACTED]

## SSN

[REDACTED]

## Marital Status

Married

## Languages Spoken

English

## Spouse Name

Delores

## Race

Caucasian

## Gender

Male

## Physical Address

## Address 1

1032 Jonesville Lockhart  
Hwy

## City

Union

## State

SC

## County

Union, SC

## Zipcode

29379-7711

## Mailing Address

## Mailing Address 1

1032 Jonesville Lockhart  
Hwy

## Mailing City

Union

## Mailing State

SC

## Mailing Zipcode

29379-7711

## Patient Care Directives

## Code Status

DNR

## Disaster Acuity

NA

## Diagnosis/Insurance Information

## Diagnosis

Primary: 162.9 -  
Malignant neoplasm of  
bronchus and lung,  
unspecified Secondary:  
496 - Chronic airway  
obstruction, not  
elsewhere classified  
Tertiary: 786.09 Other  
respiratory abnormalities  
Diagnoses: Cancer  
Other Comorbid: hx of  
colon cancer, htn, mi,  
depression

## Level Of Care

CONT

## Primary Policy

Medicare [REDACTED]

## Secondary Policy

## Location Information

## Location

Home



**Referral Source Details**NameEdwards, Cheryl Lynn:  
HCSCWork Phone

864-398-2510

Referral Type

Employee/Volunteer

**Attending Physician**NameMehta, Sharmila:  
Palmetto Hematology  
OncologyProvider No

30618

Upin No

AA2655

Npi No

1447371281

Address380 Serpentine Drive  
Suite 200 Spartanburg,  
SC 29303Map(Google Map)  
(MapQuest)Phone

864-560-7050

Fax

864-560-0801

**Medical Director**Name

Wentz, Robert

Provider No

4895

Upin No

B92574

Npi No

1346261690

Address429 East Main Street  
Union, SC 29379Map(Google Map)  
(MapQuest)Phone

864-427-8826

**DME Provider Information**Name

AllCare Medical

Phone

888-299-0004

Fax

866-816-2784

**Staff Assignments (Admin Team 3)**

|                             |                                                  |          |        |            |                 | Copy       | CSV      |
|-----------------------------|--------------------------------------------------|----------|--------|------------|-----------------|------------|----------|
| Discipline                  | Name                                             | Primary? | Visits | PRN Visits | Frequency Notes |            |          |
| MD Director                 | Wentz, Robert                                    | Yes      |        |            |                 |            |          |
| Physician                   | Mehta, Sharmila: Palmetto Hematology<br>Oncology | Yes      |        |            |                 |            |          |
| Volunteer<br>Coordinator    | Hall, Kelly                                      | No       |        |            |                 |            |          |
| Showing 1 to 3 of 3 entries |                                                  |          |        |            |                 | ← Previous | 1 Next → |

Consolo Indicator for William F. 102406 at Office Union

**Patient Details for Farr, William 102406**

|                      |            |               |          |
|----------------------|------------|---------------|----------|
| <b>Date Of Birth</b> | 07/06/1942 | <b>Status</b> | Deceased |
|----------------------|------------|---------------|----------|

**Indicator Dated 06/16/2012 for William Farr, Medical Record No 102406**

Effective Date  
06/16/2012

Status  
TERM

**Miscellaneous**

Other Comorbid

hx of colon cancer, htn, ml, depression

**Diagnoses**

**Cancer - Terminal Diagnosis**

**Symptoms**

- A. Disease with distant metastases at presentation (SELECTED)**
- B. Progression from an earlier stage of disease to metastatic disease with either a continued decline in spite of therapy OR patient declines further disease directed therapy (SELECTED)**

**Narrative**

NYHA Class IV, PPS 30%, KPS 30%. 69yom with es lung cancer with hx of lung and colon cancer, colostomy from colon cancer, r upper and middle lung lobectomy, acute on chronic COPD, advanced lung cancer.

**ICD9s**

Primary ICD9 - 162.9 Malignant neoplasm of bronchus and lung, unspecified on 06/16/2012

Secondary ICD9 - 496 Chronic airway obstruction, not elsewhere classified on 06/16/2012

Tertiary ICD9 - 786.09 Other respiratory abnormalities on 06/16/2012

**Signatures**

1. RN Edwards, Lynn (User) signed on 06/16/2012. Recorded by lynn.edwards on 06/16/2012.



HOSPICE CARE  
OF SOUTH CAROLINA

NAME: William Jann ID# 102406 DATE: 6/14/12

### CANCER NARRATIVE SUMMARY OF DISEASE PROGRESSION

Documentation should be comprehensive, specific, and measurable.

Summary and progression of illness (es) to include progressive disease and comorbid symptoms: confusion, mental behaviors, fatigue, dyspnea, nausea/vomiting, signs and symptoms of dehydration, difficulty swallowing, impaired skin integrity level of care changes, oral intake (meal % and consistency), change in functional (ADL) status.

Pt is a 69 yom c a history of complex ES lung disease. COPD-worsening. Severe dyspnea. Positive for lung ct. = prior being resection. Hx of colon CA c colon resection & colostomy. Pupper & R middle lobe ectomy. Cachectic & dyspneic over at rest.

CO-MORBIDITIES AND SYMPTOMS/ CONDITIONS affecting terminal diagnosis: (Check all that apply)

☒ Pulmonary Disease ☒ Cardiac Disease ☐ Liver Disease ☐ Dementia ☐ Renal Failure

☒ Pain Uncontrolled/Difficult to manage ☒ Other symptoms uncontrolled/difficult to manage

☒ Other: Mucus plug

☒ Meets

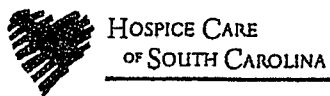
☐ Does not meet. Why? (Include additional information) \_\_\_\_\_

C. Edwards  
RN Signature

6/14/12  
Date

Documentation from physicians and healthcare facilities to support diagnosis should be obtained and placed in the Medical Record if available.

☒ H&P ☒ Radiology reports ☒ Biopsy/Path reports ☐ Operative reports ☐ Consultations



## WORKSHEET SUMMARY CANCER

The purpose of this worksheet is to guide initial and recertification assessments. It must be accompanied by narrative documentation. These are guidelines only, clinical judgment is required in each case. Construct a narrative from the information on this worksheet and information from the patient, physician and available history. This form must be completed prior to admission and re-certification.

NAME: William G Farr ID# 10244 DATE: 6/16/12

1. ☐ Diagnosis confirmed through pathology or radiology
2. ☒ Patient is no longer receiving curative care
3. ☒ There is evidence of end-stage disease and/or metastasis

### OTHER ASSESSMENT DATA:

| Functional Assessment:           | Current     | 1 Month Previous | 3 Months Previous |
|----------------------------------|-------------|------------------|-------------------|
| 1. Bathing                       | I           | I                | I                 |
| 2. Dressing                      | I           | I                | I                 |
| 3. Feeding                       | I           | I                | I                 |
| 4. Transfers                     | I           | I                | I                 |
| 5. Continence of urine and stool | I           | I (colostomy)    | I                 |
| 6. Ambulation                    | I           | I                | I                 |
| Other: Weight/BMI                | 24.5 132lbs | Unknown          | Unknown           |
| MAC                              | 24.5        | Unknown          | Unknown           |

I – independent Ax1 – assist of one person Ax2 – assist of two people T- Total

Consolo RN Clinical Chart by Bailey, Beth Dated 06/16/2012 (9826467)

**Patient Details for Farr, William 102406**

|                      |  |               |          |
|----------------------|--|---------------|----------|
| <b>Date Of Birth</b> |  | <b>Status</b> | Deceased |
|----------------------|--|---------------|----------|

**General Clinical Chart Details**

|                                     |                         |                                            |                                           |
|-------------------------------------|-------------------------|--------------------------------------------|-------------------------------------------|
| <b>Effective Date</b><br>06/16/2012 | <b>Discipline</b><br>RN | <b>Chart Owner</b><br>Bailey, Beth (bball) | <b>Created By</b><br>Bailey, Beth (bball) |
|-------------------------------------|-------------------------|--------------------------------------------|-------------------------------------------|

**Vital Sign Measurement****Patient Measurements**

|                     |                      |                  |
|---------------------|----------------------|------------------|
| <b>Height</b><br>55 | <b>Weight</b><br>132 | <b>BMI</b><br>30 |
|---------------------|----------------------|------------------|

**Body Systems Activity Musculoskeletal Finding****Level of Overall****Function on Admission**

3-Maximum Assist

**Complaints or No Report**

Patient Complaint (dyspnea and fatigue)

**Activities In Daily Living**

|                                      |                                             |                                      |                                     |
|--------------------------------------|---------------------------------------------|--------------------------------------|-------------------------------------|
| <b>Feeding</b><br>2-Moderate Assist  | <b>Feeding Notes</b><br>help when too tired | <b>Dressing</b><br>4-Complete Assist | <b>Bathing</b><br>4-Complete Assist |
| <b>Toileting</b><br>3-Maximum Assist | <b>Ambulation</b><br>4-Complete Assist      | <b>Transfers</b><br>3-Maximum Assist |                                     |

**Other Activities**

|                                            |                                         |                                                      |
|--------------------------------------------|-----------------------------------------|------------------------------------------------------|
| <b>Money Handling</b><br>4-Complete Assist | <b>Medications</b><br>4-Complete Assist | <b>Medication Administration</b><br>3-Maximum Assist |
|--------------------------------------------|-----------------------------------------|------------------------------------------------------|

**Mobility**

Alteration In Endurance (very poor), Poor Coordination and Balance, Gait Disturbance (very weak), Bed Or Chair Bound

**Patient Used Mobility Equipment and Devices**

Bedside Commode, Adjustable Bed, Bed Rails

**Summary**

Dependence on Assistance Indicated (Care Plan filed): Max, ADL Support/Care Provided By: family and staff

**Body Systems Cardiac Circulatory Finding****Cardiac / Circulatory**

Dyspnea (severe/disabling), Dyspnea Intensity: Severe, Cyanosis (finger tips), Pedal Pulses (present)

**Body Systems Communication Finding**

Oriented To Person, Oriented To Place, Oriented To Time, Glasses

**Body Systems Elimination Finding****Bowel**

Colostomy (LLQ)

**Reminders and Comments**

Elimination Aids (Senna S 2 tabs / day), LBM Location / Size: colostomy / L, LBM Date: 06/13/2012

**Body Systems Neurology Finding**

Pupils Equal / Reactive, Grasps Equal, Fatigue (severe), Coordination (poor), Balance (poor)

**Body Systems Nutrition Hydration Finding**

Consolo RN Clinical Chart by Bailey, Beth Dated 06/16/2012 (9826467)

**Diet**

Diet: As Tolerated, Appetite: POOR, Appetite Notes: d/t SOB and fatigue, Liquid Intake/24 Hours (adequate at this time)

**Comments And Intensities**

Feeding Provided By Caregiver

**Body Systems Respiratory Oxygenation Finding**

S.O.B., D.O.E., Without Exertion, Skin Color (pale), Congestion (throughout)

**Location Of Congestion**

RUL (lobectomy), RML (lobectomy), RLL (congestion), LUL (congestion), LLL (congestion)

**Cough**

Cough (frequent), Productive (at times), Productive Cough Color: white to tan, Productive Cough Amount: small, Productive Cough Frequency: occ

**Other**

HOB - Up, Inhalers, Hx of MI

**Body Systems Self Esteem Mental Status Finding**

Oriented (A&amp;O x3), Disoriented (at times with meds), Anxiety (with breathing attacks), Altered Consciousness: ALERT

**Comments And Intensities****Usual Method Of Handling Problems**

Prayer and family

**Body Systems Skin Integrity Circulation Finding**

Color (pale), Skin Turgor (poor), Wound / Drain (Behind R ear), Skin Breakdown: none, Bruises (BUE)

**Coordination Of Care**

RN/CM (Pam Phipps), LPN/LVN (Sandi Ivey), SW (Sherry Burnett), Chaplain (Wayne Cooke), Hospice Aide (Jamie Bumgarner), Medical Director (Dr Robert Wentz), Patient, Family, Caregiver

**Discussion**

Medication Record Updated, POC Updated, Referrals Made

**Physician And Medical Director Contact**

Physician Contacted, Medical Director Contacted, Communication: Spiritual needs assessed and pt is of the Christian faith and has an open relationship with God. Welcomes visits from HCSC chaplain. Chaplain contacted and spiritual needs met at this time. Family requests prayer with patient. Cultural needs assessed, pt caucasian, local to area and there are no cultural needs noted or voiced per pt or CG, cultural assessment complete. Medication Record Updated, Referrals Made, Physician Contacted, Medical Director Contacted., Orders Received

**Mini Nutritional Assessment**

|               |               |            |            |
|---------------|---------------|------------|------------|
| <u>Height</u> | <u>Weight</u> | <u>BMI</u> | <u>MAC</u> |
| 55            | 132.0         | 30.68      | 24.5       |

**Weight loss during the last three months?**

1

**Neuropsychological problems?**

2

**Body Mass Index**

2

**Total Screening**

5

# **Nutritional Assessment**

Lives independently (not in a nursing home or hospital)?

1

Pressure sores or skin ulcers?

1

How much fluid (water, juice, coffee, tea, milk...) is consumed per day?

0.5

Mid Arm Circumference in cm

0.5

Total Assessment

8.0

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## **Morse Fall Assessment**

Ambulatory Aid

1 - Bedrest/Nurse Assist

IV/Heparin Lock

Yes

Gait/Transferring

1 - Normal/Bedrest/Immobile

Mental Status

1 - Oriented to Own Ability

## **Nursing Pain History**

IV/SC Delivery

Venous Access (Porta cath L upper chest)

## **Nursing Summary**

Terminal Prognosis (ES Lung Cancer)

## **Nursing Summary Notes**

### Visit Notes

Pt was transferred to our services from SRMC Hospice House. Pt has been admitted with a dx of non-small cell lung cancer. Pt is bed bound and is transferred with max of 2 to BSC when tolerated. Pt has dyspnea that is severe even at rest but per pt is tolerable and his pain a 4/10 which is tolerable for him. Pt wants pain meds given when pain gets around 6 or higher. Pt has multiple bruises noted to BUE from needle sticks during admission at hospital. Pt had a RUL and RML lobectomy in 2010 and has a history of colon cancer 15 yrs ago with a colostomy LLQ of the abd. Extensive education provided on medication administration per myself and Lynn Edwards, RN PCC. Brian Farr the son was able to verbalize understanding and we will continue to reinforce education with him and family as well. Skin is warm, dry, and intact with no pressure areas at this time. Pt does have a raw area behind the R ear. Cotton placed between oxygen tubing and skin. Education provided to family and pt on no smoking while oxygen is in use.

## **Pain Observation**

Scale Type

Verbal

Pain Type

Acute

Frequency

Frequent

### **Verbal Details**

Present Intensity

4 - Some pain

Best Intensity

3 - Slight pain

Worst Intensity

10 - Worst possible pain

Verbal Patient

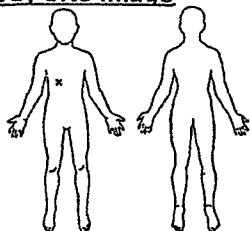
Acceptable Level of Pain  
5 - Moderate pain

### **Location**

Body Site

R chest - Internal

Body Site Image



**Physician Order****Physician**

Mehta, Sharmila:  
Palmetto Hematology  
Oncology

**Nurse**

Bailey, Beth (bbail)

**Related to Terminal**

**Diagnosis?**  
Yes

**Orders**

Admit to Hospice Care of SC via transfer SRMC Hospice House, with a terminal diagnosis of ES Lung Cancer with a life expectancy of 6 months or less to live if disease follows normal course.

**Verbal Order Taken By**

Bailey, Beth (bbail)

**Order Taken On**

06/16/2012

**Read Back Order to the**

**Physician?**

Yes

**Related Medications****Related Assignees****Skin Integrity Assessment****Sensory Perception**

3 - Slightly Limited

**Moisture**

4 - Rarely Moist

**Activity**

1 - Bedfast

**Mobility**

2 - Very Limited

**Nutrition**

2 - Probably  
Inadequate

**Friction and Shear**

2 - Potential Problem

**Teaching And Learning Assessment****Taught By**

Bailey, Beth (bbail)

**Topics**

Multiple Topics

**Taught To**

Immediate Family

**Fields Taught**

Patient, Family/Caregiver, Use & Proper Management of DME (Oxygen, bed, table, BSC), Medication (Extensive education), Disease Process, Signs and Symptoms of Impending Death, Pain Management, Skin Care, Symptom Management (Medication, distraction, etc), Positioning, Hydration, Education of Patients Rights/Responsibilities, Proper Medication Usage/Disposal, Assessment of Patient/PCG Ability of Administer Medications (Brian Farr), Nutrition

**Vital Sign Measurement****Blood Pressure****Blood Pressure**

140/64

**Blood Pressure Arm**

Right

**Blood Pressure Position**

Lying

**O<sub>2</sub>**

O<sub>2</sub> Sat (90%), O<sub>2</sub> Sat On: O<sub>2</sub>, O<sub>2</sub> (Liters/min) (15L), Respiration: 30

**Pulse****Radial Pulse**

111

**Regular Radial Pulse?**

Yes

**Radial Pulse Quality**

Strong

**Temperature And Blood Sugar****Temperature**

96.8

**Method**

axillary

**Skin Vitals****Skin Color**

Pallor

**Skin Moisture**

Normal

**Skin Temperature**

Warm

**Performance Scales****Karnofsky**

30

**Palliative**

30

**NYHA**

Class IV

**ECOG**

4



Consolo RN Clinical Chart by Bailey, Beth Dated 06/16/2012 (9826467)

**Patient Measurements**

| <u>Height</u> | <u>Weight</u> | <u>BMI</u> | <u>Mid-Arm Circumference</u> |
|---------------|---------------|------------|------------------------------|
| 55            | 132           | 30         | <u>(cm)</u><br>24.5          |

Mid-Arm Circumference

Arm  
Right

**Signatures**

1. RN **Bailey, Beth** (User) signed on **06/16/2012**. Recorded by beth.bailey on 06/16/2012.
2. Physician **Mehta, Sharmila: Palmetto Hematology Oncology** (Physician) signed on **06/19/2012**. Recorded by sandi.ivey on 08/22/2012.

Jun-16-2012 04:50 PM SRHS Hospice Home 8645605625

PATIENT NAME: FARR, WILLIAM G  
MEDICAL RECORD #: 478684  
DATE OF BIRTH: [REDACTED]  
ACCOUNT NUMBER: 1216401412  
DATE OF ADMISSION: 06/12/2012  
ROOM:

HH09

## HISTORY OF PRESENT ILLNESS

Mr. Farr is a 69-year-old man with a history of complex end-stage lung disease. He had baseline COPD and has had it for some time with progressive worsening. In addition, he had stage II non-small cell lung cancer in October 2010 and had right middle and lower lobectomies. He also had chemo radiation, but stopped after cycle 5 due to toxicity. He has had several admissions to the hospital for exacerbations of dyspnea and respiratory failure and CT scanning shows extensive bilateral infiltrates which have been difficult to assess precisely as far as infection versus lymphangitic carcinoma. That mystery still remains, despite multiple consultants, including infectious disease, pulmonology and oncology. Nevertheless, the bigger picture is of this man's overall performance status and symptom profile had been worsening. He is very cachectic and is quite dyspneic even at rest. He was discharged from the hospital on the 5th of June, admitted to hospice and returned to the hospital on the 10th of June after his family called 911. He was profoundly dyspneic, white count was elevated and chest x-ray did show bilateral infiltrates. He had a brief hospital stay, and after discussion of the primary care team with the patient, decision was made to transfer to the hospice home. He had couple of days of vancomycin and then was switched to Avelox by his primary care physician, Dr. Littlefield, who transferred him here on Avelox. His major symptom at this point is rather severe dyspnea at rest and marked worsening with any exertion. He is not really having pain at this point, and apart from anxiety, he is not really having any other symptoms. He transfers to the hospice home for symptom management, presumably as a conduit to return into the home setting with home hospice.

## PAST MEDICAL HISTORY

Positive for lung cancer with previous lung resection;  
COPD; history of colon cancer with colon resection and  
colostomy; history of non-Q wave myocardial infarction;  
dyslipidemia by history.

## SURGICAL HISTORY

Right upper lobe and right middle lobe lobectomy.

## MEDICATIONS

Reviewed on his transfer forms.

## ALLERGIES

None.

## FAMILY HISTORY

Patient: FARR, WILLIAM G

MRN: 000478684

Encounter: 1216401412

Page 1 of 3

Jun-16-2012 04:50 PM SRHS Hospice Home 8645605625

Noncontributory.

#### SOCIAL HISTORY

He was in a convenience store business. He has lived in Union his entire life. He is married and has 2 adult children. Spiritual: I do not have any information on that.

#### REVIEW OF SYSTEMS

As above.

#### PHYSICAL EXAMINATION

VITAL SIGNS: Temperature is 97.4; pulse is 101 at rest, respirations 29, BP is 114/82.

GENERAL: He is an alert man. He is apparently air hungry.

SKIN: Clear.

LYMPHATICS: Negative.

HEENT: PERRLA. Mucous membranes are moist.

CHEST: Reveals increased AP chest diameter.

LUNGS: Reveal bilateral inspiratory rhonchi and rales with a few end expiratory wheezes.

CARDIAC: Regular rhythm with tachycardia.

ABDOMEN: Soft, scaphoid. He is using accessory muscles of ventilation, nontender.

GENITALIA: Normal male.

EXTREMITIES: Symmetrical. Distal extremities are warm and well perfused. There is no peripheral edema.

NEUROLOGIC: Shows no focal neurologic signs.

#### ASSESSMENT

This is a 69-year-old man with acute-on-chronic respiratory failure, end-stage chronic obstructive pulmonary disease and very likely advanced lung cancer, though that is not entirely certain. He is admitted for symptom management and as a conduit to return home with home hospice.

EPS is 30%, New York Heart Association class IV.

#### PROGNOSIS FOR LIFE EXPECTANCY

Ill-defined at this point, but I would say would certainly be in the range of weeks to months at the outside.

#### PLANS

1. Symptom management in usual fashion with small doses of opioids and supplement with short-acting opioids if need be.
2. Standard management for end-stage COPD, bronchodilators, steroids, etc.
3. We will continue course of Avelox as started.
4. I had an extensive discussion with the patient's family initially and then with the family and the patient to clarify goals of care. Mr. Farr's daughter is not completely satisfied with the hospice plan of care, but it is allowing her father to choose and the rest of the family seems generally supportive, if rather faintly so, at this point. They still seem to be harboring hopes that he is going to get substantially better.
5. We will try to provide support to the family as they are willing to accept, particularly social and spiritual support, through this difficult time for them.

LPatient:FARR, WILLIAM G

MRN:000478684

Encounter:1216401412

Page 2 of 3

Jun-16-2012 04:51 PM SRHS Hospice Home 8645605625

Dictated by: SNIPES, GARRETT E  
Dictated for (if applicable):

D:06/12/2012 17:16:05  
T:06/12/2012 22:13:37/un  
1257589/1097770

Cc:SNIPES, GARRETT E, Attending Physician  
H & P Page 3 of 3  
FARR, WILLIAM G  
478684

Note: Document is draft unless signed.<END FOOTER>

□Patient:FARR, WILLIAM G

MRN:000478684

Encounter:1216401412

Page 3 of 3

## Consolo Certification for William F. at Office Union

**Patient Details for Farr, William**

|                        |                                                   |               |          |
|------------------------|---------------------------------------------------|---------------|----------|
| <b>Date Of Birth</b>   |                                                   | <b>Status</b> | Deceased |
| <b>Allergies</b>       | NKDA                                              |               |          |
| <b>Start Of Care</b>   | 06/16/2012                                        | <b>Gender</b> | Male     |
| <b>Patient Address</b> | 1032 Jonesville Lockhart Hwy Union, SC 29379-7711 |               |          |

**Hospice Certification and Plan of Treatment**

|                              |                                    |                                       |                                        |
|------------------------------|------------------------------------|---------------------------------------|----------------------------------------|
| <b><u>Benefit Period</u></b> | <b><u>Benefit Period Start</u></b> | <b><u>Benefit Period End Date</u></b> | <b><u>Certification Start Date</u></b> |
| 1                            | Date<br>06/09/2012                 | 09/06/2012                            | 06/16/2012                             |

|                                                     |                                                     |                           |
|-----------------------------------------------------|-----------------------------------------------------|---------------------------|
| <b><u>Physician</u></b>                             | <b><u>Medical Director or</u></b>                   | <b><u>Signed Date</u></b> |
| Mehta, Sharmila:<br>Palmetto Hematology<br>Oncology | <b><u>Certifying Physician</u></b><br>Wentz, Robert | 06/25/2012                |

**Orders for Clinical Disciplines and Treatments (Specify Amount/Duration)**

Skilled Nurse visits to promote comfort and symptom management. LSW visits to provide psychosocial support to patient and family. CNA visits to assist with personal care, home making and to promote comfort per RN assignment. Chaplain visits to provide spiritual support to patient and family. Volunteer Services declined by patient/ family. Volunteer Services continue to be offered every week per Skilled Nurse/Staff.

**Goals/Rehabilitation Potential/Discharge Plans**

Assist with pain control and symptom management. Provide support to patient and family.

**Physician Narrative**

ES LUNG CA WITH 30% OF LUNG CAPACITY FREQUENT DYSPENIC EPISODE PRIOR HX OF LUNG CA AND COLON CA

|                                   |                               |
|-----------------------------------|-------------------------------|
| <b><u>Patient HI Claim No</u></b> | <b><u>Disaster Acuity</u></b> |
| 250680627A                        | Not yet defined               |

**Provider Information**

|                             |                               |                                                         |
|-----------------------------|-------------------------------|---------------------------------------------------------|
| <b><u>Provider Name</u></b> | <b><u>Provider Number</u></b> | <b><u>Provider Address</u></b>                          |
| Union                       | 421536                        | 408 N. Duncan<br>Bypass, Suite 6<br>Union, SC 293798663 |

**Associated Nursing Clinical Chart**

RN Clinical Chart by Bailey, Beth Dated 06/16/2012

**Associated Plan of Care**

Plan Of Care Dated: 06/19/2012

Consolo Certification for William F. at Office Union

**Staff Assignments (Admin Team 3)**

| Discipline            | Name                                             | Primary? | Visits               | PRN Visits                         | Frequency Notes       |
|-----------------------|--------------------------------------------------|----------|----------------------|------------------------------------|-----------------------|
| Volunteer Coordinator | Hall, Kelly                                      | No       |                      |                                    |                       |
| Social Services       | Burnett, Sherry                                  | No       |                      |                                    |                       |
| Chaplain              | Cooke, Wayne                                     | No       |                      |                                    |                       |
| Hospice Aide          | Davis, Kristin                                   | No       |                      |                                    |                       |
| Hospice Aide          | Wicker, Delphia                                  | No       |                      |                                    |                       |
| Hospice Aide          | Varner, Dawn                                     | No       |                      |                                    |                       |
| Hospice Aide          | Bumgarner, Jamie                                 | No       |                      |                                    |                       |
| Hospice Aide          | Ivey, Gwen                                       | No       |                      |                                    |                       |
| Hospice Aide          | Conard, Joel                                     | Yes      | 5 visit(s)<br>Weekly | 15 PRN visit(s)<br>every 90 day(s) | 5 x weekly<br>and prn |
| LPN/LVN               | Ivey, Sandra                                     | No       |                      |                                    |                       |
| RN                    | Bailey, Beth                                     | No       |                      |                                    |                       |
| RN                    | Edwards, Lynn                                    | No       |                      |                                    |                       |
| RN                    | Phipps, Pam                                      | Yes      | 2 visit(s)<br>Weekly | 15 PRN visit(s)<br>every 90 day(s) | 2xweekly<br>and prn   |
| MD Director           | Wentz, Robert                                    | Yes      |                      |                                    |                       |
| Physician             | Mehta, Sharmila: Palmetto<br>Hematology Oncology | Yes      |                      |                                    |                       |

**Medications****Atropine [ 1 % ] - Covered**

|            |            |             |                                                         |
|------------|------------|-------------|---------------------------------------------------------|
| Order Date | 06/18/2012 | Ordering MD | Wentz, Robert                                           |
| Admin By   | Family     | Directions  | 2 - 3 gtts every 3 hours As<br>Needed Congestion (1 % ) |
| Change     | Added      | Added Date  | 06/20/2012                                              |

**Avelox [ 400 MG ] PO Tablet - Not Covered**

|            |            |              |                                                  |
|------------|------------|--------------|--------------------------------------------------|
| Order Date | 06/16/2012 | Ordering MD  | Mehta, Sharmila: Palmetto<br>Hematology Oncology |
| Admin By   | Family     | Directions   | 1 - 1 tab 1 times a day PO<br>(400 MG Tablet)    |
| Change     | Updated    | Updated Date | 06/16/2012                                       |

Consolo Certification for William F. at Office Union

**Beclomethasone Dipropionate [ 42 mcg/dose ] IN Aerosol, Solution - Covered**

|                  |                           |             |                                                                |
|------------------|---------------------------|-------------|----------------------------------------------------------------|
| Order Date       | 06/16/2012                | Ordering MD | Mehta, Sharmila: Palmetto Hematology Oncology                  |
| Admin By         | Family                    | Directions  | 2 - 2 puff(s) every 4 hours IN (42 mcg/dose Aerosol, Solution) |
| Change           | Added                     | Added Date  | 06/16/2012                                                     |
| Additional Notes | Every 4 hours while AWAKE |             |                                                                |

**Citalopram Hydrobromide [ 20 MG ] PO Tablet - Covered**

|            |            |             |                                               |
|------------|------------|-------------|-----------------------------------------------|
| Order Date | 06/16/2012 | Ordering MD | Mehta, Sharmila: Palmetto Hematology Oncology |
| Admin By   | Family     | Directions  | 1 - 1 tab 1 times a day PO (20 MG Tablet)     |
| Change     | Added      | Added Date  | 06/16/2012                                    |

**Combivent [ 103 MCG/ACT; 18 MCG/ACT ] IN - Covered**

|                  |                         |             |                                                  |
|------------------|-------------------------|-------------|--------------------------------------------------|
| Order Date       | 06/16/2012              | Ordering MD | Mehta, Sharmila: Palmetto Hematology Oncology    |
| Admin By         | Family                  | Directions  | 2 - 2 puff(s) every 4 hours IN (103;18 MCG/ACT ) |
| Change           | Added                   | Added Date  | 06/16/2012                                       |
| Additional Notes | Every 4 hrs while awake |             |                                                  |

**Diazepam [ 5 MG ] PO Tablet - Covered**

|            |            |             |                                               |
|------------|------------|-------------|-----------------------------------------------|
| Order Date | 06/16/2012 | Ordering MD | Mehta, Sharmila: Palmetto Hematology Oncology |
| Admin By   | Family     | Directions  | 0.5 - 0.5 tab every 12 hours PO (5 MG Tablet) |
| Change     | Added      | Added Date  | 06/16/2012                                    |

**Lorazepam [ 0.5 mg ] - Covered**

|                  |                           |              |                                                              |
|------------------|---------------------------|--------------|--------------------------------------------------------------|
| Order Date       | 06/16/2012                | Ordering MD  | Mehta, Sharmila: Palmetto Hematology Oncology                |
| Admin By         | Family                    | Directions   | 0.5 - 1 mg every 2 hours As Needed Anxiety/Dyspnea (0.5 mg ) |
| Change           | Updated                   | Updated Date | 06/16/2012                                                   |
| Additional Notes | *****0.25ml to 0.5ml***** |              |                                                              |

**LORazepam [ 0.5 MG ] PO Tablet - Covered**

|            |            |              |                                                              |
|------------|------------|--------------|--------------------------------------------------------------|
| Order Date | 06/16/2012 | Ordering MD  | Mehta, Sharmila: Palmetto Hematology Oncology                |
| Admin By   | Family     | Directions   | 1 - 2 tab every 4 hours PO As Needed Anxiety (0.5 MG Tablet) |
| Change     | Updated    | Updated Date | 06/18/2012                                                   |

Consolo Certification for William F. at Office Union

**Morphine Sulfate [ 4 mg/ml ] IV Solution - Covered**

|            |            |             |                                                              |
|------------|------------|-------------|--------------------------------------------------------------|
| Order Date | 06/16/2012 | Ordering MD | Mehta, Sharmila: Palmetto Hematology Oncology                |
| Admin By   | Family     | Directions  | 2 - 4 mg every 30 minutes IV<br>As Needed (4 mg/ml Solution) |
| Change     | Added      | Added Date  | 06/16/2012                                                   |

**Mucinex [ 600 MG ] PO Tablet Extended Release 12 Hour - Not Covered**

|            |            |             |                                                                         |
|------------|------------|-------------|-------------------------------------------------------------------------|
| Order Date | 06/16/2012 | Ordering MD | Mehta, Sharmila: Palmetto Hematology Oncology                           |
| Admin By   | Family     | Directions  | 1 - 1 tab every 12 hours PO<br>(600 MG Tablet Extended Release 12 Hour) |
| Change     | Added      | Added Date  | 06/16/2012                                                              |

**Nicotine [ 21 MG/24HR ] TD Patch 24 Hours - Not Covered**

|            |            |             |                                                             |
|------------|------------|-------------|-------------------------------------------------------------|
| Order Date | 06/16/2012 | Ordering MD | Mehta, Sharmila: Palmetto Hematology Oncology               |
| Admin By   | Family     | Directions  | 1 - 1 patch 1 times a day TD<br>(21 MG/24HR Patch 24 Hours) |
| Change     | Added      | Added Date  | 06/16/2012                                                  |

**Oxycodone [ 5 mg ] PO/SL Tablet - Covered**

|            |            |             |                                                                   |
|------------|------------|-------------|-------------------------------------------------------------------|
| Order Date | 06/16/2012 | Ordering MD | Mehta, Sharmila: Palmetto Hematology Oncology                     |
| Admin By   | Family     | Directions  | 1 - 2 tab every 1 hours PO/SL<br>As Needed Pain/SOB (5 mg Tablet) |
| Change     | Added      | Added Date  | 06/16/2012                                                        |

**OxyCONTIN [ 10 MG ] PO Tablet Extended Release 12 Hour - Covered**

|            |            |             |                                                                        |
|------------|------------|-------------|------------------------------------------------------------------------|
| Order Date | 06/16/2012 | Ordering MD | Mehta, Sharmila: Palmetto Hematology Oncology                          |
| Admin By   | Family     | Directions  | 1 - 1 tab every 12 hours PO<br>(10 MG Tablet Extended Release 12 Hour) |
| Change     | Added      | Added Date  | 06/16/2012                                                             |

**PredniSONE [ 20 MG ] PO Tablet - Covered**

|            |            |             |                                               |
|------------|------------|-------------|-----------------------------------------------|
| Order Date | 06/16/2012 | Ordering MD | Mehta, Sharmila: Palmetto Hematology Oncology |
| Admin By   | Family     | Directions  | 2 - 2 tab 1 times a day PO (20 MG Tablet)     |
| Change     | Added      | Added Date  | 06/16/2012                                    |



**Protonix [ 40 MG ] PO Tablet Delayed Release - Covered**

|                         |              |                     |                                                           |
|-------------------------|--------------|---------------------|-----------------------------------------------------------|
| <b>Order Date</b>       | 06/16/2012   | <b>Ordering MD</b>  | Mehta, Sharmila: Palmetto Hematology Oncology             |
| <b>Admin By</b>         | Family       | <b>Directions</b>   | 1 - 1 tab 1 times a day PO (40 MG Tablet Delayed Release) |
| <b>Change</b>           | Updated      | <b>Updated Date</b> | 06/16/2012                                                |
| <b>Additional Notes</b> | DO NOT CRUSH |                     |                                                           |

**Proventil HFA [ 108 (90 Base) MCG/ACT ] IN Aerosol, Solution - Covered**

|                   |            |                     |                                                                                    |
|-------------------|------------|---------------------|------------------------------------------------------------------------------------|
| <b>Order Date</b> | 06/16/2012 | <b>Ordering MD</b>  | Mehta, Sharmila: Palmetto Hematology Oncology                                      |
| <b>Admin By</b>   | Family     | <b>Directions</b>   | 2 puff(s) every 2 hours IN As Needed SOB (108 (90 Base) MCG/ACT Aerosol, Solution) |
| <b>Change</b>     | Updated    | <b>Updated Date</b> | 06/16/2012                                                                         |

**Roxanol [ 20 MG/ML ] PO Solution - Covered**

|                         |               |                     |                                                              |
|-------------------------|---------------|---------------------|--------------------------------------------------------------|
| <b>Order Date</b>       | 06/17/2012    | <b>Ordering MD</b>  | Wentz, Robert                                                |
| <b>Admin By</b>         | Family        | <b>Directions</b>   | 1 ml every 1 hours PO As Needed Pain/SOB (20 MG/ML Solution) |
| <b>Change</b>           | Updated       | <b>Updated Date</b> | 06/18/2012                                                   |
| <b>Additional Notes</b> | Every 1-2 hrs |                     |                                                              |

**Senokot S [ 8.6 MG; 50 MG ] PO Tablet - Covered**

|                   |            |                    |                                               |
|-------------------|------------|--------------------|-----------------------------------------------|
| <b>Order Date</b> | 06/16/2012 | <b>Ordering MD</b> | Mehta, Sharmila: Palmetto Hematology Oncology |
| <b>Admin By</b>   | Family     | <b>Directions</b>  | 2 tab 1 times a day PO (8.6;50 MG Tablet)     |
| <b>Change</b>     | Added      | <b>Added Date</b>  | 06/16/2012                                    |

**Singulair [ 10 MG ] PO Tablet - Not Covered**

|                   |            |                    |                                               |
|-------------------|------------|--------------------|-----------------------------------------------|
| <b>Order Date</b> | 06/16/2012 | <b>Ordering MD</b> | Mehta, Sharmila: Palmetto Hematology Oncology |
| <b>Admin By</b>   | Family     | <b>Directions</b>  | 1 - 1 tab 1 times a day PO (10 MG Tablet)     |
| <b>Change</b>     | Added      | <b>Added Date</b>  | 06/16/2012                                    |

**Theophylline [ 300 MG ] PO Capsule Extended Release 24 Hour - Covered**

|                   |            |                    |                                                                         |
|-------------------|------------|--------------------|-------------------------------------------------------------------------|
| <b>Order Date</b> | 06/16/2012 | <b>Ordering MD</b> | Mehta, Sharmila: Palmetto Hematology Oncology                           |
| <b>Admin By</b>   | Family     | <b>Directions</b>  | 1 - 1 cap(s) 1 times a day PO (300 MG Capsule Extended Release 24 Hour) |
| <b>Change</b>     | Added      | <b>Added Date</b>  | 06/16/2012                                                              |

Consolo Certification for William F. at Office Union

**Indicator Dated 06/16/2012 for William Farr, Medical Record No 102406**

Effective Date  
06/16/2012

Status  
TERM

**Miscellaneous**

Other Comorbid

hx of colon cancer, htn, mi, depression

**ICD9s**

Primary ICD9 - 162.9 Malignant neoplasm of bronchus and lung, unspecified on 06/16/2012

Secondary ICD9 - 496 Chronic airway obstruction, not elsewhere classified on 06/16/2012

Tertiary ICD9 - 786.09 Other respiratory abnormalities on 06/16/2012

**Diagnoses**

**Cancer - Terminal Diagnosis**

**Symptoms**

A. Disease with distant metastases at presentation (SELECTED)

B. Progression from an earlier stage of disease to metastatic disease with either a continued decline in spite of therapy OR patient declines further disease directed therapy (SELECTED)

**Narrative**

NYHA Class IV, PPS 30%, KPS 30%. 69yom with es lung cancer with hx of lung and colon cancer, colostomy from colon cancer, r upper and middle lung lobectomy, acute on chronic COPD, advanced lung cancer.

**Physician Orders between 06/02/2012 and 06/16/2012**

**Physician Order Details**

| <u>Physician</u>                                    | <u>Nurse</u>          | <u>Related to Terminal Diagnosis?</u> |
|-----------------------------------------------------|-----------------------|---------------------------------------|
| Mehta, Sharmila:<br>Palmetto Hematology<br>Oncology | Edwards, Lynn (ledwa) | Yes                                   |

**Orders**

Admit to Hospice Care of SC via transfer SRMC Hospice House, with a terminal diagnosis of ES Lung Cancer with a life expectancy of 6 months or less to live if disease follows normal course. Faxed order received from SRMC HH on 6-16-12.

| <u>Verbal Order Taken By</u> | <u>Order Taken On</u> | <u>Read Back Order to the Physician?</u> |
|------------------------------|-----------------------|------------------------------------------|
| Edwards, Lynn (ledwa)        | 06/16/2012            | Yes                                      |

**Related Medications**

**Related Assignees**

**Physician Order Details**

| <u>Physician</u>                                    | <u>Nurse</u>         | <u>Related to Terminal Diagnosis?</u> |
|-----------------------------------------------------|----------------------|---------------------------------------|
| Mehta, Sharmila:<br>Palmetto Hematology<br>Oncology | Bailey, Beth (bbail) | Yes                                   |

**Orders**

Admit to Hospice Care of SC via transfer SRMC Hospice House, with a terminal diagnosis of ES Lung Cancer with a life expectancy of 6 months or less to live if disease follows normal course.

| <u>Verbal Order Taken By</u> | <u>Order Taken On</u> | <u>Read Back Order to the Physician?</u> |
|------------------------------|-----------------------|------------------------------------------|
| Bailey, Beth (bbail)         | 06/16/2012            | Yes                                      |

**Related Medications****Related Assignees**

| <b>Other Clinical Information</b>  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Assessment Summary</b>          | Pt was transferred to our services from SRMC Hospice House. Pt has been admitted with a dx of non-small cell lung cancer. Pt is bed bound and is transferred with max of 2 to BSC when tolerated. Pt has dyspnea that is severe even at rest but per pt is tolerable and his pain a 4/10 which is tolerable for him. Pt wants pain meds given when pain gets around 6 or higher. Pt has multiple bruises noted to BUE from needle sticks during admission at hospital. Pt had a RUL and RML lobectomy in 2010 and has a history of colon cancer 15 yrs ago with a colostomy LLQ of the abd. Extensive education provided on medication administration per myself and Lynn Edwards, RN PCC. Brian Farr the son was able to verbalize understanding and we will continue to reinforce education with him and family as well. Skin is warm, dry, and intact with no pressure areas at this time. Pt does have a raw area behind the R ear. Cotton placed between oxygen tubing and skin. Education provided to family and pt on no smoking while oxygen is in use. |
| <b>Diet</b>                        | As Tolerated                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| <b>Functional Limitations</b>      | Level of Overall Functioning on Admission: 3-Maximum Assist ( ), Feeding: 2-Moderate Assist, Feeding Notes: help when too tired, , Alteration In Endurance (very poor), Poor Coordination and Balance, Gait Disturbance (very weak), Bed Or Chair Bound,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| <b>Self-Esteem / Mental Status</b> | Oriented (A&O x3), Disoriented (at times with meds), Anxiety (with breathing attacks), Altered Consciousness: ALERT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| <b>Imminence of Death</b>          | Terminal                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |

| <b>Staff Information</b>                             |                                               |                                                         |                                                      |
|------------------------------------------------------|-----------------------------------------------|---------------------------------------------------------|------------------------------------------------------|
| <b>Physician Name</b>                                | Mehta, Sharmila: Palmetto Hematology Oncology | <b>Physician Address</b>                                | 380 Serpentine Drive Suite 200 Spartanburg, SC 29303 |
| <b>Physician Fax</b>                                 | 864-560-0801                                  |                                                         |                                                      |
| <b>Medical Director or Certifying Physician Name</b> | Wentz, Robert                                 | <b>Medical Director or Certifying Physician Address</b> | 429 East Main Street Union, SC 29379                 |

**Plan Of Care dated 06/19/2012 for William Farr**

Consolo Certification for William F. at Office Union

| Name                   | Status | Category  | Expected Outcome |
|------------------------|--------|-----------|------------------|
| Admission Plan of Care | COMPL  | ADMISSION |                  |

- **Assess Dietary needs, obtain orders and make referrals as necessary**
  - 06/16/2012 - 06/19/2012
  - assessed by Beth Bailey RN
- **Assess for Immediate Global Needs**
  - 06/16/2012 - 06/19/2012
  - assessed by Beth Bailey RN
- **Assess for Knowledge Deficit and provide needed education to Pt/Family/CG**
  - 06/16/2012 - 06/19/2012
  - assessed by Beth Bailey RN
- **Assess for Pain/symptoms and intervene as necessary to bring to level of patient comfort**
  - 06/16/2012 - 06/19/2012
  - assessed by Beth Bailey RN
- **Assess Immediate Psychosocial/Spiritual Needs - access Social Work support at time of admission**
  - 06/16/2012 - 06/19/2012
  - cooke/burnett
- **Assign Chaplain services as necessary for Spiritual needs identified on initial assessment**
  - 06/16/2012 - 06/19/2012
  - Wayne Cooke
- **Assign Hospice Aide service to provide for Personal Care needs**
  - 06/16/2012 - 06/19/2012
  - Jamie Bumgarner
- **Assign RN Case Manager to assess Scope of Service and oversee ongoing patient care needs**
  - 06/16/2012 - 06/19/2012
  - Pam Phipps, RN
- **Assign Social Work to assess for ongoing psychosocial/bereavement/volunteer needs**
  - 06/16/2012 - 06/19/2012
  - Sherry Burnett
- **Collaborate with Attending Physician for Admission orders and obtain Authorization**
  - 06/16/2012 - 06/19/2012
  - Mehta, Sharmila faxed authorization from SRMC Hospice House
- **Collaborate with Hospice Medical Director as necessary for support, Admission orders and obtain Authorization**
  - 06/16/2012 - 06/19/2012
  - R Wentz
- **Collaborate with Interdisciplinary Hospice Team for Team Agreement**
  - 06/16/2012 - 06/19/2012
  - PRN and at IDG
- **Collaborate with Referral Source/Facility/Institution**
  - 06/16/2012 - 06/19/2012
  - faxed records received from SRMCHH
- **Obtain DME/Supplies as needed for patient support**
  - 06/16/2012 - 06/19/2012
  - Allcare
- **Obtain Medication and Treatment Orders - institute immediately**
  - 06/16/2012 - 06/19/2012
  - covered via Hospiscript

## Consolo Certification for William F. at Office Union

| Name                             | Status | Category | Expected Outcome |
|----------------------------------|--------|----------|------------------|
| Alteration in Pulmonary Function | COMPL  | NURSE    |                  |

- **Adjust temperature and humidity as appropriate**
  - 06/16/2012 - 06/19/2012
  - assessed by Beth Bailey RN education provided
- **Assess for anxiety. Contact MD for possible benzodiazepines as appropriate**
  - 06/16/2012 - 06/19/2012
  - assessed by Beth Bailey RN
- **Assess patient's respiratory status at each visit and prn**
  - 06/16/2012 - 06/19/2012
  - assessed by Beth Bailey RN
- **Discuss use of opioids to relieve dyspnea. Obtain MD order and administer as prescribed**
  - 06/16/2012 - 06/19/2012
  - assessed by Beth Bailey RN education provided by BB,RN and Lynn Edwards, RN
- **Evaluate possible cause of dyspnea (COPD exacerbation, thick secretions, anxiety, infection, etc)**
  - 06/16/2012 - 06/19/2012
  - assessed by Beth Bailey RN education provided by BB,RN and Lynn Edwards, RN
- **If currently on opioids, evaluate effectiveness. Notify MD for changes and titrate as ordered**
  - 06/16/2012 - 06/19/2012
  - assessed by Beth Bailey RN education provided by BB,RN and Lynn Edwards, RN
- **O2 as appropriate. Teach PCG appropriate use and when oxygen may be ineffective as disease progresses**
  - 06/16/2012 - 06/19/2012
  - assessed by Beth Bailey RN education provided by BB,RN and Lynn Edwards, RN
- **Provide a draft (use of fans, open window, etc)**
  - 06/16/2012 - 06/19/2012
  - assessed by Beth Bailey RN education provided by BB,RN
- **Reposition for maximum comfort, encourage relaxation techniques**
  - 06/16/2012 - 06/19/2012
  - assessed by & education provided by Lynn Edwards, RN
- **Teach energy conservation techniques to maintain comfort (raise HOB, rest periods during activity, positioning to facilitate air exchange)**
  - 06/16/2012 - 06/19/2012
  - assessed by Beth Bailey RN education provided
- **Teach patient and PCG to call hospice for change in status**
  - 06/16/2012 - 06/19/2012
  - assessed by Beth Bailey RN education provided by BB,RN and Lynn Edwards, RN
- **Teach patient and PCG to elevate HOB as needed to achieve maximum comfort**
  - 06/16/2012 - 06/19/2012
  - assessed by Beth Bailey RN education provided Lynn Edwards, RN

Consolo Certification for William F. at Office Union

| Name                       | Status | Category     | Expected Outcome                                                                                                                    |
|----------------------------|--------|--------------|-------------------------------------------------------------------------------------------------------------------------------------|
| Coordination of Care Needs | COMPL  | SOCIALWORKER | reviewed 6-19-12 : Collaboration and continuity of care will be maintained as appropriate to the patient/family psychosocial needs. |

- **Assess for family/caregiver emotional concerns and psychosocial needs.**
  - 06/17/2012 - 06/19/2012
  -
- **Assess for patient emotional concerns and psychosocial needs.**
  - 06/17/2012 - 06/19/2012
  -
- **Continue communication and collaboration with disciplines providing care to the patient and addressing needs of patient/family**
  - 06/17/2012 - 06/19/2012
  -

| Name                       | Status | Category | Expected Outcome                                                                                                                     |
|----------------------------|--------|----------|--------------------------------------------------------------------------------------------------------------------------------------|
| Coordination of Care Needs | COMPL  | CHAPLAIN | Reviewed on 06/19/2012 Collaboration and continuity of care will be maintained as appropriate to the patient/family spiritual needs. |

- **Assess for family/caregiver emotional concerns and spiritual needs.**
  - 06/17/2012 - 06/19/2012
  -
- **Assess for patient emotional concerns and spiritual needs.**
  - 06/17/2012 - 06/19/2012
  -
- **Continue communication and collaboration with disciplines providing care to the patient and addressing needs of patient/family**
  - 06/17/2012 - 06/19/2012
  -

## Consolo Certification for William F. at Office Union

| Name                          | Status | Category     | Expected Outcome                                                                              |
|-------------------------------|--------|--------------|-----------------------------------------------------------------------------------------------|
| Difficulty with Grief Process | COMPL  | SOCIALWORKER | Reviewed 6-19-12: Patient and Family will be able to demonstrate uncomplicated grief process. |

- **Alert bereavement staff to special needs of patient/ family**
  - 06/18/2012 - 06/19/2012
  -
- **Assess family dynamics and how they relate to grief process**
  - 06/18/2012 - 06/19/2012
  -
- **Assess family for anticipatory grief abilities; provide education on anticipatory grief**
  - 06/18/2012 - 06/19/2012
  -
- **Assess for suicide potential/ ideation**
  - 06/18/2012 - 06/19/2012
  -
- **Encourage and assist patient in life review and preparatory grief**
  - 06/18/2012 - 06/19/2012
  -
- **Explore past losses and coping style**
  - 06/18/2012 - 06/19/2012
  -
- **Other Interventions.**
  - 06/18/2012 - 06/18/2012
  - Gone from my sight book given to family

Consolo Certification for William F. at Office Union

| Name          | Status | Category | Expected Outcome |
|---------------|--------|----------|------------------|
| Dying Process | COMPL  | NURSE    |                  |

- **Assess environment to facilitate peace and dignity**
  - 06/16/2012 - 06/19/2012
  - assessed and appropriate
- **Assess family coping needs**
  - 06/16/2012 - 06/19/2012
  - assessed and needs identified...education provided and on going
- **Assess patient's status(physical, psychosocial, emotional, and spiritual needs)**
  - 06/16/2012 - 06/19/2012
  - assessed
- **Assist with completion of funeral arrangements when appropriate**
  - 06/17/2012 - 06/19/2012
  - initiate discussion when appropriate
- **Communicate signs of impending death and dying. Communicate when changes occur during transition**
  - 06/17/2012 - 06/19/2012
  - Education provided and reinforced
- **Inform physician of patient status as warranted**
  - 06/17/2012 - 06/19/2012
  - MD contacted PCP is out of town
- **Initiate Crisis Care if appropriate**
  - 06/17/2012 - 06/19/2012
  - CC started @ 5:30am
- **Instruct family in patient comfort measures**
  - 06/17/2012 - 06/19/2012
  - Education provided and reinforced
- **Notify appropriate team members**
  - 06/17/2012 - 06/19/2012
  - done
- **Provide emotional support**
  - 06/17/2012 - 06/19/2012
  - emotional and spiritual support provided
- **Provide family with additional support and resources as needed**
  - 06/16/2012 - 06/19/2012
  - Education provided
- **Reinforce education from material(Patient and Family Guide, Gone from My Sight, etc.)**
  - 06/16/2012 - 06/19/2012
  - Sherry Burnett to take Gone From My Sight at initial visit
- **Teach family what to expect at time of death. Assess family roles and willingness to participate in care**
  - 06/16/2012 - 06/19/2012
  - education provided by Lynn Edwards, RN and Beth Bailey, RN



## Consolo Certification for William F. at Office Union

| Name        | Status | Category | Expected Outcome |
|-------------|--------|----------|------------------|
| Elimination | COMPL  | NURSE    |                  |

- **Assess current bowel and bladder pattern**
  - 06/16/2012 - 06/19/2012
  - assessed pt has colostomy
- **Assess for effective bowel regimen with stool softener and laxative of choice. Contact MD for orders as needed**
  - 06/16/2012 - 06/19/2012
  - stool softener in place
- **Provide Privacy**
  - 06/16/2012 - 06/19/2012
  -

| Name                | Status | Category | Expected Outcome |
|---------------------|--------|----------|------------------|
| Nutrition/Hydration | COMPL  | NURSE    |                  |

- **Assess BMI, MAC as appropriate for recertification. Evaluate trends**
  - 06/16/2012 - 06/19/2012
  - assessed by beth bailey
- **Assess for increased confusion, and/or change in mental status**
  - 06/16/2012 - 06/19/2012
  - assessed by beth bailey
- **Educate PCG in the effects of disease process on metabolism and appetite**
  - 06/16/2012 - 06/19/2012
  - assessed by and education provided by beth bailey
- **Instruct PCG in oral hygiene**
  - 06/16/2012 - 06/19/2012
  - assessed by beth bailey

| Name                                 | Status | Category | Expected Outcome |
|--------------------------------------|--------|----------|------------------|
| Patient Activity Mobility and Safety | COMPL  | NURSE    |                  |

- **Assess ADL needs encouraging optimal mobility and assist as needed**
  - 06/16/2012 - 06/19/2012
  - assessed by beth bailey activity adlib
- **Instruct PCG in physical care of the immobilized patient including transfer, ambulation, smoking, safety lighting, etc**
  - 06/16/2012 - 06/19/2012
  - assessed by beth bailey education provided including no smoking with O2 in use
- **PCG will be instructed in home safety, O2 usage, emergency planning, and safety**
  - 06/16/2012 - 06/19/2012
  - education provided by Lynn Edwards, RN and Allcare Rep
- **Place communication device(s), remotes, phone, snacks, needed items within arms reach**
  - 06/16/2012 - 06/19/2012
  - within reach on overbed table

## Consolo Certification for William F. at Office Union

| Name                        | Status | Category | Expected Outcome |
|-----------------------------|--------|----------|------------------|
| Physical Comfort Alteration | COMPL  | NURSE    |                  |

- **Assess for effects of unrelieved pain**
  - 06/16/2012 - 06/19/2012
  - assessed by beth bailey pt able to vocalize pain level
- **Assess pain(level, duration, quality, contributory/alleviating factors, and effects) at each visit and prn**
  - 06/16/2012 - 06/19/2012
  - pt states pain <5 is tolerable
- **Educate caregivers and facility staff on principles of pain management**
  - 06/16/2012 - 06/19/2012
  - extensive education provided by Beth Bailey, RN and Lynn Edwards, RN
- **Educate caregivers and facility staff to notify hospice nurse of changes in patient's pain management**
  - 06/16/2012 - 06/19/2012
  - extensive education provided by Beth Bailey, RN and Lynn Edwards, RN
- **Instruct caregivers and facility staff in comfort measures - i.e., massage, bathing, positioning, soft music**
  - 06/16/2012 - 06/19/2012
  - extensive education provided by Beth Bailey, RN and Lynn Edwards, RN
- **Utilize a numeric pain scale (0-10) consistently. If unable to communicate, utilize the FLACC scale**
  - 06/16/2012 - 06/19/2012
  - pt A&O x 3 and able to communicate level of pain

| Name           | Status | Category | Expected Outcome |
|----------------|--------|----------|------------------|
| Skin Integrity | COMPL  | NURSE    |                  |

- **Assess skin integrity and effectiveness of skin care each visit**
  - 06/16/2012 - 06/19/2012
  - assessed by beth bailey, rn
- **Evaluate effectiveness of interventions and discuss at IDG. Re-evaluate goals of care as needed**
  - 06/16/2012 - 06/19/2012
  - prn
- **Instruct patient/caregiver in turning and repositioning every two (2) hours**
  - 06/16/2012 - 06/19/2012
  - pt/pcg educated

| Name                                                                                     | Status | Category | Expected Outcome                                                               |
|------------------------------------------------------------------------------------------|--------|----------|--------------------------------------------------------------------------------|
| Spiritual Issues related to Acceptance of Death, and Utilization of Spiritual Resources. | COMPL  | CHAPLAIN | Reviewed on 06/19/2012 Patient and family will have their Spiritual needs met. |

- **Pray with patient**
  - 06/19/2012 - 06/19/2012
  -

## Consolo Certification for William F. at Office Union

| Name             | Status | Category  | Expected Outcome |
|------------------|--------|-----------|------------------|
| Terminal Illness | COMPL  | ADMISSION |                  |

- **24-hour availability**
  - 06/16/2012 - 06/19/2012
  - assessed and education provided
- **Admit to hospice on Routine level of care**
  - 06/16/2012 - 06/19/2012
  - transferred from SRMC HH
- **Arrange for equipment as needed/accepted. Specify\_\_\_\_\_**
  - 06/16/2012 - 06/19/2012
  - See DME list in CTI
- **Arrange for Hospice Aide as needed/accepted**
  - 06/16/2012 - 06/19/2012
  - Jamie Bumgarner
- **Assess patient/family/PCG ability to administer medications**
  - 06/16/2012 - 06/19/2012
  - extensive education provided by Beth Bailey, RN and Lynn Edwards, RN
- **Assess patient/family/PCG ability to deliver care**
  - 06/16/2012 - 06/19/2012
  - extensive education provided by Beth Bailey, RN and Lynn Edwards, RN
- **Assess patient/family/PCG understanding of the disease process and care requirements**
  - 06/16/2012 - 06/19/2012
  - extensive education provided by Beth Bailey, RN and Lynn Edwards, RN
- **Case Manager to manage/coordinate care**
  - 06/16/2012 - 06/19/2012
  - pam phipps
- **Generic drug equivalents many be used**
  - 06/16/2012 - 06/19/2012
  -
- **Instruct patient/family/PCG regarding medication and treatment regimen**
  - 06/16/2012 - 06/19/2012
  - extensive education provided by Beth Bailey, RN and Lynn Edwards, RN
- **Involve patient/family/PCG in developing plan of care**
  - 06/16/2012 - 06/19/2012
  - IDG invitation provided and encouraged
- **No labs without hospice authorization**
  - 06/16/2012 - 06/19/2012
  - education provided
- **Notify hospice of any changes in condition**
  - 06/16/2012 - 06/19/2012
  - extensive education provided by Beth Bailey, RN and Lynn Edwards, RN
- **Notify Primary MD of patient's admission to hospice. Specify\_\_\_\_\_**
  - 06/16/2012 - 06/19/2012
  - Sharmila Metha

Consolo Certification for William F. at Office Union

Nurse's Signature and Date of Verbal SOC Where Applicable \_\_\_\_\_

Date Signed POT Received \_\_\_\_\_

I ( certify / recertify ) that this patient is under my care, to the best of my medical knowledge given the data available, has a life expectancy of six (6) months or less if the disease runs its normal course. I authorize hospice care as outlined above. Care is to be provided on the basis of the Plan of Care contained in the records.

Attending Physician gives permission to the Medical Director to oversee the Plan of Care and make changes in care and medications as needed and reviewed by the Interdisciplinary Team.

**Brief narrative statement: (Review the patient's clinical circumstances and synthesize the medical information to provide clinical justification for admission and continuation to hospice services)**

ES LUNG CA WITH 30% OF LUNG CAPACITY FREQUENT DYSPNEIC EPISODE PRIOR HX OF LUNG CA AND COLON CA

*Attestation: I confirm that this narrative is based on my review of the patient's medical record and/or examination of the patient. Anyone who misrepresents, falsifies or conceals essential information required for payment of Federal funds may be subject to fine, imprisonment, or civil penalty under applicable Federal Laws.*

**Attending Physician's Name, Address, and Fax:** Mehta, Sharmila: Palmetto Hematology Oncology  
380 Serpentine Drive  
Suite 200  
Spartanburg, SC 29303 864-560-0801

**Attending Physician Signature:** Physician Mehta, Sharmila: Palmetto Hematology Oncology (Physician) signed on 06/19/2012. Recorded by lynn.edwards on 06/25/2012.

**Medical Director or Certifying Physician's Name, Address, and Fax:** Wentz, Robert  
429 East Main Street  
Union, SC 29379

**Medical Director or Certifying Physician's Signature:** Medical Director Wentz, Robert (Medical Director) signed on 06/19/2012. Recorded by lynn.edwards on 06/25/2012.

## Signatures

1. RN Edwards, Lynn (User) signed on 06/25/2012. Recorded by lynn.edwards on 06/25/2012.
2. Medical Director Wentz, Robert (Medical Director) signed on 06/19/2012. Recorded by lynn.edwards on 06/25/2012.
3. Physician Mehta, Sharmila: Palmetto Hematology Oncology (Physician) signed on 06/19/2012. Recorded by lynn.edwards on 06/25/2012.

**Patient Details for Farr, William 102406**

|                      |  |               |          |
|----------------------|--|---------------|----------|
| <b>Date Of Birth</b> |  | <b>Status</b> | Deceased |
|----------------------|--|---------------|----------|

**Current IDG Charts for William F. 102406****General Patient Details**

|                                     |                                     |                                                                         |                                           |
|-------------------------------------|-------------------------------------|-------------------------------------------------------------------------|-------------------------------------------|
| <b>Admission Date</b><br>06/16/2012 | <b>Discharge Date</b><br>06/19/2012 | <b>Medical Record Number</b><br>102406                                  | <b>Level Of Care</b><br>CONT              |
| <b>Disaster Acuity</b><br>NA        | <b>Disaster Priority Tree</b>       | <b>Physician</b><br>Mehta, Sharmila:<br>Palmetto Hematology<br>Oncology | <b>Code Status</b><br>DNR                 |
| <b>Imminence of Death</b><br>No ()  | <b>Length of Service</b><br>4       | <b>Benefit Period</b><br>1                                              | <b>Recertification Date</b><br>09/07/2012 |
| <b>Allergies</b><br>NKDA            |                                     |                                                                         |                                           |

**IDG Assignments****IDG Assignments**

| Discipline            | Name                                             | Primary? | Visits               | PRN Visits                         | Frequency Notes       |
|-----------------------|--------------------------------------------------|----------|----------------------|------------------------------------|-----------------------|
| Volunteer Coordinator | Hall, Kelly                                      | No       |                      |                                    |                       |
| Social Services       | Burnett, Sherry                                  | No       |                      |                                    |                       |
| Chaplain              | Cooke, Wayne                                     | No       |                      |                                    |                       |
| Hospice Aide          | Davis, Kristin                                   | No       |                      |                                    |                       |
| Hospice Aide          | Wicker, Delphia                                  | No       |                      |                                    |                       |
| Hospice Aide          | Varner, Dawn                                     | No       |                      |                                    |                       |
| Hospice Aide          | Bumgarner, Jamie                                 | No       |                      |                                    |                       |
| Hospice Aide          | Ivey, Gwen                                       | No       |                      |                                    |                       |
| Hospice Aide          | Conard, Joel                                     | Yes      | 5 visit(s)<br>Weekly | 15 PRN visit(s)<br>every 90 day(s) | 5 x weekly<br>and prn |
| LPN/LVN               | Ivey, Sandra                                     | No       |                      |                                    |                       |
| RN                    | Bailey, Beth                                     | No       |                      |                                    |                       |
| RN                    | Edwards, Lynn                                    | No       |                      |                                    |                       |
| RN                    | Phipps, Pam                                      | Yes      | 2 visit(s)<br>Weekly | 15 PRN visit(s)<br>every 90 day(s) | 2xweekly<br>and prn   |
| MD Director           | Wentz, Robert                                    | Yes      |                      |                                    |                       |
| Physician             | Mehta, Sharmila: Palmetto<br>Hematology Oncology | Yes      |                      |                                    |                       |

**Indicators**

**Indicator Dated 06/16/2012 for William Farr, Medical Record No  
102406**

Effective Date

06/16/2012

Status

TERM

**Miscellaneous**Other Comorbid

hx of colon cancer, htn, mi, depression

**Diagnoses****Cancer - Terminal Diagnosis****Symptoms**

- A. Disease with distant metastases at presentation (SELECTED)**  
**B. Progression from an earlier stage of disease to metastatic disease with either a continued decline in spite of therapy OR patient declines further disease directed therapy (SELECTED)**

**Narrative**

NYHA Class IV, PPS 30%, KPS 30%. 69yom with es lung cancer with hx of lung and colon cancer, colostomy from colon cancer, r upper and middle lung lobectomy, acute on chronic COPD, advanced lung cancer.

**ICD9s**

Primary ICD9 - 162.9 Malignant neoplasm of bronchus and lung, unspecified on 06/16/2012

Secondary ICD9 - 496 Chronic airway obstruction, not elsewhere classified on 06/16/2012

Tertiary ICD9 - 786.09 Other respiratory abnormalities on 06/16/2012

**Signatures**

1. RN Edwards, Lynn (User) signed on 06/16/2012. Recorded by lynn.edwards on 06/16/2012.

**Recent Visit Notes****Visit Note**Effective Date

06/16/2012

Discipline

RN

Chart Owner

Bailey, Beth (bbail)

Created By

Bailey, Beth (bbail)

Time Of Event

2045

Visit Note Visit Type

Home \*

Note

Visit made to assist and educate CG with administering Morphine push for first time d/t anxiety. Curtis was able to administer it using proper technique and timing, taking 1 minute to push morphine 2mg/1mL of morphine. He was able to flush properly and lock clamp back. Family was more at ease after this. Supplies taken for bed bath. Pt tolerated well and had relief of severe dyspnea after 5 minutes of dosing.

Once again family, pt, and CG were educated to call NURSE ON CALL with any questions or in an emergency and were able to verbalize understanding.

**Visit Note**Effective Date

06/17/2012

Discipline

RN

Chart Owner

Bailey, Beth (bbail)

Created By

Bailey, Beth (bbail)

Time Of Event

0045

Visit Note Visit Type

Home \*

Note

Visit made d/t call received from pts daughter c/o pt not being able to breathe, even after PRN medication administered. Upon arrival pt was sitting up on the side of the bed having a very difficult time breathing. CG did not give morphine push, I educated the CG to administer it and watched. Post 5 minutes morphine pt was then placed on the side of the bed leaning over on his over bed table to help with his breathing O2 sats at this time came up from 74% on 16L via NC to 78%. After about 15 minutes pt began to have another spell of very severe dyspnea. At this time CG was questioned and had not given PRN Ativan and was educated to give it SL d/t pt not being able to swallow while having severe dyspnea. Pt reported feeling better 8 minutes post Ativan. At this time pt wanted to lay back in the bed and began c/o pain in his L lower chest. CG at this time gave PRN Oxycontin IR 2 tabs. Pt reported feeling relief after 10 minutes massage and distraction was provided during this time. Pt O2 sat increased to 80%. I sat and comforted pt until family was comfortable with caring for pt and felt crisis was over.

**Visit Note**

|                                     |                           |                                            |                                           |
|-------------------------------------|---------------------------|--------------------------------------------|-------------------------------------------|
| <u>Effective Date</u><br>06/17/2012 | <u>Discipline</u><br>RN   | <u>Chart Owner</u><br>Bailey, Beth (bbail) | <u>Created By</u><br>Bailey, Beth (bbail) |
| <u>Time Of Event</u><br>0530        | <u>Call Report</u><br>Yes | <u>Visit Note Visit Type</u><br>Home *     |                                           |

Note

Crisis Care initiated see hand written notes for further details

**Visit Note**

|                                     |                                        |                                            |                                           |
|-------------------------------------|----------------------------------------|--------------------------------------------|-------------------------------------------|
| <u>Effective Date</u><br>06/17/2012 | <u>Discipline</u><br>RN                | <u>Chart Owner</u><br>Bailey, Beth (bbail) | <u>Created By</u><br>Bailey, Beth (bbail) |
| <u>Time Of Event</u><br>1200        | <u>Visit Note Visit Type</u><br>Home * |                                            |                                           |

Note

Continuous Care visit see hand written notes

**Visit Note**

|                                     |                                       |                                            |                                           |
|-------------------------------------|---------------------------------------|--------------------------------------------|-------------------------------------------|
| <u>Effective Date</u><br>06/17/2012 | <u>Discipline</u><br>LPN/LVN          | <u>Chart Owner</u><br>Ivey, Sandra (sivey) | <u>Created By</u><br>Ivey, Sandra (sivey) |
| <u>Time Of Event</u><br>1655        | <u>Visit Note Visit Type</u><br>PRN * |                                            |                                           |

Note

Crisis Care Visit

**Visit Note**

|                                     |                                        |                                           |                                          |
|-------------------------------------|----------------------------------------|-------------------------------------------|------------------------------------------|
| <u>Effective Date</u><br>06/17/2012 | <u>Discipline</u><br>RN                | <u>Chart Owner</u><br>Phipps, Pam (pphip) | <u>Created By</u><br>Phipps, Pam (pphip) |
| <u>Time Of Event</u><br>0700        | <u>Visit Note Visit Type</u><br>Home * |                                           |                                          |

Note

Crisis care visit- see written crisis care notes.

**Visit Note**

|                                     |                                            |                                               |                                              |
|-------------------------------------|--------------------------------------------|-----------------------------------------------|----------------------------------------------|
| <u>Effective Date</u><br>06/17/2012 | <u>Discipline</u><br>Social Services       | <u>Chart Owner</u><br>Burnett, Sherry (sburn) | <u>Created By</u><br>Burnett, Sherry (sburn) |
| <u>Time Of Event</u><br>2000        | <u>Visit Note Visit Type</u><br>Phone Call |                                               |                                              |

Note

Sw contacted family after being notified earlier today by Beth Bailey that patient had been started on crisis care. Daughter strong in her faith, still in denial. Sw offered emotional support and encouragement. Sw gave phone number in the event that family wanted a visit before monday from social worker.

**Visit Note**

|                                     |                                                       |                                            |                                           |
|-------------------------------------|-------------------------------------------------------|--------------------------------------------|-------------------------------------------|
| <u>Effective Date</u><br>06/18/2012 | <u>Discipline</u><br>LPN/LVN                          | <u>Chart Owner</u><br>Ivey, Sandra (sivey) | <u>Created By</u><br>Ivey, Sandra (sivey) |
| <u>Time Of Event</u><br>1055        | <u>Visit Note Visit Type</u><br>LPN/LVN On Call Notes |                                            |                                           |

Note

Crisis Care Visit

**Visit Note**

|                                     |                                      |                                                        |                                                       |
|-------------------------------------|--------------------------------------|--------------------------------------------------------|-------------------------------------------------------|
| <u>Effective Date</u><br>12/19/2012 | <u>Discipline</u><br>Social Services | <u>Chart Owner</u><br>Guthrie, Meredith Brooke (mguth) | <u>Created By</u><br>Guthrie, Meredith Brooke (mguth) |
|-------------------------------------|--------------------------------------|--------------------------------------------------------|-------------------------------------------------------|

**Time Of Event**                      **Visit Note Visit Type**  
 2000                                      Bereavement

**Note**

SW attempted contact with spouse Dolores Farr to conduct 6 month bereavement assessment. SW noted that phone number on file 864-426-5765 went straight to voice mail and had a recorded message of deceased client. SW left a message indicating name, role, purpose of call, contact information and request for a return call.

**Supplementary Visit Note Information****Goals**

Accurate due dates for bereavement interventions.

**Plans**

Begin bereavement intervention tracking.

**Interventions**

1. Delegated staff member will enter effective date offset (2 days following the date of death) to begin the tracking.
2. Delegated staff person will enter the date of completion and/or contact date for any intervention as the particular intervention requires.

**PCG Response**

SW was unable to reach spouse. SW left a message. See Note above.

**Symptom Notes**

SW was unable to reach spouse.

**Visit Note**

|                                            |                                             |                                                                  |                                                                 |
|--------------------------------------------|---------------------------------------------|------------------------------------------------------------------|-----------------------------------------------------------------|
| <b><u>Effective Date</u></b><br>12/27/2012 | <b><u>Discipline</u></b><br>Social Services | <b><u>Chart Owner</u></b><br>Guthrie, Meredith<br>Brooke (mguth) | <b><u>Created By</u></b><br>Guthrie, Meredith<br>Brooke (mguth) |
|--------------------------------------------|---------------------------------------------|------------------------------------------------------------------|-----------------------------------------------------------------|

**Time Of Event**                      **Visit Note Visit Type**  
 2000                                      Bereavement

**Note**

SW attempted contact with spouse Dolores Farr to conduct 6 month bereavement assessment for the second time. SW noted that phone number on file 864-426-5765 went straight to voice mail and had a recorded message of deceased client. SW left a message indicating name, role, purpose of call, contact information and request for a return call.

**Supplementary Visit Note Information****Goals**

Accurate due dates for bereavement interventions.

**Plans**

Begin bereavement intervention tracking.

**Interventions**

1. Delegated staff member will enter effective date offset (2 days following the date of death) to begin the tracking.
2. Delegated staff person will enter the date of completion and/or contact date for any intervention as the particular intervention requires.

**PCG Response**

SW was unable to reach spouse. SW left a second message. See Note above.

**Symptom Notes**

SW was unable to reach spouse.

**Recent Nursing Summaries****Nursing Summary**

|                                            |                                |                                                    |                                                   |
|--------------------------------------------|--------------------------------|----------------------------------------------------|---------------------------------------------------|
| <b><u>Effective Date</u></b><br>06/18/2012 | <b><u>Discipline</u></b><br>RN | <b><u>Chart Owner</u></b><br>Edwards, Lynn (ledwa) | <b><u>Created By</u></b><br>Edwards, Lynn (ledwa) |
|--------------------------------------------|--------------------------------|----------------------------------------------------|---------------------------------------------------|

**Nursing Summary Notes****Visit Notes**

remained at home through the day r/t family dynamics and education of family and deescalation of family members....continuous education provided mr/t EOL care, symptoms, management of symptoms



**Family/Representative/CG Willingness and Capability to Care For Patient**

Concerns

Yes

Comments

many concerns including medication symptoms EOL

**Nursing Summary**

Effective Date

06/18/2012

Discipline

RN

Chart Owner

Edwards, Lynn (ledwa)

Created By

Edwards, Lynn (ledwa)

**Nursing Summary Notes**

Visit Notes

0645-0830 Crisis Care Coverage

Patient/Family/Representative/CG Goals

family dynamics....difficulty with teaching family EOL sx and mgt....

**Nursing Summary**

Effective Date

06/18/2012

Discipline

RN

Chart Owner

Edwards, Lynn (ledwa)

Created By

Edwards, Lynn (ledwa)

**Nursing Summary Notes**

Visit Notes

0416 call received from Susan M, LPN stating family was in crisis over patients declining condition and she needed help managing the situation.

0445 arrived at pts home spoke with family Susan M, Managed patient while this RN calmed family and spent time counseling family

remained at home with family until my CC shift began

**Nursing Summary**

Effective Date

06/16/2012

Discipline

RN

Chart Owner

Bailey, Beth (bbail)

Created By

Bailey, Beth (bbail)

Terminal Prognosis (ES Lung Cancer)

**Nursing Summary Notes**

Visit Notes

Pt was transferred to our services from SRMC Hospice House. Pt has been admitted with a dx of non-small cell lung cancer. Pt is bed bound and is transferred with max of 2 to BSC when tolerated. Pt has dyspnea that is severe even at rest but per pt is tolerable and his pain a 4/10 which is tolerable for him. Pt wants pain meds given when pain gets around 6 or higher. Pt has multiple bruises noted to BUE from needle sticks during admission at hospital. Pt had a RUL and RML lobectomy in 2010 and has a history of colon cancer 15 yrs ago with a colostomy LLQ of the abd. Extensive education provided on medication administration per myself and Lynn Edwards, RN PCC. Brian Farr the son was able to verbalize understanding and we will continue to reinforce education with him and family as well. Skin is warm, dry, and intact with no pressure areas at this time. Pt does have a raw area behind the R ear. Cotton placed between oxygen tubing and skin. Education provided to family and pt on no smoking while oxygen is in use.

**Recent Pain Observations**

| Body Site | Effective Date | Resolved Date | User         | Pain Type | Frequency | Scale Type | Score or Intensity | Verbal Acceptable Level | Comments |
|-----------|----------------|---------------|--------------|-----------|-----------|------------|--------------------|-------------------------|----------|
| R chest   | 06/16/2012     |               | Bailey, Beth | Acute     | Frequent  | Verbal     | 4                  | 5                       |          |

**Recently Updated Medications**

**Atropine [ 1 % ] - Covered**

|            |            |             |                                                      |
|------------|------------|-------------|------------------------------------------------------|
| Order Date | 06/18/2012 | Ordering MD | Wentz, Robert                                        |
| Admin By   | Family     | Directions  | 2 - 3 gtts every 3 hours As Needed Congestion (1 % ) |
| Change     | Added      | Added Date  | 06/20/2012                                           |

**Avelox [ 400 MG ] PO Tablet - Not Covered**

|            |            |              |                                               |
|------------|------------|--------------|-----------------------------------------------|
| Order Date | 06/16/2012 | Ordering MD  | Mehta, Sharmila: Palmetto Hematology Oncology |
| Admin By   | Family     | Directions   | 1 - 1 tab 1 times a day PO (400 MG Tablet)    |
| Change     | Updated    | Updated Date | 06/16/2012                                    |

**Beclomethasone Dipropionate [ 42 mcg/dose ] IN Aerosol, Solution - Covered**

|                  |                           |             |                                                                |
|------------------|---------------------------|-------------|----------------------------------------------------------------|
| Order Date       | 06/16/2012                | Ordering MD | Mehta, Sharmila: Palmetto Hematology Oncology                  |
| Admin By         | Family                    | Directions  | 2 - 2 puff(s) every 4 hours IN (42 mcg/dose Aerosol, Solution) |
| Change           | Added                     | Added Date  | 06/16/2012                                                     |
| Additional Notes | Every 4 hours while AWAKE |             |                                                                |

**Citalopram Hydrobromide [ 20 MG ] PO Tablet - Covered**

|            |            |             |                                               |
|------------|------------|-------------|-----------------------------------------------|
| Order Date | 06/16/2012 | Ordering MD | Mehta, Sharmila: Palmetto Hematology Oncology |
| Admin By   | Family     | Directions  | 1 - 1 tab 1 times a day PO (20 MG Tablet)     |
| Change     | Added      | Added Date  | 06/16/2012                                    |

**Combivent [ 103 MCG/ACT; 18 MCG/ACT ] IN - Covered**

|                  |                         |             |                                                  |
|------------------|-------------------------|-------------|--------------------------------------------------|
| Order Date       | 06/16/2012              | Ordering MD | Mehta, Sharmila: Palmetto Hematology Oncology    |
| Admin By         | Family                  | Directions  | 2 - 2 puff(s) every 4 hours IN (103;18 MCG/ACT ) |
| Change           | Added                   | Added Date  | 06/16/2012                                       |
| Additional Notes | Every 4 hrs while awake |             |                                                  |

**Diazepam [ 5 MG ] PO Tablet - Covered**

|            |            |             |                                               |
|------------|------------|-------------|-----------------------------------------------|
| Order Date | 06/16/2012 | Ordering MD | Mehta, Sharmila: Palmetto Hematology Oncology |
| Admin By   | Family     | Directions  | 0.5 - 0.5 tab every 12 hours PO (5 MG Tablet) |
| Change     | Added      | Added Date  | 06/16/2012                                    |

**Lorazepam [ 0.5 mg ] - Covered**

|                         |                           |                     |                                                              |
|-------------------------|---------------------------|---------------------|--------------------------------------------------------------|
| <b>Order Date</b>       | 06/16/2012                | <b>Ordering MD</b>  | Mehta, Sharmila: Palmetto Hematology Oncology                |
| <b>Admin By</b>         | Family                    | <b>Directions</b>   | 0.5 - 1 mg every 2 hours As Needed Anxiety/Dyspnea (0.5 mg ) |
| <b>Change</b>           | Updated                   | <b>Updated Date</b> | 06/16/2012                                                   |
| <b>Additional Notes</b> | *****0.25ml to 0.5ml***** |                     |                                                              |

**LORazepam [ 0.5 MG ] PO Tablet - Covered**

|                   |            |                     |                                                              |
|-------------------|------------|---------------------|--------------------------------------------------------------|
| <b>Order Date</b> | 06/16/2012 | <b>Ordering MD</b>  | Mehta, Sharmila: Palmetto Hematology Oncology                |
| <b>Admin By</b>   | Family     | <b>Directions</b>   | 1 - 2 tab every 4 hours PO As Needed Anxiety (0.5 MG Tablet) |
| <b>Change</b>     | Updated    | <b>Updated Date</b> | 06/18/2012                                                   |

**Morphine Sulfate [ 4 mg/ml ] IV Solution - Covered**

|                   |            |                    |                                                           |
|-------------------|------------|--------------------|-----------------------------------------------------------|
| <b>Order Date</b> | 06/16/2012 | <b>Ordering MD</b> | Mehta, Sharmila: Palmetto Hematology Oncology             |
| <b>Admin By</b>   | Family     | <b>Directions</b>  | 2 - 4 mg every 30 minutes IV As Needed (4 mg/ml Solution) |
| <b>Change</b>     | Added      | <b>Added Date</b>  | 06/16/2012                                                |

**Mucinex [ 600 MG ] PO Tablet Extended Release 12 Hour - Not Covered**

|                   |            |                    |                                                                      |
|-------------------|------------|--------------------|----------------------------------------------------------------------|
| <b>Order Date</b> | 06/16/2012 | <b>Ordering MD</b> | Mehta, Sharmila: Palmetto Hematology Oncology                        |
| <b>Admin By</b>   | Family     | <b>Directions</b>  | 1 - 1 tab every 12 hours PO (600 MG Tablet Extended Release 12 Hour) |
| <b>Change</b>     | Added      | <b>Added Date</b>  | 06/16/2012                                                           |

**Nicotine [ 21 MG/24HR ] TD Patch 24 Hours - Not Covered**

|                   |            |                    |                                                          |
|-------------------|------------|--------------------|----------------------------------------------------------|
| <b>Order Date</b> | 06/16/2012 | <b>Ordering MD</b> | Mehta, Sharmila: Palmetto Hematology Oncology            |
| <b>Admin By</b>   | Family     | <b>Directions</b>  | 1 - 1 patch 1 times a day TD (21 MG/24HR Patch 24 Hours) |
| <b>Change</b>     | Added      | <b>Added Date</b>  | 06/16/2012                                               |

**Oxycodone [ 5 mg ] PO/SL Tablet - Covered**

|                   |            |                    |                                                                |
|-------------------|------------|--------------------|----------------------------------------------------------------|
| <b>Order Date</b> | 06/16/2012 | <b>Ordering MD</b> | Mehta, Sharmila: Palmetto Hematology Oncology                  |
| <b>Admin By</b>   | Family     | <b>Directions</b>  | 1 - 2 tab every 1 hours PO/SL As Needed Pain/SOB (5 mg Tablet) |
| <b>Change</b>     | Added      | <b>Added Date</b>  | 06/16/2012                                                     |

**OxyCONTIN [ 10 MG ] PO Tablet Extended Release 12 Hour - Covered**

|                   |            |                    |                                                                     |
|-------------------|------------|--------------------|---------------------------------------------------------------------|
| <b>Order Date</b> | 06/16/2012 | <b>Ordering MD</b> | Mehta, Sharmila: Palmetto Hematology Oncology                       |
| <b>Admin By</b>   | Family     | <b>Directions</b>  | 1 - 1 tab every 12 hours PO (10 MG Tablet Extended Release 12 Hour) |
| <b>Change</b>     | Added      | <b>Added Date</b>  | 06/16/2012                                                          |

**PredniSONE [ 20 MG ] PO Tablet - Covered**

|                   |            |                    |                                               |
|-------------------|------------|--------------------|-----------------------------------------------|
| <b>Order Date</b> | 06/16/2012 | <b>Ordering MD</b> | Mehta, Sharmila: Palmetto Hematology Oncology |
| <b>Admin By</b>   | Family     | <b>Directions</b>  | 2 - 2 tab 1 times a day PO (20 MG Tablet)     |
| <b>Change</b>     | Added      | <b>Added Date</b>  | 06/16/2012                                    |

**Protonix [ 40 MG ] PO Tablet Delayed Release - Covered**

|                         |              |                     |                                                           |
|-------------------------|--------------|---------------------|-----------------------------------------------------------|
| <b>Order Date</b>       | 06/16/2012   | <b>Ordering MD</b>  | Mehta, Sharmila: Palmetto Hematology Oncology             |
| <b>Admin By</b>         | Family       | <b>Directions</b>   | 1 - 1 tab 1 times a day PO (40 MG Tablet Delayed Release) |
| <b>Change</b>           | Updated      | <b>Updated Date</b> | 06/16/2012                                                |
| <b>Additional Notes</b> | DO NOT CRUSH |                     |                                                           |

**Proventil HFA [ 108 (90 Base) MCG/ACT ] IN Aerosol, Solution - Covered**

|                   |            |                     |                                                                                    |
|-------------------|------------|---------------------|------------------------------------------------------------------------------------|
| <b>Order Date</b> | 06/16/2012 | <b>Ordering MD</b>  | Mehta, Sharmila: Palmetto Hematology Oncology                                      |
| <b>Admin By</b>   | Family     | <b>Directions</b>   | 2 puff(s) every 2 hours IN As Needed SOB (108 (90 Base) MCG/ACT Aerosol, Solution) |
| <b>Change</b>     | Updated    | <b>Updated Date</b> | 06/16/2012                                                                         |

**Roxanol [ 20 MG/ML ] PO Solution - Covered**

|                         |               |                     |                                                              |
|-------------------------|---------------|---------------------|--------------------------------------------------------------|
| <b>Order Date</b>       | 06/17/2012    | <b>Ordering MD</b>  | Wentz, Robert                                                |
| <b>Admin By</b>         | Family        | <b>Directions</b>   | 1 ml every 1 hours PO As Needed Pain/SOB (20 MG/ML Solution) |
| <b>Change</b>           | Updated       | <b>Updated Date</b> | 06/18/2012                                                   |
| <b>Additional Notes</b> | Every 1-2 hrs |                     |                                                              |

**Senokot S [ 8.6 MG; 50 MG ] PO Tablet - Covered**

|                   |            |                    |                                               |
|-------------------|------------|--------------------|-----------------------------------------------|
| <b>Order Date</b> | 06/16/2012 | <b>Ordering MD</b> | Mehta, Sharmila: Palmetto Hematology Oncology |
| <b>Admin By</b>   | Family     | <b>Directions</b>  | 2 tab 1 times a day PO (8.6;50 MG Tablet)     |
| <b>Change</b>     | Added      | <b>Added Date</b>  | 06/16/2012                                    |

**Singulair [ 10 MG ] PO Tablet - Not Covered**

|                   |            |                    |                                               |
|-------------------|------------|--------------------|-----------------------------------------------|
| <b>Order Date</b> | 06/16/2012 | <b>Ordering MD</b> | Mehta, Sharmila: Palmetto Hematology Oncology |
| <b>Admin By</b>   | Family     | <b>Directions</b>  | 1 - 1 tab 1 times a day PO (10 MG Tablet)     |
| <b>Change</b>     | Added      | <b>Added Date</b>  | 06/16/2012                                    |

**Theophylline [ 300 MG ] PO Capsule Extended Release 24 Hour - Covered**

|                   |            |                    |                                                                         |
|-------------------|------------|--------------------|-------------------------------------------------------------------------|
| <b>Order Date</b> | 06/16/2012 | <b>Ordering MD</b> | Mehta, Sharmila: Palmetto Hematology Oncology                           |
| <b>Admin By</b>   | Family     | <b>Directions</b>  | 1 - 1 cap(s) 1 times a day PO (300 MG Capsule Extended Release 24 Hour) |
| <b>Change</b>     | Added      | <b>Added Date</b>  | 06/16/2012                                                              |

**All Non-Recently Updated Active Medications****Recent Physician Orders****Physician Order**

|                                            |                                             |                                                     |                                                  |
|--------------------------------------------|---------------------------------------------|-----------------------------------------------------|--------------------------------------------------|
| <u><b>Effective Date</b></u><br>06/18/2012 | <u><b>Discipline</b></u><br>RN              | <u><b>Chart Owner</b></u><br>Bailey, Beth (bbail)   | <u><b>Created By</b></u><br>Bailey, Beth (bbail) |
| <u><b>Physician</b></u><br>Wentz, Robert   | <u><b>Nurse</b></u><br>Bailey, Beth (bbail) | <u><b>Related to Terminal Diagnosis?</b></u><br>Yes |                                                  |

**Orders**

Atropine 2 - 3 gtts every 3 hours SL As Needed Congestion (1 % Liquid)

|                                                             |                                            |                                                        |
|-------------------------------------------------------------|--------------------------------------------|--------------------------------------------------------|
| <u><b>Verbal Order Taken By</b></u><br>Bailey, Beth (bbail) | <u><b>Order Taken On</b></u><br>06/18/2012 | <u><b>Read Back Order to the Physician?</b></u><br>Yes |
|-------------------------------------------------------------|--------------------------------------------|--------------------------------------------------------|

**Related Medications****Related Assignees****Physician Order**

|                                            |                                              |                                                     |                                                   |
|--------------------------------------------|----------------------------------------------|-----------------------------------------------------|---------------------------------------------------|
| <u><b>Effective Date</b></u><br>06/18/2012 | <u><b>Discipline</b></u><br>RN               | <u><b>Chart Owner</b></u><br>Edwards, Lynn (ledwa)  | <u><b>Created By</b></u><br>Edwards, Lynn (ledwa) |
| <u><b>Physician</b></u><br>Wentz, Robert   | <u><b>Nurse</b></u><br>Edwards, Lynn (ledwa) | <u><b>Related to Terminal Diagnosis?</b></u><br>Yes |                                                   |

**Orders**

LORazepam 1 - 2 tab every 4 hours PO/SL As Needed for Anxiety (0.5 MG Tablet) dispense #20 no refills.

|                                                              |                                            |                                                        |
|--------------------------------------------------------------|--------------------------------------------|--------------------------------------------------------|
| <u><b>Verbal Order Taken By</b></u><br>Edwards, Lynn (ledwa) | <u><b>Order Taken On</b></u><br>06/18/2012 | <u><b>Read Back Order to the Physician?</b></u><br>Yes |
|--------------------------------------------------------------|--------------------------------------------|--------------------------------------------------------|

**Related Medications**

LORazepam 1 - 2 tab every 4 hours PO As Needed Anxiety (0.5 MG Tablet)

**Related Assignees****Physician Order**

|                                            |                                             |                                                     |                                                  |
|--------------------------------------------|---------------------------------------------|-----------------------------------------------------|--------------------------------------------------|
| <b><u>Effective Date</u></b><br>06/17/2012 | <b><u>Discipline</u></b><br>RN              | <b><u>Chart Owner</u></b><br>Bailey, Beth (bbail)   | <b><u>Created By</u></b><br>Bailey, Beth (bbail) |
| <b><u>Physician</u></b><br>Wentz, Robert   | <b><u>Nurse</u></b><br>Bailey, Beth (bbail) | <b><u>Related to Terminal Diagnosis?</u></b><br>Yes |                                                  |

**Orders**

Begin Continuous Care  
Roxanol 1 ml every 2 to 3 hours PO As Needed Pain/SOB (20 MG/ML Solution)

|                                                             |                                            |                                                        |
|-------------------------------------------------------------|--------------------------------------------|--------------------------------------------------------|
| <b><u>Verbal Order Taken By</u></b><br>Bailey, Beth (bbail) | <b><u>Order Taken On</u></b><br>06/17/2012 | <b><u>Read Back Order to the Physician?</u></b><br>Yes |
|-------------------------------------------------------------|--------------------------------------------|--------------------------------------------------------|

**Related Medications****Related Assignees****Physician Order**

|                                                                                |                                              |                                                     |                                                   |
|--------------------------------------------------------------------------------|----------------------------------------------|-----------------------------------------------------|---------------------------------------------------|
| <b><u>Effective Date</u></b><br>06/16/2012                                     | <b><u>Discipline</u></b><br>RN               | <b><u>Chart Owner</u></b><br>Edwards, Lynn (ledwa)  | <b><u>Created By</u></b><br>Edwards, Lynn (ledwa) |
| <b><u>Physician</u></b><br>Mehta, Sharmila:<br>Palmetto Hematology<br>Oncology | <b><u>Nurse</u></b><br>Edwards, Lynn (ledwa) | <b><u>Related to Terminal Diagnosis?</u></b><br>Yes |                                                   |

**Orders**

Admit to Hospice Care of SC via transfer SRMC Hospice House, with a terminal diagnosis of ES Lung Cancer with a life expectancy of 6 months or less to live if disease follows normal course. Faxed order received from SRMC HH on 6-16-12.

|                                                              |                                            |                                                        |
|--------------------------------------------------------------|--------------------------------------------|--------------------------------------------------------|
| <b><u>Verbal Order Taken By</u></b><br>Edwards, Lynn (ledwa) | <b><u>Order Taken On</u></b><br>06/16/2012 | <b><u>Read Back Order to the Physician?</u></b><br>Yes |
|--------------------------------------------------------------|--------------------------------------------|--------------------------------------------------------|

**Related Medications****Related Assignees****Physician Order**

|                                                                                |                                             |                                                     |                                                  |
|--------------------------------------------------------------------------------|---------------------------------------------|-----------------------------------------------------|--------------------------------------------------|
| <b><u>Effective Date</u></b><br>06/16/2012                                     | <b><u>Discipline</u></b><br>RN              | <b><u>Chart Owner</u></b><br>Bailey, Beth (bbail)   | <b><u>Created By</u></b><br>Bailey, Beth (bbail) |
| <b><u>Physician</u></b><br>Mehta, Sharmila:<br>Palmetto Hematology<br>Oncology | <b><u>Nurse</u></b><br>Bailey, Beth (bbail) | <b><u>Related to Terminal Diagnosis?</u></b><br>Yes |                                                  |

**Orders**

Admit to Hospice Care of SC via transfer SRMC Hospice House, with a terminal diagnosis of ES Lung Cancer with a life expectancy of 6 months or less to live if disease follows normal course.

|                                                             |                                            |                                                        |
|-------------------------------------------------------------|--------------------------------------------|--------------------------------------------------------|
| <b><u>Verbal Order Taken By</u></b><br>Bailey, Beth (bbail) | <b><u>Order Taken On</u></b><br>06/16/2012 | <b><u>Read Back Order to the Physician?</u></b><br>Yes |
|-------------------------------------------------------------|--------------------------------------------|--------------------------------------------------------|

**Related Medications****Related Assignees****Current Hospice Aide Assignment****Hospice Aide Assignment**

|                                            |                                                                                               |                                                           |                                                        |
|--------------------------------------------|-----------------------------------------------------------------------------------------------|-----------------------------------------------------------|--------------------------------------------------------|
| <u><b>Effective Date</b></u><br>06/16/2012 | <u><b>Assignment Frequency</b></u><br>5 visit(s) Weekly 15<br>PRN visit(s) every 90<br>day(s) | <u><b>Hospice Aide</b></u><br>Bumgarner, Jamie<br>(jbumg) | <u><b>Requesting User</b></u><br>Edwards, Lynn (ledwa) |
|--------------------------------------------|-----------------------------------------------------------------------------------------------|-----------------------------------------------------------|--------------------------------------------------------|

**Hospice Aide Tasks****Activated Tasks****Activity**

Ambulation [Yes] , Assist with R.O.M./Exercise [Yes] , Reposition/Turn Every 2 Hours [Yes] , Up In Chair [Yes]

**Additional Care**

Homemaking Activities [Yes] , TPR, BP [Yes]

**Dietary**

Assist with Meal [Yes] , Diet [Yes] (ad lib), Encourage Fluids [Yes] , Feed [Yes] (prn), Food Preparation [Yes]

**Elimination**

Bathroom with Assistance [Yes] ; Check Daily Bowel Movement [Yes]

**Personal Care**

Assist Bed Bath [Yes] , Assist with Getting Dressed [Yes] , Brush Hair [Yes] , Complete Bed Bath [Yes] (prn), Denture Care [Yes] (prn), Draw Sheet [Yes] , Linen Change [Yes] , Nail Care [Yes] , Oral Hygiene [Yes] , Shave [Yes] , Shower [Yes] (prn), Skin Care [Yes]

**Bereavement Care Plan effective 06/21/2012**

| <b>Bereavement Care Plan Dated: 06/21/2012</b> |                                                                                                                                                                                                                                                                         |                      |                              |
|------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|------------------------------|
| <b>Date Of Death</b>                           | 06/19/2012                                                                                                                                                                                                                                                              | <b>Survivor Name</b> | Farr, Dolores                |
| <b>Effective Date</b>                          | 06/21/2012                                                                                                                                                                                                                                                              | <b>Relationship</b>  | Spouse                       |
| <b>Update Date</b>                             | 03/25/2013 11:05 EDT                                                                                                                                                                                                                                                    | <b>Address</b>       | 1032 Jonesville Lockhart Hwy |
| <b>Issues</b>                                  | Begin bereavement intervention tracking                                                                                                                                                                                                                                 | <b>City</b>          | Union SC 29379               |
| <b>Goals</b>                                   | Accurate due dates for bereavement interventions                                                                                                                                                                                                                        | <b>Phone</b>         | m: 864-426-5765              |
| <b>Other Interventions</b>                     | 1. Delegated staff member will enter effective date offset (2 days following the date of death) to begin the tracking.<br>2. Delegated staff person will enter the date of completion and/or contact date for any intervention as the particular intervention requires. |                      |                              |

**Bereavement Interventions**

## Consolo IDG Comprehensive Assessment 06/20/2012 for William F. 102406 at Office Union

| Contact Date | Completion Date | Contact Type | Comments                                                                                                                  |
|--------------|-----------------|--------------|---------------------------------------------------------------------------------------------------------------------------|
| 06/20/2012   |                 | Phone Call   | Condolence Call - Social Worker                                                                                           |
| 06/20/2012   |                 | Phone Call   | Condolence Call - Chaplain                                                                                                |
| 06/21/2012   |                 | Flowers      | Single White Rose to funeral home                                                                                         |
| 06/24/2012   |                 | Card         | Sympathy card to family                                                                                                   |
| 08/03/2012   | 12/19/2012      | other        | Bereavement Assessment - Bereavement Coordinator; Attempted. Message Left. SW will F/U with another call at a later time. |
| 09/17/2012   | 10/02/2012      | Letter       | 3 month letter - educational mailing                                                                                      |
| 12/16/2012   |                 | other        | 6 month Bereavement follow up assessment -Bereavement Coordinator                                                         |
| 03/16/2013   | 03/11/2013      | Letter       | 9 month letter - educational mailing by BJH ***Return to sender son such number unable to forward***                      |

| Physician Information |                                               |                   |                                                      |
|-----------------------|-----------------------------------------------|-------------------|------------------------------------------------------|
| Physician Name        | Mehta, Sharmila: Palmetto Hematology Oncology | Physician Address | 380 Serpentine Drive Suite 200 Spartanburg, SC 29303 |
| Physician Fax         | 864-560-0801                                  |                   |                                                      |

**IDG Comprehensive Assessment Details**



Consolo IDG Comprehensive Assessment 06/20/2012 for William F. 102406 at Office Union

|                                                       |                                                                       |                                                                       |                                                                            |
|-------------------------------------------------------|-----------------------------------------------------------------------|-----------------------------------------------------------------------|----------------------------------------------------------------------------|
| <u>Effective Date</u><br>06/20/2012                   | <u>Bereavement<br/>Assessment discussed<br/>(if deceased)?</u><br>Yes | <u>Recertification<br/>discussed (if<br/>recertification)?</u><br>N/A | <u>IDG Meeting Notes</u><br>Goals Met                                      |
| <u>Volunteer Services<br/>Offered (Other):</u><br>N/A | <u>Comprehensive<br/>Medication Review</u><br>N/A                     | <u>Medication Review<br/>Follow-Up</u><br>_____                       | <u>Patient/Caregiver is in<br/>continued agreement<br/>with POC</u><br>N/A |

Primary Physician  
notified of updated POC  
No

Patient and/or family/caregivers have been determined to be safely administering medications/biologicals  
N/A

Medication/Biologicals Administration Plan

Patient/Caregiver able and willing to provide care  
N/A

Patient/Caregiver plan for providing care

**Other****Patient/Caregiver POC change requests****Additional Comprehensive Assessment Comments**

Pt passed during continuous care.

**Issues For Next IDG Meeting****Signatures**

1. Chaplain **Cooke, Wayne** (User) signed on **06/20/2012**. Recorded by wayne.cooke on 06/20/2012.
2. Social Services **Burnett, Sherry** (User) signed on **06/20/2012**. Recorded by sherry.burnett on 06/20/2012.
3. Hospice Aide **Davis, Kristin** (User) signed on **06/20/2012**. Recorded by kristin.davis on 06/20/2012.
4. RN **Edwards, Lynn** (User) signed on **06/20/2012**. Recorded by lynn.edwards on 06/20/2012.
5. RN **Phipps, Pam** (User) signed on **06/20/2012**. Recorded by pam.phipps on 06/20/2012.
6. Medical Director **Wentz, Robert** (Medical Director) signed on **06/20/2012**. Recorded by robert.wentz on 06/20/2012.
7. Hospice Aide **Varner, Dawn** (User) signed on **06/20/2012**. Recorded by dawn.varner on 06/20/2012.
8. Hospice Aide **Bumgarner, Jamie** (User) signed on **06/20/2012**. Recorded by jamie.bumgarner on 06/20/2012.
9. Hospice Aide **Ivey, Gwen** (User) signed on **06/20/2012**. Recorded by gwen.ivey on 06/20/2012.
10. Hospice Aide **Conard, Joel** (User) signed on **06/20/2012**. Recorded by joel.conard on 06/20/2012.
11. LPN/LVN **Ivey, Sandra** (User) signed on **06/20/2012**. Recorded by sandi.ivey on 06/20/2012.
12. RN **Bailey, Beth** (User) signed on **06/20/2012**. Recorded by beth.bailey on 06/20/2012.

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|                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|
|                                                                                                                                                                                                                                                                                                                                         | <b>Emergency Medical Services<br/>Do Not Resuscitate Order</b> |
| <b>SOUTH CAROLINA<br/>EMERGENCY MEDICAL SERVICES</b>                                                                                                                                                                                                                                                                                                                                                                     |                                                                |
|                                                                                                                                                                                                                                                                                                                                         |                                                                |
| <b>DO NOT RESUSCITATE ORDER</b>                                                                                                                                                                                                                                                                                                                                                                                          |                                                                |
| <b>NOTICE TO EMS PERSONNEL</b>                                                                                                                                                                                                                                                                                                                                                                                           |                                                                |
| <p>This notice is to inform all emergency medical personnel who may be called to render assistance to <u>William Farr</u> that he/she has a terminal condition which has been diagnosed by me and has specifically requested that no resuscitative efforts including artificial stimulation of the cardiopulmonary system by electrical, mechanical, or manual means be made in the event of cardiopulmonary arrest.</p> |                                                                |
| <b>REVOCATION PROCEDURE</b>                                                                                                                                                                                                                                                                                                                                                                                              |                                                                |
| <p>THIS FORM MAY BE REVOKED BY AN ORAL STATEMENT BY THE PATIENT TO EMS PERSONNEL, OR BY MULTILATING, OBLITERATING, OR DESTROYING THE DOCUMENT IN ANY MANNER.</p>                                                                                                                                                                                                                                                         |                                                                |
| Date <u>6/12/12</u>                                                                                                                                                                                                                                                                                                                                                                                                      | Patient's Signature (or Surrogate or Agent) <u>[Signature]</u> |
| Physician's Name (Please Print) <u>Omar Alexander</u>                                                                                                                                                                                                                                                                                                                                                                    | Physician's Signature <u>[Signature]</u>                       |
| Physician's Address <u>101 S. Wood St</u>                                                                                                                                                                                                                                                                                                                                                                                | Physician's Telephone Number <u>864-566-6000</u>               |

DHEC 3482 (1/2/2000)

SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENT

1216401412 000-678684 06/12/12  
FARR, WILLIAM G M 69Y  
ADM: SNIPES, GARRETT E  
REP: SNIPES, GARRETT E



**Patient Details for Farr, William 102406**

|                      |  |               |          |
|----------------------|--|---------------|----------|
| <b>Date Of Birth</b> |  | <b>Status</b> | Deceased |
|----------------------|--|---------------|----------|

**General Clinical Chart Details**

|                                     |                         |                                             |                                            |
|-------------------------------------|-------------------------|---------------------------------------------|--------------------------------------------|
| <b>Effective Date</b><br>06/16/2012 | <b>Discipline</b><br>RN | <b>Chart Owner</b><br>Edwards, Lynn (ledwa) | <b>Created By</b><br>Edwards, Lynn (ledwa) |
|-------------------------------------|-------------------------|---------------------------------------------|--------------------------------------------|

**Physician Order**

|                                                                         |                                       |                                                  |
|-------------------------------------------------------------------------|---------------------------------------|--------------------------------------------------|
| <b>Physician</b><br>Mehta, Sharmila:<br>Palmetto Hematology<br>Oncology | <b>Nurse</b><br>Edwards, Lynn (ledwa) | <b>Related to Terminal<br/>Diagnosis?</b><br>Yes |
|-------------------------------------------------------------------------|---------------------------------------|--------------------------------------------------|

**Orders**

Admit to Hospice Care of SC via transfer SRMC Hospice House, with a terminal diagnosis of ES Lung Cancer with a life expectancy of 6 months or less to live if disease follows normal course. Faxed order received from SRMC HH on 6-16-12.

|                                                       |                                     |                                                     |
|-------------------------------------------------------|-------------------------------------|-----------------------------------------------------|
| <b>Verbal Order Taken By</b><br>Edwards, Lynn (ledwa) | <b>Order Taken On</b><br>06/16/2012 | <b>Read Back Order to the<br/>Physician?</b><br>Yes |
|-------------------------------------------------------|-------------------------------------|-----------------------------------------------------|

**Related Medications****Related Assignees****Signatures**

1. RN Edwards, ynr(User) signed on **06 16 2012**. Recorded by lynn.edwards on 06/16/2012.
2. Physician Mehta, Sharmila Palmetto ematology Oncology (physician) signed on **06 1 2012**. Recorded by lynn.edwards on 06/25/2012.

**Patient Details for Farr, William 102406**

|                      |  |               |          |
|----------------------|--|---------------|----------|
| <b>Date Of Birth</b> |  | <b>Status</b> | Deceased |
|----------------------|--|---------------|----------|

**General Clinical Chart Details**

|                                     |                         |                                            |                                           |
|-------------------------------------|-------------------------|--------------------------------------------|-------------------------------------------|
| <u>Effective Date</u><br>06/17/2012 | <u>Discipline</u><br>RN | <u>Chart Owner</u><br>Bailey, Beth (bbail) | <u>Created By</u><br>Bailey, Beth (bbail) |
|-------------------------------------|-------------------------|--------------------------------------------|-------------------------------------------|

**Physician Order**

|                                   |                                      |                                                  |
|-----------------------------------|--------------------------------------|--------------------------------------------------|
| <u>Physician</u><br>Wentz, Robert | <u>Nurse</u><br>Bailey, Beth (bbail) | <u>Related to Terminal<br/>Diagnosis?</u><br>Yes |
|-----------------------------------|--------------------------------------|--------------------------------------------------|

Orders

Begin Continuous Care  
Roxanol 1 ml every 2 to 3 hours PO As Needed Pain/SOB (20 MG/ML Solution)

|                                                      |                                     |                                                     |
|------------------------------------------------------|-------------------------------------|-----------------------------------------------------|
| <u>Verbal Order Taken By</u><br>Bailey, Beth (bbail) | <u>Order Taken On</u><br>06/17/2012 | <u>Read Back Order to the<br/>Physician?</u><br>Yes |
|------------------------------------------------------|-------------------------------------|-----------------------------------------------------|

**Related Medications**

**Related Assignees**

**Signatures**

1. Medical Director **Went Robert** (Medical Director) signed on **06 1 2012**. Recorded by lynn.edwards on 08/23/2012.
2. RN **Bailey, Beth** (User) signed on **06 1 2012**. Recorded by beth.bailey on 06/17/2012.

Consolidated Clinical Chart for William Farr 102406 at Office Union

Patient Details for Farr, William 102406

|               |  |        |          |
|---------------|--|--------|----------|
| Date Of Birth |  | Status | Deceased |
|---------------|--|--------|----------|

General Clinical Chart Details

|                               |                  |                                           |                                          |
|-------------------------------|------------------|-------------------------------------------|------------------------------------------|
| Effective Date.<br>06/17/2012 | Discipline<br>RN | Chart Owner<br>Bailey, Beth (beth.bailey) | Created By<br>Bailey, Beth (beth.bailey) |
|-------------------------------|------------------|-------------------------------------------|------------------------------------------|

Physician Order

|                            |                                     |                                          |
|----------------------------|-------------------------------------|------------------------------------------|
| Physician<br>Wentz, Robert | Nurse<br>Bailey, Beth (beth.bailey) | Related to Terminal<br>Diagnosis?<br>Yes |
|----------------------------|-------------------------------------|------------------------------------------|

Orders  
Begin Continuous Care  
Roxanol 1 ml every 2 to 3 hours PO As Needed Pain/SOB (20 MG/ML Solution)

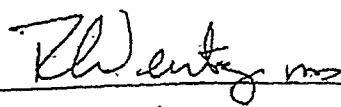
|                                                     |                              |                                             |
|-----------------------------------------------------|------------------------------|---------------------------------------------|
| Verbal Order Taken By<br>Bailey, Beth (beth.bailey) | Order Taken On<br>06/17/2012 | Read Back Order to the<br>Physician?<br>Yes |
|-----------------------------------------------------|------------------------------|---------------------------------------------|

Related Medications

Related Assignees

Signatures

1. RN Bailey, Beth (User) Signed on 06/17/2012. Recorded by beth.bailey on 06/17/2012.

Signature:   
Date: 06/17/12

**Patient Details for Farr, William 102406**

|                      |  |               |          |
|----------------------|--|---------------|----------|
| <u>Date Of Birth</u> |  | <u>Status</u> | Deceased |
|----------------------|--|---------------|----------|

**General Clinical Chart Details**

|                                     |                         |                                            |                                           |
|-------------------------------------|-------------------------|--------------------------------------------|-------------------------------------------|
| <u>Effective Date</u><br>06/18/2012 | <u>Discipline</u><br>RN | <u>Chart Owner</u><br>Bailey, Beth (bbail) | <u>Created By</u><br>Bailey, Beth (bbail) |
|-------------------------------------|-------------------------|--------------------------------------------|-------------------------------------------|

**Physician Order**

|                                   |                                      |                                                  |
|-----------------------------------|--------------------------------------|--------------------------------------------------|
| <u>Physician</u><br>Wentz, Robert | <u>Nurse</u><br>Bailey, Beth (bbail) | <u>Related to Terminal<br/>Diagnosis?</u><br>Yes |
|-----------------------------------|--------------------------------------|--------------------------------------------------|

**Orders**

Atropine 2 - 3 gtts every 3 hours SL As Needed Congestion (1 % Liquid)

|                                                      |                                     |                                                     |
|------------------------------------------------------|-------------------------------------|-----------------------------------------------------|
| <u>Verbal Order Taken By</u><br>Bailey, Beth (bbail) | <u>Order Taken On</u><br>06/18/2012 | <u>Read Back Order to the<br/>Physician?</u><br>Yes |
|------------------------------------------------------|-------------------------------------|-----------------------------------------------------|

**Related Medications**

**Related Assignees**

**Signatures**

1. RN **Bailey, Beth** (User) signed on **06/20/2012**. Recorded by beth.bailey on 06/20/2012.
2. Medical Director **Wentz, Robert** (Medical Director) signed on **06/20/2012**. Recorded by lynn.edwards on 06/25/2012.

Console Clinical Chart for William Farr 102406 at Office Union

Patient Details for Farr, William 102406

|               |  |        |          |
|---------------|--|--------|----------|
| Date Of Birth |  | Status | Deceased |
|---------------|--|--------|----------|

General Clinical Chart Details

Effective Date 06/18/2012 Discipline RN Chart Owner Bailey, Beth (beth.bailey) Created By Bailey, Beth (beth.bailey)

Physician Order

Physician ~~Wentz, Robert~~ Nurse Bailey, Beth (beth.bailey) Related to Terminal Diagnosis? Yes

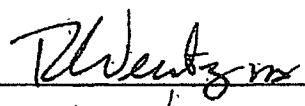
Orders  
Atropine 2 - 3 gts every 3 hours SL As Needed Congestion (1 % Liquid)

Verbal Order Taken By Bailey, Beth (beth.bailey) Order Taken On 06/18/2012 Read Back Order to the Physician? Yes

Related Medications

Signatures

1. RN Bailey, Beth (User) signed on 06/20/2012. Recorded by beth.bailey on 06/20/2012.

Signature:   
Date: 6/20/12



**Patient Details for Farr, William 102406**

|                      |  |               |          |
|----------------------|--|---------------|----------|
| <u>Date Of Birth</u> |  | <u>Status</u> | Deceased |
|----------------------|--|---------------|----------|

**General Clinical Chart Details**

|                                     |                         |                                             |                                            |
|-------------------------------------|-------------------------|---------------------------------------------|--------------------------------------------|
| <u>Effective Date</u><br>06/18/2012 | <u>Discipline</u><br>RN | <u>Chart Owner</u><br>Edwards, Lynn (ledwa) | <u>Created By</u><br>Edwards, Lynn (ledwa) |
|-------------------------------------|-------------------------|---------------------------------------------|--------------------------------------------|

**Physician Order**

|                                   |                                       |                                                  |
|-----------------------------------|---------------------------------------|--------------------------------------------------|
| <u>Physician</u><br>Wentz, Robert | <u>Nurse</u><br>Edwards, Lynn (ledwa) | <u>Related to Terminal<br/>Diagnosis?</u><br>Yes |
|-----------------------------------|---------------------------------------|--------------------------------------------------|

**Orders**

LORazepam 1 - 2 tab every 4 hours PO/SL As Needed for Anxiety (0.5 MG Tablet) dispense #20 no refills.

|                                                       |                                     |                                                     |
|-------------------------------------------------------|-------------------------------------|-----------------------------------------------------|
| <u>Verbal Order Taken By</u><br>Edwards, Lynn (ledwa) | <u>Order Taken On</u><br>06/18/2012 | <u>Read Back Order to the<br/>Physician?</u><br>Yes |
|-------------------------------------------------------|-------------------------------------|-----------------------------------------------------|

**Related Medications**

LORazepam 1 - 2 tab every 4 hours PO As Needed Anxiety (0.5 MG Tablet)

**Related Assignees****Signatures**

1. RN Edwards, ynn(User) signed on 06 1 2012. Recorded by lynn.edwards on 06/18/2012.
2. Medical Director Wentz, Robert(Medical Director) signed on 06 1 2012. Recorded by lynn.edwards on 06/18/2012.

**2-Net**  
Advanced DME Billing System

**Delivery**

|                       |                            |
|-----------------------|----------------------------|
| Patent:               | Earth Williams             |
| Payer:                | Hospice Care of SC (Union) |
| Placed By:            | Beth Bailey                |
| Placed Date:          | 06/18/2012 10:57 AM        |
| Type:                 | Delivery                   |
| Oxygen Prescribed by: |                            |

**EQUIPMENT REQUESTED**

|                           |                                         |
|---------------------------|-----------------------------------------|
| Position:                 |                                         |
| Facility:                 |                                         |
| Items:                    | RESU PUMP, Suction Pump (With Supplies) |
| Other Items/Instructions: |                                         |

**ZNet**  
Advanced DME Management

**Delivery**

|                       |                            |
|-----------------------|----------------------------|
| Patient Name:         | Carri Williams             |
| Payer:                | Hospice Care of SC (Union) |
| Placed By:            | Beth Bailey                |
| Placed Date:          | 06/18/2012 10:57 AM        |
| Type:                 | Delivery                   |
| Oxygen Prescribed by: |                            |

**EQUIPMENT REQUESTED**

|                           |                                         |
|---------------------------|-----------------------------------------|
| Ref #                     |                                         |
| Facility:                 |                                         |
| Items:                    | RESURPUMP, Suction Pump (With Supplies) |
| Other Items/Instructions: |                                         |

Medications for William F. 102406 at Office Union

**Patient Details for Farr, William 102406**

|                          |                                                              |               |          |
|--------------------------|--------------------------------------------------------------|---------------|----------|
| <b>Date Of Birth</b>     | ██████████                                                   | <b>Status</b> | Deceased |
| <b>Allergies</b>         | NKDA                                                         |               |          |
| <b>Current Indicator</b> | 162.9 - Malignant neoplasm of bronchus and lung, unspecified |               |          |

**Atropine [ 1 % ] - Covered**

|                   |            |                    |                                                      |
|-------------------|------------|--------------------|------------------------------------------------------|
| <b>Order Date</b> | 06/18/2012 | <b>Ordering MD</b> | Wentz, Robert                                        |
| <b>Admin By</b>   | Family     | <b>Directions</b>  | 2 - 3 gtts every 3 hours As Needed Congestion (1 % ) |
| <b>Change</b>     | Added      | <b>Added Date</b>  | 06/20/2012                                           |

**Avelox [ 400 MG ] PO Tablet - Not Covered**

|                   |            |                     |                                               |
|-------------------|------------|---------------------|-----------------------------------------------|
| <b>Order Date</b> | 06/16/2012 | <b>Ordering MD</b>  | Mehta, Sharmila: Palmetto Hematology Oncology |
| <b>Admin By</b>   | Family     | <b>Directions</b>   | 1 - 1 tab 1 times a day PO (400 MG Tablet)    |
| <b>Change</b>     | Updated    | <b>Updated Date</b> | 06/16/2012                                    |

**Beclomethasone Dipropionate [ 42 mcg/dose ] IN Aerosol, Solution - Covered**

|                         |                           |                    |                                                                |
|-------------------------|---------------------------|--------------------|----------------------------------------------------------------|
| <b>Order Date</b>       | 06/16/2012                | <b>Ordering MD</b> | Mehta, Sharmila: Palmetto Hematology Oncology                  |
| <b>Admin By</b>         | Family                    | <b>Directions</b>  | 2 - 2 puff(s) every 4 hours IN (42 mcg/dose Aerosol, Solution) |
| <b>Change</b>           | Added                     | <b>Added Date</b>  | 06/16/2012                                                     |
| <b>Additional Notes</b> | Every 4 hours while AWAKE |                    |                                                                |

**Citalopram Hydrobromide [ 20 MG ] PO Tablet - Covered**

|                   |            |                    |                                               |
|-------------------|------------|--------------------|-----------------------------------------------|
| <b>Order Date</b> | 06/16/2012 | <b>Ordering MD</b> | Mehta, Sharmila: Palmetto Hematology Oncology |
| <b>Admin By</b>   | Family     | <b>Directions</b>  | 1 - 1 tab 1 times a day PO (20 MG Tablet)     |
| <b>Change</b>     | Added      | <b>Added Date</b>  | 06/16/2012                                    |

**Combivent [ 103 MCG/ACT; 18 MCG/ACT ] IN - Covered**

|                         |                         |                    |                                                  |
|-------------------------|-------------------------|--------------------|--------------------------------------------------|
| <b>Order Date</b>       | 06/16/2012              | <b>Ordering MD</b> | Mehta, Sharmila: Palmetto Hematology Oncology    |
| <b>Admin By</b>         | Family                  | <b>Directions</b>  | 2 - 2 puff(s) every 4 hours IN (103;18 MCG/ACT ) |
| <b>Change</b>           | Added                   | <b>Added Date</b>  | 06/16/2012                                       |
| <b>Additional Notes</b> | Every 4 hrs while awake |                    |                                                  |

**Diazepam [ 5 MG ] PO Tablet - Covered**

|            |            |             |                                               |
|------------|------------|-------------|-----------------------------------------------|
| Order Date | 06/16/2012 | Ordering MD | Mehta, Sharmila: Palmetto Hematology Oncology |
| Admin By   | Family     | Directions  | 0.5 - 0.5 tab every 12 hours PO (5 MG Tablet) |
| Change     | Added      | Added Date  | 06/16/2012                                    |

**Lorazepam [ 0.5 mg ] - Covered**

|                  |                           |              |                                                              |
|------------------|---------------------------|--------------|--------------------------------------------------------------|
| Order Date       | 06/16/2012                | Ordering MD  | Mehta, Sharmila: Palmetto Hematology Oncology                |
| Admin By         | Family                    | Directions   | 0.5 - 1 mg every 2 hours As Needed Anxiety/Dyspnea (0.5 mg ) |
| Change           | Updated                   | Updated Date | 06/16/2012                                                   |
| Additional Notes | *****0.25ml to 0.5ml***** |              |                                                              |

**LORazepam [ 0.5 MG ] PO Tablet - Covered**

|            |            |              |                                                              |
|------------|------------|--------------|--------------------------------------------------------------|
| Order Date | 06/16/2012 | Ordering MD  | Mehta, Sharmila: Palmetto Hematology Oncology                |
| Admin By   | Family     | Directions   | 1 - 2 tab every 4 hours PO As Needed Anxiety (0.5 MG Tablet) |
| Change     | Updated    | Updated Date | 06/18/2012                                                   |

**Morphine Sulfate [ 4 mg/ml ] IV Solution - Covered**

|            |            |             |                                                           |
|------------|------------|-------------|-----------------------------------------------------------|
| Order Date | 06/16/2012 | Ordering MD | Mehta, Sharmila: Palmetto Hematology Oncology             |
| Admin By   | Family     | Directions  | 2 - 4 mg every 30 minutes IV As Needed (4 mg/ml Solution) |
| Change     | Added      | Added Date  | 06/16/2012                                                |

**Mucinex [ 600 MG ] PO Tablet Extended Release 12 Hour - Not Covered**

|            |            |             |                                                                      |
|------------|------------|-------------|----------------------------------------------------------------------|
| Order Date | 06/16/2012 | Ordering MD | Mehta, Sharmila: Palmetto Hematology Oncology                        |
| Admin By   | Family     | Directions  | 1 - 1 tab every 12 hours PO (600 MG Tablet Extended Release 12 Hour) |
| Change     | Added      | Added Date  | 06/16/2012                                                           |

**Nicotine [ 21 MG/24HR ] TD Patch 24 Hours - Not Covered**

|            |            |             |                                                          |
|------------|------------|-------------|----------------------------------------------------------|
| Order Date | 06/16/2012 | Ordering MD | Mehta, Sharmila: Palmetto Hematology Oncology            |
| Admin By   | Family     | Directions  | 1 - 1 patch 1 times a day TD (21 MG/24HR Patch 24 Hours) |
| Change     | Added      | Added Date  | 06/16/2012                                               |

**Oxycodone [ 5 mg ] PO/SL Tablet - Covered**

|                   |            |                    |                                                                |
|-------------------|------------|--------------------|----------------------------------------------------------------|
| <b>Order Date</b> | 06/16/2012 | <b>Ordering MD</b> | Mehta, Sharmila: Palmetto Hematology Oncology                  |
| <b>Admin By</b>   | Family     | <b>Directions</b>  | 1 - 2 tab every 1 hours PO/SL As Needed Pain/SOB (5 mg Tablet) |
| <b>Change</b>     | Added      | <b>Added Date</b>  | 06/16/2012                                                     |

**OxyCONTIN [ 10 MG ] PO Tablet Extended Release 12 Hour - Covered**

|                   |            |                    |                                                                     |
|-------------------|------------|--------------------|---------------------------------------------------------------------|
| <b>Order Date</b> | 06/16/2012 | <b>Ordering MD</b> | Mehta, Sharmila: Palmetto Hematology Oncology                       |
| <b>Admin By</b>   | Family     | <b>Directions</b>  | 1 - 1 tab every 12 hours PO (10 MG Tablet Extended Release 12 Hour) |
| <b>Change</b>     | Added      | <b>Added Date</b>  | 06/16/2012                                                          |

**PredniSONE [ 20 MG ] PO Tablet - Covered**

|                   |            |                    |                                               |
|-------------------|------------|--------------------|-----------------------------------------------|
| <b>Order Date</b> | 06/16/2012 | <b>Ordering MD</b> | Mehta, Sharmila: Palmetto Hematology Oncology |
| <b>Admin By</b>   | Family     | <b>Directions</b>  | 2 - 2 tab 1 times a day PO (20 MG Tablet)     |
| <b>Change</b>     | Added      | <b>Added Date</b>  | 06/16/2012                                    |

**Protonix [ 40 MG ] PO Tablet Delayed Release - Covered**

|                         |              |                     |                                                           |
|-------------------------|--------------|---------------------|-----------------------------------------------------------|
| <b>Order Date</b>       | 06/16/2012   | <b>Ordering MD</b>  | Mehta, Sharmila: Palmetto Hematology Oncology             |
| <b>Admin By</b>         | Family       | <b>Directions</b>   | 1 - 1 tab 1 times a day PO (40 MG Tablet Delayed Release) |
| <b>Change</b>           | Updated      | <b>Updated Date</b> | 06/16/2012                                                |
| <b>Additional Notes</b> | DO NOT CRUSH |                     |                                                           |

**Proventil HFA [ 108 (90 Base) MCG/ACT ] IN Aerosol, Solution - Covered**

|                   |            |                     |                                                                                    |
|-------------------|------------|---------------------|------------------------------------------------------------------------------------|
| <b>Order Date</b> | 06/16/2012 | <b>Ordering MD</b>  | Mehta, Sharmila: Palmetto Hematology Oncology                                      |
| <b>Admin By</b>   | Family     | <b>Directions</b>   | 2 puff(s) every 2 hours IN As Needed SOB (108 (90 Base) MCG/ACT Aerosol, Solution) |
| <b>Change</b>     | Updated    | <b>Updated Date</b> | 06/16/2012                                                                         |

**Roxanol [ 20 MG/ML ] PO Solution - Covered**

|                         |               |                     |                                                              |
|-------------------------|---------------|---------------------|--------------------------------------------------------------|
| <b>Order Date</b>       | 06/17/2012    | <b>Ordering MD</b>  | Wentz, Robert                                                |
| <b>Admin By</b>         | Family        | <b>Directions</b>   | 1 ml every 1 hours PO As Needed Pain/SOB (20 MG/ML Solution) |
| <b>Change</b>           | Updated       | <b>Updated Date</b> | 06/18/2012                                                   |
| <b>Additional Notes</b> | Every 1-2 hrs |                     |                                                              |

Medications for William F. 102406 at Office Union

**Senokot S [ 8.6 MG; 50 MG ] PO Tablet - Covered**

|                   |            |                    |                                               |
|-------------------|------------|--------------------|-----------------------------------------------|
| <b>Order Date</b> | 06/16/2012 | <b>Ordering MD</b> | Mehta, Sharmila: Palmetto Hematology Oncology |
| <b>Admin By</b>   | Family     | <b>Directions</b>  | 2 tab 1 times a day PO (8.6;50 MG Tablet)     |
| <b>Change</b>     | Added      | <b>Added Date</b>  | 06/16/2012                                    |

**Singulair [ 10 MG ] PO Tablet - Not Covered**

|                   |            |                    |                                               |
|-------------------|------------|--------------------|-----------------------------------------------|
| <b>Order Date</b> | 06/16/2012 | <b>Ordering MD</b> | Mehta, Sharmila: Palmetto Hematology Oncology |
| <b>Admin By</b>   | Family     | <b>Directions</b>  | 1 - 1 tab 1 times a day PO (10 MG Tablet)     |
| <b>Change</b>     | Added      | <b>Added Date</b>  | 06/16/2012                                    |

**Theophylline [ 300 MG ] PO Capsule Extended Release 24 Hour - Covered**

|                   |            |                    |                                                                         |
|-------------------|------------|--------------------|-------------------------------------------------------------------------|
| <b>Order Date</b> | 06/16/2012 | <b>Ordering MD</b> | Mehta, Sharmila: Palmetto Hematology Oncology                           |
| <b>Admin By</b>   | Family     | <b>Directions</b>  | 1 - 1 cap(s) 1 times a day PO (300 MG Capsule Extended Release 24 Hour) |
| <b>Change</b>     | Added      | <b>Added Date</b>  | 06/16/2012                                                              |

I have reviewed the medications to identify any potential adverse effects and drug reactions including ineffective drug therapy, significant side effects, significant drug interactions, significant drug and food interactions, duplicate drug therapy, and non-compliance.

---

RPH signature

Plan Of Care for William F. 102406 at Office Union

**Patient Details for Farr, William 102406**

|                                 |                        |
|---------------------------------|------------------------|
| <b>Date Of Birth</b> [REDACTED] | <b>Status</b> Deceased |
|---------------------------------|------------------------|

**Plan Of Care dated 06/19/2012 for William Farr**

| <b>Name</b>            | <b>Status</b> | <b>Category</b> | <b>Expected Outcome</b> |
|------------------------|---------------|-----------------|-------------------------|
| Admission Plan of Care | COMPL         | ADMISSION       |                         |

- **Assess Dietary needs, obtain orders and make referrals as necessary**
  - 06/16/2012 - 06/19/2012
  - assessed by Beth Bailey RN
- **Assess for Immediate Global Needs**
  - 06/16/2012 - 06/19/2012
  - assessed by Beth Bailey RN
- **Assess for Knowledge Deficit and provide needed education to Pt/Family/CG**
  - 06/16/2012 - 06/19/2012
  - assessed by Beth Bailey RN
- **Assess for Pain/symptoms and intervene as necessary to bring to level of patient comfort**
  - 06/16/2012 - 06/19/2012
  - assessed by Beth Bailey RN
- **Assess Immediate Psychosocial/Spiritual Needs - access Social Work support at time of admission**
  - 06/16/2012 - 06/19/2012
  - cooke/burnett
- **Assign Chaplain services as necessary for Spiritual needs Identified on initial assessment**
  - 06/16/2012 - 06/19/2012
  - Wayne Cooke
- **Assign Hospice Aide service to provide for Personal Care needs**
  - 06/16/2012 - 06/19/2012
  - Jamie Bumgarner
- **Assign RN Case Manager to assess Scope of Service and oversee ongoing patient care needs**
  - 06/16/2012 - 06/19/2012
  - Pam Phipps, RN
- **Assign Social Work to assess for ongoing psychosocial/bereavement/volunteer needs**
  - 06/16/2012 - 06/19/2012
  - Sherry Burnett
- **Collaborate with Attending Physician for Admission orders and obtain Authorization**
  - 06/16/2012 - 06/19/2012
  - Mehta, Sharmila faxed authorization from SRMC Hospice House
- **Collaborate with Hospice Medical Director as necessary for support, Admission orders and obtain Authorization**
  - 06/16/2012 - 06/19/2012
  - R Wentz
- **Collaborate with Interdisciplinary Hospice Team for Team Agreement**
  - 06/16/2012 - 06/19/2012
  - PRN and at IDG
- **Collaborate with Referral Source/Facility/Institution**
  - 06/16/2012 - 06/19/2012
  - faxed records received from SRMCHH
- **Obtain DME/Supplies as needed for patient support**
  - 06/16/2012 - 06/19/2012
  - Allcare
- **Obtain Medication and Treatment Orders - institute immediately**
  - 06/16/2012 - 06/19/2012
  - covered via Hospiscript



## Plan Of Care for William F. 102406 at Office Union

| Name                             | Status | Category | Expected Outcome |
|----------------------------------|--------|----------|------------------|
| Alteration in Pulmonary Function | COMPL  | NURSE    |                  |

- **Adjust temperature and humidity as appropriate**
  - 06/16/2012 - 06/19/2012
  - assessed by Beth Bailey RN education provided
- **Assess for anxiety. Contact MD for possible benzodiazepines as appropriate**
  - 06/16/2012 - 06/19/2012
  - assessed by Beth Bailey RN
- **Assess patient's respiratory status at each visit and prn**
  - 06/16/2012 - 06/19/2012
  - assessed by Beth Bailey RN
- **Discuss use of opioids to relieve dyspnea. Obtain MD order and administer as prescribed**
  - 06/16/2012 - 06/19/2012
  - assessed by Beth Bailey RN education provided by BB,RN and Lynn Edwards, RN
- **Evaluate possible cause of dyspnea (COPD exacerbation, thick secretions, anxiety, infection, etc)**
  - 06/16/2012 - 06/19/2012
  - assessed by Beth Bailey RN education provided by BB,RN and Lynn Edwards, RN
- **If currently on opioids, evaluate effectiveness. Notify MD for changes and titrate as ordered**
  - 06/16/2012 - 06/19/2012
  - assessed by Beth Bailey RN education provided by BB,RN and Lynn Edwards, RN
- **O2 as appropriate. Teach PCG appropriate use and when oxygen may be ineffective as disease progresses**
  - 06/16/2012 - 06/19/2012
  - assessed by Beth Bailey RN education provided by BB,RN and Lynn Edwards, RN
- **Provide a draft (use of fans, open window, etc)**
  - 06/16/2012 - 06/19/2012
  - assessed by Beth Bailey RN education provided by BB,RN
- **Reposition for maximum comfort, encourage relaxation techniques**
  - 06/16/2012 - 06/19/2012
  - assessed by & education provided by Lynn Edwards, RN
- **Teach energy conservation techniques to maintain comfort (raise HOB, rest periods during activity, positioning to facilitate air exchange)**
  - 06/16/2012 - 06/19/2012
  - assessed by Beth Bailey RN education provided
- **Teach patient and PCG to call hospice for change in status**
  - 06/16/2012 - 06/19/2012
  - assessed by Beth Bailey RN education provided by BB,RN and Lynn Edwards, RN
- **Teach patient and PCG to elevate HOB as needed to achieve maximum comfort**
  - 06/16/2012 - 06/19/2012
  - assessed by Beth Bailey RN education provided Lynn Edwards, RN

| Name                       | Status | Category     | Expected Outcome                                                                                                                    |
|----------------------------|--------|--------------|-------------------------------------------------------------------------------------------------------------------------------------|
| Coordination of Care Needs | COMPL  | SOCIALWORKER | reviewed 6-19-12 : Collaboration and continuity of care will be maintained as appropriate to the patient/family psychosocial needs. |

- **Assess for family/caregiver emotional concerns and psychosocial needs.**
  - 06/17/2012 - 06/19/2012
  -
- **Assess for patient emotional concerns and psychosocial needs.**
  - 06/17/2012 - 06/19/2012
  -
- **Continue communication and collaboration with disciplines providing care to the patient and addressing needs of patient/family**
  - 06/17/2012 - 06/19/2012
  -

## Plan Of Care for William F. 102406 at Office Union

| Name                       | Status | Category | Expected Outcome                                                                                                                     |
|----------------------------|--------|----------|--------------------------------------------------------------------------------------------------------------------------------------|
| Coordination of Care Needs | COMPL  | CHAPLAIN | Reviewed on 06/19/2012 Collaboration and continuity of care will be maintained as appropriate to the patient/family spiritual needs. |

- **Assess for family/caregiver emotional concerns and spiritual needs.**
  - 06/17/2012 - 06/19/2012
  -
- **Assess for patient emotional concerns and spiritual needs.**
  - 06/17/2012 - 06/19/2012
  -
- **Continue communication and collaboration with disciplines providing care to the patient and addressing needs of patient/family**
  - 06/17/2012 - 06/19/2012
  -

| Name                          | Status | Category     | Expected Outcome                                                                              |
|-------------------------------|--------|--------------|-----------------------------------------------------------------------------------------------|
| Difficulty with Grief Process | COMPL  | SOCIALWORKER | Reviewed 6-19-12: Patient and Family will be able to demonstrate uncomplicated grief process. |

- **Alert bereavement staff to special needs of patient/ family**
  - 06/18/2012 - 06/19/2012
  -
- **Assess family dynamics and how they relate to grief process**
  - 06/18/2012 - 06/19/2012
  -
- **Assess family for anticipatory grief abilities; provide education on anticipatory grief**
  - 06/18/2012 - 06/19/2012
  -
- **Assess for suicide potential/ ideation**
  - 06/18/2012 - 06/19/2012
  -
- **Encourage and assist patient in life review and preparatory grief**
  - 06/18/2012 - 06/19/2012
  -
- **Explore past losses and coping style**
  - 06/18/2012 - 06/19/2012
  -
- **Other Interventions.**
  - 06/18/2012 - 06/18/2012
  - Gone from my sight book given to family

## Plan Of Care for William F. 102406 at Office Union

| Name          | Status | Category | Expected Outcome |
|---------------|--------|----------|------------------|
| Dying Process | COMPL  | NURSE    |                  |

- **Assess environment to facilitate peace and dignity**
  - 06/16/2012 - 06/19/2012
  - assessed and appropriate
- **Assess family coping needs**
  - 06/16/2012 - 06/19/2012
  - assessed and needs identified...education provided and on going
- **Assess patient's status(physical, psychosocial, emotional, and spiritual needs)**
  - 06/16/2012 - 06/19/2012
  - assessed
- **Assist with completion of funeral arrangements when appropriate**
  - 06/17/2012 - 06/19/2012
  - Initiate discussion when appropriate
- **Communicate signs of impending death and dying. Communicate when changes occur during transition**
  - 06/17/2012 - 06/19/2012
  - Education provided and reinforced
- **Inform physician of patient status as warranted**
  - 06/17/2012 - 06/19/2012
  - MD contacted PCP is out of town
- **Initiate Crisis Care if appropriate**
  - 06/17/2012 - 06/19/2012
  - CC started @ 5:30am
- **Instruct family in patient comfort measures**
  - 06/17/2012 - 06/19/2012
  - Education provided and reinforced
- **Notify appropriate team members**
  - 06/17/2012 - 06/19/2012
  - done
- **Provide emotional support**
  - 06/17/2012 - 06/19/2012
  - emotional and spiritual support provided
- **Provide family with additional support and resources as needed**
  - 06/16/2012 - 06/19/2012
  - Education provided
- **Reinforce education from material(Patient and Family Guide, Gone from My Sight, etc.)**
  - 06/16/2012 - 06/19/2012
  - Sherry Burnett to take Gone From My Sight at initial visit
- **Teach family what to expect at time of death. Assess family roles and willingness to participate in care**
  - 06/16/2012 - 06/19/2012
  - education provided by Lynn Edwards, RN and Beth Bailey, RN

| Name        | Status | Category | Expected Outcome |
|-------------|--------|----------|------------------|
| Elimination | COMPL  | NURSE    |                  |

- **Assess current bowel and bladder pattern**
  - 06/16/2012 - 06/19/2012
  - assessed pt has colostomy
- **Assess for effective bowel regimen with stool softener and laxative of choice. Contact MD for orders as needed**
  - 06/16/2012 - 06/19/2012
  - stool softener in place
- **Provide Privacy**
  - 06/16/2012 - 06/19/2012
  -

## Plan Of Care for William F. 102406 at Office Union

| Name                | Status | Category | Expected Outcome |
|---------------------|--------|----------|------------------|
| Nutrition/Hydration | COMPL  | NURSE    |                  |

- **Assess BMI, MAC as appropriate for recertification. Evaluate trends**
  - 06/16/2012 - 06/19/2012
  - assessed by beth bailey
- **Assess for increased confusion, and/or change in mental status**
  - 06/16/2012 - 06/19/2012
  - assessed by beth bailey
- **Educate PCG in the effects of disease process on metabolism and appetite**
  - 06/16/2012 - 06/19/2012
  - assessed by and education provided by beth bailey
- **Instruct PCG in oral hygiene**
  - 06/16/2012 - 06/19/2012
  - assessed by beth bailey

| Name                                 | Status | Category | Expected Outcome |
|--------------------------------------|--------|----------|------------------|
| Patient Activity Mobility and Safety | COMPL  | NURSE    |                  |

- **Assess ADL needs encouraging optimal mobility and assist as needed**
  - 06/16/2012 - 06/19/2012
  - assessed by beth bailey activity adlib
- **Instruct PCG in physical care of the immobilized patient including transfer, ambulation, smoking, safety lighting, etc**
  - 06/16/2012 - 06/19/2012
  - assessed by beth bailey education provided including no smoking with O2 in use
- **PCG will be instructed in home safety, O2 usage, emergency planning, and safety**
  - 06/16/2012 - 06/19/2012
  - education provided by Lynn Edwards, RN and Allcare Rep
- **Place communication device(s), remotes, phone, snacks, needed items within arms reach**
  - 06/16/2012 - 06/19/2012
  - within reach on overbed table

| Name                        | Status | Category | Expected Outcome |
|-----------------------------|--------|----------|------------------|
| Physical Comfort Alteration | COMPL  | NURSE    |                  |

- **Assess for effects of unrelieved pain**
  - 06/16/2012 - 06/19/2012
  - assessed by beth bailey pt able to vocalize pain level
- **Assess pain(level, duration, quality, contributory/alleviating factors, and effects) at each visit and prn**
  - 06/16/2012 - 06/19/2012
  - pt states pain <5 is tolerable
- **Educate caregivers and facility staff on principles of pain management**
  - 06/16/2012 - 06/19/2012
  - extensive education provided by Beth Bailey, RN and Lynn Edwards, RN
- **Educate caregivers and facility staff to notify hospice nurse of changes in patient's pain management**
  - 06/16/2012 - 06/19/2012
  - extensive education provided by Beth Bailey, RN and Lynn Edwards, RN
- **Instruct caregivers and facility staff in comfort measures - i.e., massage, bathing, positioning, soft music**
  - 06/16/2012 - 06/19/2012
  - extensive education provided by Beth Bailey, RN and Lynn Edwards, RN
- **Utilize a numeric pain scale (0-10) consistently. If unable to communicate, utilize the FLACC scale**
  - 06/16/2012 - 06/19/2012
  - pt A&O x 3 and able to communicate level of pain

Plan Of Care for William F. 102406 at Office Union

| Name           | Status | Category | Expected Outcome |
|----------------|--------|----------|------------------|
| Skin Integrity | COMPL  | NURSE    |                  |

- **Assess skin integrity and effectiveness of skin care each visit**
  - 06/16/2012 - 06/19/2012
  - assessed by beth bailey, rn
- **Evaluate effectiveness of interventions and discuss at IDG. Re-evaluate goals of care as needed**
  - 06/16/2012 - 06/19/2012
  - prn
- **Instruct patient/caregiver in turning and repositioning every two (2) hours**
  - 06/16/2012 - 06/19/2012
  - pt/pcg educated

| Name                                                                                     | Status | Category | Expected Outcome                                                               |
|------------------------------------------------------------------------------------------|--------|----------|--------------------------------------------------------------------------------|
| Spiritual Issues related to Acceptance of Death, and Utilization of Spiritual Resources. | COMPL  | CHAPLAIN | Reviewed on 06/19/2012 Patient and family will have their Spiritual needs met. |

- **Pray with patient**
  - 06/19/2012 - 06/19/2012
  -

## Plan Of Care for William F. 102406 at Office Union

| Name             | Status | Category  | Expected Outcome |
|------------------|--------|-----------|------------------|
| Terminal Illness | COMPL  | ADMISSION |                  |

- **24-hour availability**
  - 06/16/2012 - 06/19/2012
  - assessed and education provided
- **Admit to hospice on Routine level of care**
  - 06/16/2012 - 06/19/2012
  - transferred from SRMC HH
- **Arrange for equipment as needed/accepted. Specify**\_\_\_\_\_
  - 06/16/2012 - 06/19/2012
  - See DME list in CTI
- **Arrange for Hospice Aide as needed/accepted**
  - 06/16/2012 - 06/19/2012
  - Jamie Bumgarner
- **Assess patient/family/PCG ability to administer medications**
  - 06/16/2012 - 06/19/2012
  - extensive education provided by Beth Bailey, RN and Lynn Edwards, RN
- **Assess patient/family/PCG ability to deliver care**
  - 06/16/2012 - 06/19/2012
  - extensive education provided by Beth Bailey, RN and Lynn Edwards, RN
- **Assess patient/family/PCG understanding of the disease process and care requirements**
  - 06/16/2012 - 06/19/2012
  - extensive education provided by Beth Bailey, RN and Lynn Edwards, RN
- **Case Manager to manage/coordinate care**
  - 06/16/2012 - 06/19/2012
  - pam phipps
- **Generic drug equivalents many be used**
  - 06/16/2012 - 06/19/2012
  -
- **Instruct patient/family/PCG regarding medication and treatment regimen**
  - 06/16/2012 - 06/19/2012
  - extensive education provided by Beth Bailey, RN and Lynn Edwards, RN
- **Involve patient/family/PCG in developing plan of care**
  - 06/16/2012 - 06/19/2012
  - IDG invitation provided and encouraged
- **No labs without hospice authorization**
  - 06/16/2012 - 06/19/2012
  - education provided
- **Notify hospice of any changes in condition**
  - 06/16/2012 - 06/19/2012
  - extensive education provided by Beth Bailey, RN and Lynn Edwards, RN
- **Notify Primary MD of patient's admission to hospice. Specify**\_\_\_\_\_
  - 06/16/2012 - 06/19/2012
  - Sharmila Metha

Union  
Care Level Changes



Mr, William  
 Name: Hot Shot  
 N: 102406  
 Date Of Care: 06/16/2012  
 Date Of Death: 06/19/2012  
 Status: Deceased  
 Diagnosis: 162.9 - Malignant neoplasm of bronchus and lung, unspecified  
 Arch:

Copy

| Destroy                             | Description                      | Effective Date | Level Of Care | Medical Record Number | Office | Location | County    | Notes/Reason                                                        | Status | RN Initiating Continuous Care                                                                                             |
|-------------------------------------|----------------------------------|----------------|---------------|-----------------------|--------|----------|-----------|---------------------------------------------------------------------|--------|---------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> | <u>Discharge - Due to Death</u>  | 06/19/2012     | CONT          | 102406                | Union  | Home     | Union, SC | TOD 1615 see uploaded CC noted for details                          | COMPL  |                                                                                                                           |
| <input type="checkbox"/>            | <u>Change to Continuous Care</u> | 06/17/2012     | CONT          | 102406                | Union  | Home     | Union, SC |                                                                     | COMPL  | Decrease in BP Increased dyspnea that is non-responsive to oxygen a terminal agitation noted--recorded by Beth Bailey, RN |
| <input type="checkbox"/>            | <u>New Admission</u>             | 06/16/2012     | ROUTINE       | 102406                | Union  | Home     | Union, SC | Pt transferred from SRMC HH per patient/family request to his home. | COMPL  |                                                                                                                           |

Showing 1 to 3 of 3 entries

[← Previous](#)

1

[Next →](#)

**Patient Details for Farr, William 102406**

|                      |  |               |          |
|----------------------|--|---------------|----------|
| <b>Date Of Birth</b> |  | <b>Status</b> | Deceased |
|----------------------|--|---------------|----------|

**General Clinical Chart Details**

**Effective Date**  
06/16/2012

**Discipline**  
RN

**Chart Owner**  
Bailey, Beth (bbail)

**Created By**  
Bailey, Beth (bbail)

**Visit Note**

**Time Of Event**  
2045

**Visit Note Visit Type**  
Home \*

**Note**

Visit made to assist and educate CG with administering Morphine push for first time d/t anxiety. Curtis was able to administer it using proper technique and timing, taking 1minute to push morphine 2mg/1mL of morphine. He was able to flush properly and lock clamp back. Family was more at ease after this. Supplies taken for bed bath. Pt tolerated well and had relief of severe dyspnea after 5 minutes of dosing.

Once again family, pt, and CG were educated to call NURSE ON CALL with any questions or in an emergency and were able to verbalize understanding.

**Signatures**

1. RN **Bailey, Beth** (User) signed on 06 1 2012. Recorded by beth.bailey on 06/17/2012.



**Patient Details for Farr, William 102406**

|                      |  |               |          |
|----------------------|--|---------------|----------|
| <b>Date Of Birth</b> |  | <b>Status</b> | Deceased |
|----------------------|--|---------------|----------|

**General Clinical Chart Details**

**Effective Date**  
06/17/2012

**Discipline**  
Hospice Aide

**Chart Owner**  
Varner, Dawn (dvarn)

**Created By**  
Varner, Dawn (dvarn)

**Hospice Aide Visit****Hospice Aide Assignment**

Assignment dated  
06/16/2012 requested  
by Edwards, Lynn for  
Aide Bumgarner,  
Jamie

**Visit Notes**

Pt was in bed when I arrived alert but resting on & off had not slept much and was very tired. Doing cont. care visit with pt. He stayed alert during my visit he sipped a few drinks of coffee and wanted a cold rag on his head. His O2 was 85% and he was not in pain during my visit nurse had given him pain med right before I arrived. Pt's sister came and wanted pt to eat and he did eat a 1/2 devil egg and sm piece of ham, and sm piece of pie. Drank about 4oz gatorade and 2oz of water. Pt was tired after eating and wanted to rest he was sleeping when nurse arrived.

**Instructions****Hospice Aide Tasks****Activated Tasks****Activity**

Ambulation [Yes] , Assist with R.O.M./Exercise [Yes] (not needed), Reposition/Turn Every 2 Hours [Yes] , Up In Chair [Yes] (not needed)

**Additional Care**

Homemaking Activities [Yes] , TPR, BP [Yes] (O2 85%)

**Dietary**

Assist with Meal [Yes] , Diet [Yes] , Encourage Fluids [Yes] (4oz gatorade, 2oz water, 1oz coffee), Feed [Yes] , Food Preparation [Yes]

**Elimination**

Bathroom with Assistance [Yes] , Check Daily Bowel Movement [Yes]

**Personal Care**

Assist Bed Bath [Yes] , Assist with Getting Dressed [Yes] , Brush Hair [Yes] , Complete Bed Bath [Yes] , Denture Care [Yes] , Draw Sheet [Yes] , Linen Change [Yes] , Nail Care [Yes] , Oral Hygiene [Yes] , Shave [Yes] , Shower [Yes] , Skin Care [Yes]

**Signatures**

1. Hospice Aide **Varner, Dawn** (User) signed on **06/22/2012**. Recorded by dawn.varner on 06/22/2012.

**Patient Details for Farr, William 102406**

|                      |  |               |          |
|----------------------|--|---------------|----------|
| <b>Date Of Birth</b> |  | <b>Status</b> | Deceased |
|----------------------|--|---------------|----------|

**General Clinical Chart Details**

**Effective Date**  
06/17/2012

**Discipline**  
RN

**Chart Owner**  
Bailey, Beth (bbail)

**Created By**  
Bailey, Beth (bbail)

**Visit Note**

**Time Of Event**  
0045

**Visit Note Visit Type**  
Home \*

**Note**

Visit made d/t call received from pts daughter c/o pt not being able to breathe, even after PRN medication administered. Upon arrival pt was sitting up on the side of the bed having a very difficult time breathing. CG did not give morphine push, I educated the CG to administer it and watched. Post 5 minutes morphine pt was then placed on the side of the bed leaning over on his over bed table to help with his breathing O2 sats at this time came up from 74% on 16L via NC to 78%. After about 15 minutes pt began to have another spell of very severe dyspnea. At this time CG was questioned and had not given PRN Ativan and was educated to give it SL d/t pt not being able to swallow while having severe dyspnea. Pt reported feeling better 8 minutes post Ativan. At this time pt wanted to lay back in the bed and began c/o pain in his L lower chest. CG at this time gave PRN Oxycontin IR 2 tabs. Pt reported feeling relief after 10 minutes massage and distraction was provided during this time. Pt O2 sat increased to 80%. I sat and comforted pt until family was comfortable with caring for pt and felt crisis was over.

**Signatures**

1. RN **Bailey, Beth** (User) signed on **06 1 2012**. Recorded by beth.bailey on 06/17/2012.

Consolo RN Clinical Chart by Bailey, Beth Dated 06/17/2012 (9828030)

**Patient Details for Farr, William 102406**

|                      |  |               |          |
|----------------------|--|---------------|----------|
| <u>Date Of Birth</u> |  | <u>Status</u> | Deceased |
|----------------------|--|---------------|----------|

**General Clinical Chart Details**

|                                     |                         |                                            |                                           |
|-------------------------------------|-------------------------|--------------------------------------------|-------------------------------------------|
| <u>Effective Date</u><br>06/17/2012 | <u>Discipline</u><br>RN | <u>Chart Owner</u><br>Bailey, Beth (bbail) | <u>Created By</u><br>Bailey, Beth (bbail) |
|-------------------------------------|-------------------------|--------------------------------------------|-------------------------------------------|

**Visit Note**

|                              |                           |                                        |
|------------------------------|---------------------------|----------------------------------------|
| <u>Time Of Event</u><br>0530 | <u>Call Report</u><br>Yes | <u>Visit Note Visit Type</u><br>Home * |
|------------------------------|---------------------------|----------------------------------------|

**Note**

Crisis Care initiated see hand written notes for further details

**Signatures**

1. RN **Bailey, Beth** (User) signed on **06/17/2012**. Recorded by beth.bailey on 06/17/2012.



HOSPICE CARE  
OF SOUTH CAROLINA

## CRISIS CARE ASSESSMENT TOOL

PATIENT NAME: William Farr MEDICAL RECORD #: 102406 COUNTY: Union

Although we cannot predict exactly when a person may die, there are many signs that death may occur within the next few days.

### PHYSICAL SYMPTOMS OF AN ACUTE CHANGE IN LEVEL OF CARE

- ☐ Confusion, disorientation, delirium, seizures
- ☒ Pronounced weakness and fatigue
- ☐ Increased drowsiness, sleeping and responsiveness
- ☒ Decreased oral intake
- ☐ Decreased or lack of swallow reflex
- ☐ Surges of energy
- ☒ Restlessness and/or terminal agitation
- ☐ Fever
- ☐ Change in bowel elimination including constipation or diarrhea
- ☒ Incontinence or urinary retention
- ☒ Increase in level of pain per policy on the 1-10 HCSC pain scale Dyspnea
- ☐ Emotional problems such as suicidal ideation, caregiver system breakdown

### UNIVERSAL SIGNS OF IMMINENT DEATH

- ☒ Decreased urine output
- ☐ Cold and/or mottled extremities
- ☒ Vital sign changes (10-20mm/HG higher or lower than baseline)
- ☒ Respiratory congestion including respiratory bubbling, severe dyspnea
- ☒ Breathing pattern changes, Cheyne-Stokes, severe dyspnea not responsive to O<sub>2</sub>

An assessment of 2 or more physical symptoms of an acute change in the level of care, or 2 or more imminent symptoms should prompt the initiation of crisis care protocol. A Level of Care Change should be noted as 2 or more symptoms in either category which defines an acute change in the patient's Level of Care.

RN SIGNATURE

DATE/TIME

References: WHO Assessment Ladder of Palliative Care, March 2003  
Sharon Kumm, University of Kansas School of Nursing, November 2001  
Hospice Care of South Carolina Policy and Procedure Manual



HOSPICE CARE  
OF SOUTH CAROLINA

# LEVEL OF CARE CHANGE DOCUMENT

PATIENT NAME: William Farr MEDICAL RECORD #: 102406 COUNTY: Union

DATE/TIME OF LEVEL OF CARE CHANGE: 6-17-12 5:30am

| FROM        | TO          |
|-------------|-------------|
| ROUTINE q   | ROUTINE q   |
| RESPIRE q   | RESPIRE q   |
| CRISIS q    | CRISIS q    |
| INPATIENT q | INPATIENT q |

REASON FOR LEVEL OF CARE CHANGE: Decrease in BP, increased dyspnea, non responsive to O2, terminal agitation

RN SIGNATURE: Beth Bickel DATE: 6-17-12

| DATE    | TIME IN | TIME OUT | STAFF NAME/TITLE         | TOTAL HOURS |
|---------|---------|----------|--------------------------|-------------|
| 6-17-12 | 5:30am  | 7:00am   | Beth Bickel              | 1.5         |
| 6/17/12 | 7:00am  | 12:00    | Dawn Dippel              | 5.0         |
| 6/17/12 | 12:00   | 2:55     | Beth Bickel              | 2.95        |
| 6/17/12 | 2:55    | 4:55     | Dawn Dippel              | 2.00        |
| 6/17/12 | 4:55    | 9:00     | Dawn Dippel              | 4.05        |
| 6/17/12 | 9:00pm  | 12:00am  | Dawn U. McCarty RN, CPHQ | 3.00        |
| 6/18/12 | 12:00am | 5:20am   | Dawn U. McCarty RN, CPHQ | 5.25        |
| 6/18/12 | 5:20am  | 08:40    | C. Edwards RN, PCC       | 3.25        |
| 6/18/12 | 08:30   | 15:30    | Glenda Miller Lpn        | 7.0         |
| 6/18/12 | 15:30   | 17:15    | C. Edwards RN, PCC       | 1.75        |
| 6/18/12 | 17:15   | 23:55    | Sharon Bell CPHQ         | 6.0         |
| 6/18/12 | 23:55   | 02:00    | Landi M. Day Lpn, CPHQ   | 2.75        |
| 6/19/12 | 02:00   | 06:30    | Zanya Davis Lpn          | 4.5         |
| 6/19/12 | 06:30   | 08:30    | C. Edwards RN, PCC       | 2.00        |
| 6/19/12 | 08:30   | 15:30    | Glenda Miller Lpn        | 7.00        |

TOTAL HOURS: 58

NON-OVERLAPPING NURSING: \_\_\_\_\_

NON-OVERLAPPING OTHER: \_\_\_\_\_

BILLABLE HOURS: 58

|             |   |
|-------------|---|
| REVOKED     | q |
| DISCHARGED  | q |
| TRANSFERRED | q |
| EXPIRED     | q |

## LEVEL OF CARE CHANGE DOCUMENT

2

PATIENT NAME:

William Farr

MEDICAL RECORD # \_\_\_\_\_

MEDICAL RECORD #:

102406

COUNTY

union

DATE/TIME OF LEVEL OF CARE CHANGE:

DATE/TIME OF LEVEL OF CARE CHANGE:

6-17-12 5:30 AM

| FROM      |   |
|-----------|---|
| ROUTINE   | q |
| RESPITE   | q |
| CRISIS    | q |
| INPATIENT | q |



| TFO       |   |
|-----------|---|
| ROUTINE   | q |
| RESPITE   | q |
| CRISIS    | q |
| INPATIENT | q |

## REASON FOR LEVEL OF CARE CHANGE

REASON FOR LEVEL OF CARE CHANGE: Decrease in Bp, increased dyspnea non responsive to O2, terminal agitation

ERN SIGNATURE

Q. J. Nelson

page continued

DATE:

6-19-12

[illegible]

TOTAL HOURS: 75

NON-OVERLAPPING NURSING: /

NON-OVERLAPPING OTHER: /

BILLABLE HOURS: 75

|             |   |
|-------------|---|
| REVOKED     | q |
| DISCHARGED  | q |
| TRANSFERRED | q |
| EXPIRED     | q |



HOSPICE CARE  
OF SOUTH CAROLINA

CLINICAL NOTE

☒ NURSING ☐ SW ☐ CHAPLAIN

PATIENT NAME:

William Farr

ID #

102406

County

Union

| DATE    | TIME   |                                                                                                                                                                                                                                                                                 |
|---------|--------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 6-17-12 | 5:30pm | Visit made d/t call received from family stating that despite PRN medications they are unable to get pt's dyspnea under control. Assisted pt c helpful breathing position. O <sub>2</sub> @ 16L via oxygenizer c no improvement to dyspnea. Crisis Care initiated at this time. |
|         | 6:00pm | pt continues to struggle to breathe c all prn meds exhausted at time. BP 160/90 P 124 irreg, RR 40, O <sub>2</sub> 84% @ 16L, T 96.5 ax. Massage and distraction used to soothe pt. pt drifting in & out of consciousness.                                                      |
|         | 7:00a  | Param Phillips RN present, report given at this time.                                                                                                                                                                                                                           |
|         | 7:00am | Report received from Beth Bailey RN Care Coordinator.                                                                                                                                                                                                                           |
|         | 7:00a  | pt lying in bed - O <sub>2</sub> @ 16L via oxygenizer. Resp = 24 c increased resp. effort, chest heaving. Eyes closed, head of bed elevated. Feet & legs warm - pale (no mottling). Wife sitting in recliner @ foot of bed. Fan (ceiling) blowing over bed. — Pa. Chappell      |
|         | 7:30am | pt with eyes closed, resting @ this time, accessory muscle used c resp. effort - cont. on 16L oxygen per oxygenizer. HACC = 1 (ie uneasy, tense position) Pa. Chappell                                                                                                          |



HOSPICE CARE  
OF SOUTH CAROLINA

## CLINICAL NOTE

☒ NURSING ☐ SW ☐ CHAPLAIN

PATIENT NAME: William Jean ID # 102406 County Union

| DATE    | TIME   |                                                                                                                                                                                                                                                                                                                                        |
|---------|--------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 6-17-12 | 7:50am | Pt. resting quietly @ this time. Resp. 14/minute. FIACE = 0. Oxygen sat. @ 16L/min via (2) oxygen concentrator (oxygen) ppgy hooked to Y connector. Pt. has oxygenizer. — Pam Phypers                                                                                                                                                  |
|         | 7:55am | Med list reviewed. DNR is present on pt's refrigerator. — Pam Phypers                                                                                                                                                                                                                                                                  |
|         | 8:10am | Resp = 16/minute. Resting to O <sub>2</sub> @ 16L/min to oxygenizer. Head of bed elevated. Head turning to one side but no noise, no respiratory movement @ this time. — Pam Phypers                                                                                                                                                   |
|         | 8:30am | Resp. @ 16/minute. Feet are warm — no motion. Pam Phypers                                                                                                                                                                                                                                                                              |
|         | 9:00am | Awoke, saying "Have mercy." Asked if he could swallow some pills & he nodded. Given Oxygen, Thorazine, Prednisone, Angiotensin, Ativan Valium (2), Celebra Valium Smg (2) Swallowed 2 small sips of water. Asked for coffee. Drank 1 sip coffee. Pulse = 124, irreg. O <sub>2</sub> sat 83% on 16L oxygen to oxygenizer. — Pam Phypers |
|         | 9:20am | Eyes closed. Resp increased effort Resp = 20/minute. O <sub>2</sub> @ 16L/min. Head of bed elevated. Brother came by to see pt. Wife in recliner at foot of bed. Pt. refused food. Pam Phypers                                                                                                                                         |
|         | 9:30am | Resting quietly @ this time. FIACE = 0 down from 7 @ 9am. — Pam Phypers                                                                                                                                                                                                                                                                |
|         | 9:45am | Daughter awake & voicing concerns that pt. needs to eat. Discussed goals of treatment w/ her. She states that pt. was removed from hospice house because she did not want pt's life shortened. Talked to her @ length as she discussed pt's life. — Pam Phypers                                                                        |





HOSPICE CARE  
OF SOUTH CAROLINA

# CLINICAL NOTE

(3)

☒ NURSING ☐ SW ☐ CHAPLAIN

ATTENT NAME: William Gam ID # 102406 County Union

| DATE    | TIME    |                                                                                                                                                                                                              |
|---------|---------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 6/17/12 | 9:30am  | W. supine. Eyes closed and resting @ this time. Pam Phypers                                                                                                                                                  |
|         | 10:10am | Continues to rest quietly. Breathing is even and non-labored @ this time. Pam Phypers                                                                                                                        |
|         | 10:30am | Respirations are 16. Oxygen continues @ 1L/min with oxymizer. Resting quietly. Face scale = 0. Pam Phypers                                                                                                   |
|         | 11:00am | Continues to even breathe. Feet are warm to touch. Nothing. Wife @ bedside. Pam Phypers                                                                                                                      |
|         | 11:30am | Respirations 16/min. No restless movement. Oxygen @ 1L. Wets/min. Feet warm. Nothing. Pam Phypers                                                                                                            |
|         | 11:50am | Awake spinning moving restlessly. resp. congested. O2 sat 81% on 1L. Wets/oxymizer & oxymizer. Wets given. Oxygen done per Smg. Falls (2) po. with a sip of water. Resp. 18, with chest heaving. Pam Phypers |
|         | 12:00pm | Patient restless, moving feet esp. turning in bed. B/P 120/88 in (R) arm. Increased agitation. Pt. heart forth on side. Pam Phypers                                                                          |
|         | 12:00pm | Report given to Beth Baker RN / Pam Phypers                                                                                                                                                                  |
|         | 12:00pm | Pt administered Roxanol 20mg/ml + ml po for severe dyspnea and anxiety. Pt air hunger. Beth Baker                                                                                                            |
|         | 12:10pm | Pt. beginning to calm down. O2 Sats increasing from 74% to 82% pt reports feeling better. Beth Baker                                                                                                         |
|         | 12:55pm | Pt. resting quietly. eyes closed and no S/S of pain or distress per FLACC scale. Beth Baker                                                                                                                  |



HOSPICE CARE  
OF SOUTH CAROLINA

# CLINICAL NOTE

☒ NURSING ☐ SW ☐ CHAPLAIN

PATIENT NAME: William Ferr

ID # 102906

County Union

-1427-

(4)

| DATE    | TIME   |                                                                                                                                                                                                                                                                                                                                                                            |
|---------|--------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 6-17-12 | 1:20pm | Pt drowsy, but awake to take a sip of coffee. O <sub>2</sub> Sat 79% c O <sub>2</sub> @ 16L via cannula. Respiratory condition unstable. Pt refuses oxygen. Pt drying mucus, making it harder for him to breathe. Pt then belches despite education. <u>Bittman</u>                                                                                                        |
|         | 1:40pm | Pt continues to rest calmly in & out of consciousness. Responds to speech and touch. Family napping at this time. Lips and finger tips are cyanotic at this time. O <sub>2</sub> @ 16L via MC cannula. O <sub>2</sub> Sat 79%. Pt receives comfort. Feeling the oxygen below in his nostrils and c. Rebreather mask. Pt becomes anxious and pulls mask off. <u>Bittman</u> |
|         | 2:25pm | Pt beginning to breathe. Hoarse and saying "I need medicine" repeatedly. Reprehal 0.5ml given per pt request. 1/2 dose was given. POSE c almost immediate relief noted. <u>Bittman</u>                                                                                                                                                                                     |
|         | 2:35pm | Pt reports feeling better, most of pain or distress noted on FLACC scale. <u>Bittman</u>                                                                                                                                                                                                                                                                                   |
|         | 2:45pm | Pt beginning to have heavy breathing and request medication. Reprehal 0.5ml                                                                                                                                                                                                                                                                                                |



HOSPICE CARE  
OF SOUTH CAROLINA

CLINICAL NOTE

☒ NURSING ☐ SW ☐ CHAPLAIN

PATIENT NAME:

William Fort

ID #

1182412

County

Union

| DATE    | TIME           |                                                                                                                                                                                                                                                                                                             |
|---------|----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 6-17-12 | cont<br>2:45pm | given PO/SI. <del>Butter</del>                                                                                                                                                                                                                                                                              |
|         | 2:50pm         | Pt reports feeling relief and resting calmly. Eyes closed. Dawn Warner, HHA present and report given to her. <del>Butter</del>                                                                                                                                                                              |
|         | 3:30           | Had company read father's day cards. Resting, pain & breathing under control @ this time. CO2 wet rayon bio feedback per pt.                                                                                                                                                                                |
|         | 3:55           | O2 sat 85% P118. Sister came feed pt. Sister got pt. to eat sm piece of ham & 1/2 deviled egg. Sm piece of pie. Intake 1/2 cup Gatorade, couple sips of water.                                                                                                                                              |
|         | 4:52           | Respirations 16/min. Resting pain & breathing seems to be under control @ this time. Dandi, LNU is here gave her reports.                                                                                                                                                                                   |
| 6/17/12 | 4:55p          | Report received from Dawn Warner HHA. R-122 O2 sat 83% on 16 L O2 via nas. can. Resp 20 shallow/even, T 97.3° BP 110/80 Resting with eyes closed. No SI of pain per FLACS Bawls sounds & <sup>normal</sup> lung sounds. Skin w/o color & mottling. Lung sounds congested all lobes. <del>Advey 6:00pm</del> |
|         | 6:00p          | Cont to rest. SI of pain per FLACS. T-97.6° R-124 rapid/even Resp 20 shallow/even. <del>Advey 6:40pm</del>                                                                                                                                                                                                  |



HOSPICE CARE  
OF SOUTH CAROLINA

# CLINICAL NOTE

☒ NURSING ☐ SW ☐ CHAPLAIN

PATIENT NAME: William Fort

ID # 102406 County Union

| DATE    | TIME              | Cont.                                                                                                                                                                                                                                                                                                                                                                                |
|---------|-------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 6/17/12 | 6 <sup>00</sup> P | Eyes closed. Turned, repositioned. Briefly<br>colostomy clean, dry intact. Skin w/d, color<br>cyanotic, hands dusky. O <sub>2</sub> sat 84% on<br>H <sub>2</sub> L of O <sub>2</sub> /nas. can. NO mottling noted.<br>Lung sounds remain to mild congestion<br>all lobes; Wife @ bedside, non-verbal,<br>will not answer questions re: the pt<br>or pt dx, doctor, nurse or chaplain |
|         | 7 <sup>00</sup> P | Opens eyes on assessment. T <sub>7</sub> P-12 & R 20<br>B/P 110/60 O <sub>2</sub> sat 90% on 1/4 L of O <sub>2</sub> via nascan.<br>PEARL Denies pain verbally. Skin w/d, cyanotic,<br>hands dusky. NO mottling noted. Cost<br>of mild congestion of all lung fields. No<br>pain per FLACS                                                                                           |
|         | 8 P               | Turned/repositioned on back T <sub>7</sub> P 12<br>Resp 20 B/P 110/60 O <sub>2</sub> sat 84% on<br>H <sub>2</sub> L nas. can. O <sub>2</sub> sat 84%. No S/S of pain per FLACS. Family @<br>bedside. Skin w/d, cyanotic, hands dusky.<br>Lung sounds congested                                                                                                                       |
|         | 8 <sup>15</sup> P | Ate small amt ice cream with some<br>milk with it & difficulty                                                                                                                                                                                                                                                                                                                       |
|         | 9 P               | Opens eyes when name is called. Answers<br>questions correctly, drifts back off to sleep.<br>Skin w/d, color cyanotic, hands dusky. O <sub>2</sub> sat 85%                                                                                                                                                                                                                           |



HOSPICE CARE  
OF SOUTH CAROLINA

# CLINICAL NOTE

☒ NURSING ☐ SW ☐ CHAPLAIN

-1430-



PATIENT NAME:

William Ferr

ID #

10246 County Union

| DATE    | TIME   | Cont                                                                                                                                                                                                                                                                                                                                                                                                 |
|---------|--------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 6/17/12 | 9pm    | R118 Rts 20 shallow/over — <del>Doing L/C/CH</del><br>Report to D m'Curry, Lpn CHC — <del>Doing L/C/CH</del>                                                                                                                                                                                                                                                                                         |
|         | 900pm  | hpt. received from "Sandi Ivey, Lpn<br>@ this time; pt. sitting up in bed<br>upon my arrival; flacc = 0; pt. is —<br>drowsy, but awake and answers —<br>when spoken to; denies pain —<br>verbally; nailbeds cyanotic; pt. c<br>circumoral cyanosis; O <sub>2</sub> in progress<br>@ 16 L via oximixer; exts. warm &<br>dry / hands are cool; BP 122/64;<br>P 118, RR = 18; — Duanu. McCurvy, Lpn CHC |
|         | 945pm  | pt's spouse @ bedside feeding pt.<br>some supper; pt. eats a nearly —<br>full plate of crab and shrimp; pt.<br>had 0 difficulty swallowing; pt.<br>conts. to be drowsy throughout —<br>trying to eat & drink; pt. given<br>his pm meds @ this time as —<br>well — — Duanu. McCurvy, Lpn CHC                                                                                                          |
|         | 1030pm | admin. 0.50ml Roxanol for dyspnea<br>@ this time; pt sts "I feel like —<br>I've fought John Wayne with a —<br>two dollar pistol." pt. offers a —<br>smile & drifts off to sleep; cont.                                                                                                                                                                                                               |



HOSPICE CARE  
OF SOUTH CAROLINA

## CLINICAL NOTE

☒ NURSING ☐ SW ☐ CHAPLAIN

PATIENT NAME:

William Farr

ID #

118246 County Union

8

| DATE    | TIME                |                                                                                                                                                                                                    |
|---------|---------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 6/17/12 | 10 <sup>30</sup> pm | to monitor @ bedside; —————<br>————— Susan U. McCurry Rn, chpln                                                                                                                                    |
|         | 11 <sup>30</sup> pm | pt. resting c̄ & S/SX of pain; RR=16;<br>pt's family also resting in other rooms<br>of the house; L&S warm/dry & & —<br>nothing. ————— Susan U. McCurry Rn, chpln                                  |
| 6/18/12 | 12 <sup>30</sup> am | & Δs c̄ pt., resting peacefully c̄<br>& S/SX of pain or distress; radial<br>pulse strong @ 114; @ bedside —<br>mon. pt. ————— Susan U. McCurry Rn<br>chpln                                         |
|         | 1 <sup>30</sup> am  | repositioned pt. to provide for —<br>better alignment; ↓ HOB slightly<br>due to pt. slumping over; pt. —<br>sts "Thank you." pt. goes directly<br>back to sleep.; ————— Susan U. McCurry Rn, chpln |
|         | 2 <sup>30</sup> am  | pt. awakens / able to drink a —<br>few small sips of gatorade via<br>straw; pt. denies pain verbally;<br>pt's RR=20; pulse strong @ 108; —<br>ext. warm; ————— Susan U. McCurry Rn, chpln          |
|         | 3 <sup>30</sup> am  | pt. conts. to sleep; family is —<br>resting as well; pt. repositioned him-<br>self to (L) side; ————— Susan U. McCurry Rn<br>chpln                                                                 |


 HOSPICE CARE  
OF SOUTH CAROLINA

## CLINICAL NOTE

☒ NURSING ☐ SW ☐ CHAPLAIN

PATIENT NAME:

William Ferris

ID #

113246 County Union

| DATE    | TIME   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|---------|--------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 6/18/12 | 4:00am | pt. awakens and removes his O <sub>2</sub> — tubing; sts "I'm ready to go." x 3; — pushes this nurse's hand away — when trying to replace it; family awake @ bedside & immediately give him ativan and request — that an O <sub>2</sub> mask be placed on — him; O <sub>2</sub> sats checked by son-in-law are @ 73%; p a few mins it ↑ to 78-79%; contacted RN, Lynn Edwards @ this time for support; family is — frantic R/t pt's sudden state of terminal agitation; cool cloths are placed on his head; family won't allow pt. to remove his O <sub>2</sub> ; cyanotic nail beds; RR @ 34; @ bedside — offering support to family; —<br>Susan M. McQuay RN |
|         | 5:00am | RN, Lynn arriving @ bedside; RN; Lynn administers 1ml Roxanol R/t verbalized pain @ a 7 on pain scale; pt. ↑ drowsy, but calmer; —<br>Susan M. McQuay RN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |



HOSPICE CARE  
of SOUTH CAROLINA

## CLINICAL NOTE

☒ NURSING ☐ SW ☐ CHAPLAIN

PATIENT NAME:

William Farr

ID #

143476

County

Union

10

| DATE    | TIME |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|---------|------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 6/18/12 | 0520 | Pt Resting 2 eyes closed. Verbalizes pain @ 5 on scale when asked. States ok at that level. Wife & Sllaw at bedside. Oximeter on R Hand per family @ 88% family has pt on non rebreather which pt attempts to remove. Family at bedside does not allow removal O2 @ 20L/min. Family Educated about appropriate O2 levels. Family in crisis. Pt verbalizes readiness to die at which point the family panics. This RN & Susan M. LPN & continuous education to the family. Continue to monitor & educate. CPE Edwards Rpt. given to RN, Lynn Edwards @ this / this nurse remaining in home for awhile for support; —————<br>Susan M. McCarty LPN |
|         | 0600 | 1ml Rocanol administered per PRACC score of 8 & labored breathing RR @ 24, O2 83%, HR 136, Apneic periods of 5 seconds noted. Hands mottled. BLE cold to knee level. Cyanosis noted around mouth. Opens eyes to verbal stimulation CPE Edwards Rpt.                                                                                                                                                                                                                                                                                                                                                                                             |





CLINICAL NOTE

☒ NURSING ☐ SW ☐ CHAPLAIN

PATIENT NAME: WM. FARR

ID # 10240 County Union

| DATE    | TIME |                                                                                                                                                                                                                                                                                                                                                                            |
|---------|------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 6/18/12 | 0640 | Labored breathing continues at a rate of 16 BPM. Apneic periods of 5-7 seconds noted at times. Breaths are shallow & lungs are congested. Education provided to family concerning O <sub>2</sub> & what to expect in the dying process. Family to questions concerning nothing noted to hands & knees and education provided. Will continue to monitor. — C. Edwards RN PC |
|         | 0700 | Continue Crisis Care. C. Edwards RN PC                                                                                                                                                                                                                                                                                                                                     |
|         | 0710 | RR @ 14 BPM, HR @ 137, O <sub>2</sub> 82%. Pt is 1 labored resp. Lung congested in all fields. Apnea remains sporadic @ 5-7 seconds. ↓ Respiration occasional moaning noted. Flocc @ 7 on scale. IM Rocad ad administered for flocc. 30cc & to assist in breathing. C. Edwards RN PC                                                                                       |
|         | 0805 | RR @ 11 BPM, HR @ 149, O <sub>2</sub> @ 82% O <sub>2</sub> 2L Bismark. Lung sounds - congestion in all lobes & rub in LL. Pt's pupils - Not responsive to stimuli. Limbs unglacoid. Infrequent moan noted. Flocc 6. Respire shallow & labored & infrequent behavior noted. — C. Edwards RN PC                                                                              |



# CLINICAL NOTE

☒ NURSING ☐ SW ☐ CHAPLAIN

-1435-

12

PATIENT NAME: Jim Farr ID # 102406 County Union

| DATE    | TIME |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|---------|------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 6/18/12 | 0810 | <p>Urine output since this RN's arrival @ 0520. V. responsiveness &amp; moaning to hands &amp; V temp to BLE. IM. &amp; anal administered Rt floor of 6 d. moaning will continue to assess breathing &amp; RR</p> <p>————— C. Sep. Edwards, RN - PCC</p>                                                                                                                                                                                                                                                                                                 |
|         | 0830 | <p>moaning, not at all. RR</p> <p>② 24 BPM, HR @ 147, O2 @ 72% O2 20C by bag mask. Resp are 1 shallow &amp; less accessory muscles used. Family informed of V status. Family very distraught &amp; not at bedside. Son-in-law at bed side intermittently. Dtr declines to see father. Very tearful. Continue to monitor</p> <p>————— C. Sep. Edwards, RN - PCC</p>                                                                                                                                                                                       |
| 6/18/12 | 0830 | <p>Report to Julie Delisha Hill - LPN.</p> <p>Report received from Lynne Edwards PCC. Arrived at the home and greeted daughter Lisa, son-in-law Kurt and explained duration of stay. Lynne Edwards staying at the bedside due to ↑ family dynamics. Pt is non-responsive to verbal or tactile stimuli. Eyes closed, pupils pinpoint and non-reactive to pinlight. Mouth open. Using accessory muscles to breathe. V air exchange congestion &amp; moan auscultated. O.B.S. O2 has been ↑ by family to 20 L/min. O2 meter which</p> <p>(via bag mask)</p> |



HOSPICE CARE  
OF SOUTH CAROLINA

## CLINICAL NOTE

☒ NURSING ☐ SW ☐ CHAPLAIN

PATIENT NAME: Farr, William ID # 102406 County Union

| DATE    | TIME |                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|---------|------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 6/18/12 | 0830 | (cont) is on finger at all times due to family wishes has a continual reading of 77%. Relief c/d. Colostomy bag empty, urine empty as well. Skin warm. Nails cyanotic. Th cap. refill. Muffling noted to bil. Knees & feet (sol 45). Pulses bounding, neck extended & NVD. Bp - 122/80, P - 145, R - 14, T - 97.8. Face Score = 2. Daughter is not coping at this time. Refuses to come in the same room as her father. Emotional support provided. <u>Jilisha Littlejohn</u> |
| 6/18/12 | 0910 | Lorazepam 0.5mg 2 tabs adm. for ↑ HR. Roxanol 0.5ml adm. for face score & decrease usage of accessory muscles. — <u>Jilisha Littlejohn</u>                                                                                                                                                                                                                                                                                                                                    |
| 6/18/12 | 0930 | No change in condition. Remains unresponsive to all stimuli. Dtr. cont. to walk around the house but will not come into room — (accessory muscle usage) cont. Will cont. to monitor. Joyce pt's sister as well as Faye called and spoke to Lynn, PCC about sending pt to the hospital and have fluid drawn from lungs. Pcc explained pt's cond. — <u>Jilisha Littlejohn</u>                                                                                                   |
| 6/18/12 | 1010 | Roxanol 0.5ml/sl adm. for accessory muscle usage. Abd. used. Family in a little at a time. Wife in at bedside, non-verbal. Spoke to                                                                                                                                                                                                                                                                                                                                           |



HOSPICE CARE  
OF SOUTH CAROLINA

## CLINICAL NOTE

☒ NURSING ☐ SW ☐ CHAPLAIN

PATIENT NAME: Farr, William

ID # 102408 County Union

| DATE    | TIME |                                                                                                                                                                                                                                                                                                                                                        |
|---------|------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 6-18-12 | 1010 | (cont) her husband and told him she loved him & that they had good times. This nurse provided emotional support & told her to keep the good memories which will help her through these hard times. ——— <u>Jelida Little Lpn</u>                                                                                                                        |
| 6-18-12 | 1110 | HR - 176 very irregular, R-18 & accessory muscle usage. Color changes, cyanotic hands & ears. Dusky nail beds. Family in full, saying their good byes. Circumoral cyanosis. O2 remains 92% min. via <del>nasal cannula</del> <sup>low-flow</sup> Order for 18 L/min. ——— <u>Jelida Little Lpn</u>                                                      |
|         |      | Flacc score Education pertaining to O2. Some family members excepting of pt's condition some are torn to believe he will turn around & get better. Arms cold, education provided. Sister Joyce asking questions about sending him to get fluid removed from lung. Explained situation & pt status. Breathing very shallow ——— <u>Jelida Little Lpn</u> |
| 6-18-12 | 1145 | Roxandolol/SL adm. for airt hunger. Will monitor at bedside. Wife wanted to comb pt's hair. Assisted in moving pt's head. Pt don't. to be non-responsive to all stimuli. ——— <u>Jelida Little Lpn</u>                                                                                                                                                  |
| 6-18-12 | 1200 | Wife at bedside in her head laid on pt's shoulder crying. Sister Joyce at bedside, education provided about NVD. Neck stiff nail beds                                                                                                                                                                                                                  |



HOSPICE CARE  
OF SOUTH CAROLINA

## CLINICAL NOTE

☒ NURSING ☐ SW ☐ CHAPLAIN

PATIENT NAME: Farr, Williams

ID # 102402 County Union

| DATE    | TIME |                                                                                                                                                                                                                                                                                                                                                                  |
|---------|------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 6-18-12 | 1200 | (cont) purple. Gasping audible. Cont to use accessory muscles to breath. Lynn Edwards PCC in other part of the house providing more education + emotional support to family. Some family members will not come in the same room as pt. ————— Felisha Little LPN —————                                                                                            |
| 6-18-12 | 1215 | Morphine 3gts adm. per orders for terminal secretions. Pastor arrived + Prayed for pt. C Faye, Lisa, Brian + Delores present. SW from HCSC arrived as well. ————— Felisha Little LPN —————                                                                                                                                                                       |
| 6-18-12 | 1245 | RR-18 cheyne stoke pattern. Remains unresponsive. Gasping + accessory muscle usage lower abd. muscles used for inadequate air exchange. NVD. Some family remain in other room. All brothers/sisters in home. CC chart reviewed, Face sheet, med list in CC book DNR located on the refrigerator. Previous documentation reviewed. ————— Felisha Little LPN ————— |
| 6-18-12 | 1245 | (+) Roxanol 0.5ml adm. for dyspnea + flaccid Score = 4. ————— Felisha Little LPN —————                                                                                                                                                                                                                                                                           |
| 6-18-12 | 1315 | Bp 72/40, RR-15, HR-114. Skin warm to touch. Family at bedside. + moving at this time. Cont on O2 + education provided about ↑ secretions + O2 effectiveness. Using accessory muscles. Circumoral cyanosis. Tars cyanotic.                                                                                                                                       |



HOSPICE CARE  
OF SOUTH CAROLINA

## CLINICAL NOTE

☒ NURSING ☐ SW ☐ CHAPLAIN

PATIENT NAME: Farr, William ID # 102400 County Union

102

| DATE    | TIME |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|---------|------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 6-18-12 | 1315 | (cont) Family emotional support provided + education as well. <del>Richalister</del>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| 6-18-12 | 1415 | Delores is resting on the couch beside pt. Placed soft spiritual music at bedside to help pt relax. HR cont to be ↑. Pt using all muscles to try to breathe. Snoring sound heard on inspirations. RR-14 @ 5.1 sec. Apnea noted. Cont. cyanosis. Skin remains warm. Feet mottled. O2 remains on @ 16 L/min. via <del>nasal cannula</del> <sup>Baymask</sup> <del>nasal cannula</del> <sup>nasal cannula</sup> Roxanol 0.5mg 2 tabs dissolved @ Roxanol 0.5mg for PRN score of 3, dyspnea. Atropine 3qts adm. for ↑ secretions. Bp 74/52. Checked per request of sister Joyce. <del>Richalister</del>                                |
| 6-18-12 | 1515 | RR-11 apnea 5.7 sec. Head jerks to the rt. occasionally. Snoring gasp. Using accessory muscles to breathe. Palms + fingertips are darker purple. Sides of feet mottled. Brief c/d. Family at bedside as well as outside. Emotional support + Education cont. to be provided. Family trying to check O2 sat. P-128 O2 Sat 88%. on 16 L/min. via <del>nasal cannula</del> <sup>Baymask</sup> <del>nasal cannula</del> <sup>nasal cannula</sup> O2BP this shift. Repositioned to Rt side @ pillows supporting back + feet. Dsg to put on LVC intact. HOB ↑ 30° for comfort. Roxanol 0.5mg sc adm. for dyspnea. <del>Richalister</del> |



HOSPICE CARE  
OF SOUTH CAROLINA

## CLINICAL NOTE

☒ NURSING ☐ SW ☐ CHAPLAIN

17

PATIENT NAME: Farr, William

ID # 102400 County Union

| DATE    | TIME |                                                                                                                                                                                                                                                                                                                                                                                                       |
|---------|------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 6-18-12 | 1530 | Report given to Lynn Edwards PCC and spoke of coverage for next shift. <del>Edwards PCC</del>                                                                                                                                                                                                                                                                                                         |
| 6-18-12 | 1530 | Report from Delisha Bell PCC - Edwards PCC                                                                                                                                                                                                                                                                                                                                                            |
|         | 1555 | RR 15BPM, Bottom of feet cyanotic. Resp shallow & periods of apnea @ 5-7 seconds. O2 @ 77% on Vel/Bag-Mask Edwards PCC                                                                                                                                                                                                                                                                                |
|         | 1615 | Pt. & ↑ shallow Resp. shoulder movement noted. RR 11 & apnea noted. 1ml racemic administered. Edwards PCC                                                                                                                                                                                                                                                                                             |
|         | 1715 | Report to Sherrill Allen PCC - Edwards PCC                                                                                                                                                                                                                                                                                                                                                            |
| 6/18/12 | 1715 | Report received from J. Edwards PCC. Greeted family & explained duration of stay. Sherrill Allen PCC                                                                                                                                                                                                                                                                                                  |
| 6/18/12 | 1730 | Pt. unresponsive to all stimuli. O2 in place via Breather mask @ 16 L/min. Resp 22 & abd muscles & shoulders used, pupils pinpoint non-reactive to pen light. Face pale & cyanotic to oral area, hands & nail beds cyanotic. Cap refill, knees cool, feet pale & nothing to soles. Air flow diminished & congestion. B/P 66/44, P 142 irreg, T 99.4° adult. <del>Edwards PCC</del> Sherrill Allen PCC |



HOSPICE CARE  
OF SOUTH CAROLINA

## CLINICAL NOTE

☒ NURSING ☐ SW ☐ CHAPLAIN

PATIENT NAME: Farr, Williams ID # 102406 County Un

(18)

| DATE    | TIME |                                                                                                                                                                                                                                                             |
|---------|------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 6/18/12 | 1730 | (Cont.) Lorazepam 1mg adm RIT dyspnea<br>ativan 1mg RIT ↑ HR, atropine qts<br>1/4 RIT congestion, wife resting<br>on couch next to Pt. who is<br>in hospital bed in livingroom<br>FIDCC score 0. Sherrice Carter                                            |
| 6/18/12 | 1830 | Resp 22 Shallow & uneven, ↑ cyanosis<br>to hands & fingers, pupils fixed &<br>dilated, skin warm & clammy, &<br>UOP, O <sub>2</sub> in place. Sherrice Carter                                                                                               |
| 6/18/12 | 1900 | Resp 24 Labored muscles used & very<br>shallow, Lorazepam 1mg adm RIT<br>dyspnea, & UOP, ureter between<br>leg & hand is empty. Sherrice Carter                                                                                                             |
| 6/18/12 | 2000 | Notified PCP Dr. Edwards for the<br>need of RX for ativan 1mg. Family<br>states there is no more bottles<br>in home, Dr. Edwards stated RX<br>will be ready @ CVS in approx.<br>30 mins. Family stated they<br>will be able to pick it up.<br>S. All Carter |
| 6/18/12 | 2015 | atropine qts 1/4 & Lorazepam 1mg<br>adm as ordered RIT ↑ secretions<br>& dyspnea, Resp 24 shallow uneven & labored<br>Sherrice Carter                                                                                                                       |





HOSPICE CARE  
OF SOUTH CAROLINA

## CLINICAL NOTE

☒ NURSING ☐ SW ☐ CHAPLAIN

19

ATTENT NAME: Farr, William ID # 172476 County UN

| DATE    | TIME |                                                                                                                                                                                                                                                                    |
|---------|------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 6/18/12 | 2030 | Previous notes read med. list +<br>face sheet in C.C. Chart. DNR<br>listed on face sheet. Sherrill Allen CHN                                                                                                                                                       |
| 6/18/12 | 2100 | adult brief donned, urinal<br>removed, PE repositioned + in bed<br>+ to L side. Son states L side<br>is his favorite. resp became<br>more labored during care,<br>O2 in place. HOB + to assist<br>+ comfort + resp. Resp 24<br>shallow + irrag. Sherrill Allen CHN |
| 6/18/12 | 2200 | Notified L. Edwards PCC that<br>family had picked up Ativan<br>and has delivered it to the<br>bedside, also family has a<br>paid private nurse @ the<br>bedside from 9p until 9A.<br>Resp very irreg, 31 P 106/66,<br>P72 joint + irreg. Sherrill Allen CHN        |
| 6/18/12 | 2215 | Ativan 1mg adm for Roxanol 1ml<br>adm RITD dyspnea + accessory<br>muscles used, nailbeds cyanotic.<br>Dtr states frequently Hospice house<br>in Sptbg killed this PE., this nurse<br>listening, Dtr not expecting DX —<br>Sherrill Allen CHN                       |



HOSPICE CARE  
OF SOUTH CAROLINA

# CLINICAL NOTE

☒ NURSING ☐ SW ☐ CHAPLAIN

PATIENT NAME: William Farn ID # 102406 County UN

-1443-  
(20)

| DATE    | TIME             |                                                                                                                                                                                                                                                                                                                                                                                          |
|---------|------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 6/18/12 | 22 <sup>15</sup> | (Cont.) atropine qts 1/4 adn RIT<br>↑ congestion skin over chest                                                                                                                                                                                                                                                                                                                         |
| 6/18/12 | 23 <sup>15</sup> | Resp. 22 labored & uneven, O <sub>2</sub> @ 16L/m.<br>via breathing mask, family @<br>bedside & pall nurse. Skin over chest                                                                                                                                                                                                                                                              |
| 6/18/12 | 23 <sup>15</sup> | Report given to Sandy Dwyer RN<br>Skin over chest                                                                                                                                                                                                                                                                                                                                        |
|         | 22 <sup>55</sup> | Report received from S. Allen RN, CHN - Sandy Dwyer                                                                                                                                                                                                                                                                                                                                      |
|         | 23 <sup>15</sup> | Roxinol 1ml given due to resp. difficulty<br>& dyspnea, & accessory muscle use. Nail<br>bed cyanotic. Resp. irreg 20 shallow Pulse<br>140 apical B/P 110/60 Upper ext's cool<br>dry Lower ext's warm/pale. O <sub>2</sub> @ 16L/re-<br>breather. Pt. positioned on rt. side only<br>@ family request. Brief clear/dry - Sandy Dwyer/CHN                                                  |
|         | 2330             | T 100.6 ax - lip cyanotic. Pupils non-reactive<br>Lung sounds congested all fields - Sandy Dwyer/CHN                                                                                                                                                                                                                                                                                     |
| 6/19/12 | 0015             | Roxinol 1ml given & 3qts Atropine given<br>for dyspnea, ↑ secretions / congestion. Hands<br>remain cyanotic. Oral cavity cyanotic.<br>Pupils non-reactive. Congestion all lung<br>fields. Upper ext cool to touch, knees cool<br>to touch. Tract's warm. Brief clear/dry<br>Bottom of feet cyanotic. Resp 24 shallow<br>irreg. HOB O <sub>2</sub> cont @ 16L/re-breather Sandy Dwyer/CHN |



CLINICAL NOTE

☒ NURSING ☐ SW ☐ CHAPLAIN

PATIENT NAME: Farr, William

ID # 102406 County Union

| DATE | TIME    | Cont                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|------|---------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 0045 | 6/19/12 | Resting in hosp. bed c HOB R. O <sub>2</sub> @ 16L via re-breather. Pupils non-reactive T-100. 2 aus. Pulse 72 irreg radial, unable to hear apical, 140 canoted, irreg. Resp. 24, shallow, c use of accessory muscles. Oral cavity / lips cyanotic, hands & nail beds cyanotic, bottom of feet cyanotic. Upper ext's cool to touch, knees cool to touch, & ext's warm. Unresponsive to all stimuli. Brief. clear / dry. Remains on rt side — Silver L / GPR                                                                            |
| 0115 | 6/19/12 | Roxinol 1ml given for dyspnea as ordered. Cont on O <sub>2</sub> . O <sub>2</sub> sat 80% — Silver L / GPR                                                                                                                                                                                                                                                                                                                                                                                                                             |
| 0215 |         | Cont to rest in bed c HOB R. O <sub>2</sub> @ 16L via re-breather. O <sub>2</sub> sat 68%. Pulse rate 72 radial irreg. Resp shallow, labored, c use of accessory muscles. Lung fields congested bilat. Roxinol 1ml, Ativan 1mg (18 left in bottle) + Atropine 1mg given for dyspnea, ↑ secretions, congestion. Lips, bottom of feet, hands cyanotic. Knees & upper ext's cool to touch. Lower ext's cool to touch. Brief. clear / dry. Remains on rt side — Silver L / GPR<br>Report given to Joyce Davis, LPA / GPR<br>Silver L / GPR |



HOSPICE CARE  
OF SOUTH CAROLINA

## CLINICAL NOTE

☒ NURSING ☐ SW ☐ CHAPLAIN

PATIENT NAME:

Jarr, William

ID # 102406

County Union

| DATE    | TIME |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|---------|------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 6/19/12 | 0215 | Report received from Sandy Lutz, LPN/Chp                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|         | 0230 | Pt lying in hospital bed in Semi (R) side lying position. Eyes are closed, mouth is shut. O <sub>2</sub> @ 16L/min & use of oximetry/def rebreather mask. Cyanosis noted around mouth & apex of ear. Presp are uneven & labored. & noted air movement to (R) lung fields. Poor air exchange to RUL. & diminished basal. Abdominal muscles used to facilitate inadequate air exchange, shoulders are used occasionally. Chest is almost barrel shaped. C. flat abdomen. & note BS to quad x4. Adult brief worn to maintain range incisor. Episodes, brief is clear day @ 10:00 AM. But shifts are worn to track. Knees are warm. all extremities are cool to touch & the exception, especially warm. D Pedal Pulses faint to (R) foot, absent to (L) foot. Radial air fine / & ready to palpate. Pt P Ujv on the N/A adjacent to bed. Private pay nurse suites. Bp 6/16 HR 114 RR 12 T 100.8 FLACC - 0. - |
|         |      | Navidp                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| 6/19/12 | 0315 | Roxanol 1ml/12 given R/T dyspnea & respiratory distress, pt unresponsive. 20mg                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |



HOSPICE CARE  
OF SOUTH CAROLINA

## CLINICAL NOTE

☒ NURSING ☐ SW ☐ CHAPLAIN

PATIENT NAME: Jans, William ID # 10246 County Union

| DATE      | TIME | Con't                                                                                                                                                                                                                                                                                                                                                                                                                         |
|-----------|------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 6/19/2012 | 0215 | before, during & after medication admin. Does not respond to verbal / painful stimuli @ this time. Dst noted to enter & leave bathroom, but did not enter LR. — <i>Danlynn</i>                                                                                                                                                                                                                                                |
|           | 0330 | Externally v/poor air exchange. Pt's skin to 4 extremities & forehead feel <sup>100°</sup> much "warmer". Pt's temp at 10:45 100.4. — <i>Danlynn</i><br>Nid nurse continues to sit @ bed.                                                                                                                                                                                                                                     |
| 6/19      | 0415 | R17 HR 120 FLACC <del>0</del> . Resp uneven/labored c hesitation between breathes. Pt continues to be on O <sub>2</sub> @ 16 L/min via rebreather mask. Poor air exchange. After approx 7-9 breathes shoulders are involved. Abd muscles used. Pt remains unresponsive to verbal / tactile stimuli. Adult brief warm to touch. Roxanol 1ml SL given R/T dyspnea. Atropine 1% 3 qts/SL given to ↓ secretions. — <i>Danlynn</i> |
| 6/19      | 0515 | Bp 57/45 HR 130 R16 T100.6 @ FLACC <del>0</del> pt lying c eyes closed. Remains unresponsive. Resp are uneven & labored. c true apnea, but hesitation between breathes. Pupils are fixed. Poor air exchange. Continues on O <sub>2</sub> @ 16 L/min — <i>Danlynn</i>                                                                                                                                                          |



HOSPICE CARE  
OF SOUTH CAROLINA

## CLINICAL NOTE

☒ NURSING ☐ SW ☐ CHAPLAIN

PATIENT NAME: Jan, William ID # 17246 County Union

| DATE    | TIME | Cont                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|---------|------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 6/19/12 | 0515 | via rebreather mask. Resp. extremely shallow @ times. HR. & palpable radial/pedal pulses. Nail beds cyanotic as well as around mouth. Pt has central line in test to (L) upper chest, secured & opposite leg. One is clear. Abdomen flat. Colostomy bag clear & in place to (L) upper quadrant. & BS noted. Adult brief remains clear & dry. Pt tucked & out of this shift. Slight rattling to fight (soles). Overall skin is warm to touch. Private nurse remains @ bedside as does pt's wife (as lap on app. — <i>Mavis</i> ) |
|         | 0515 | Late: Roxane 1ml/sl given as ordered for dyspnea & respiratory discomfort. — <i>Mavis</i>                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| 6/19/12 | 0530 | Previous documentation reviewed earlier this shift. Face sheet, medical permit in CCT. DNR posted on refrigerator. — <i>Compton, G</i>                                                                                                                                                                                                                                                                                                                                                                                          |
|         | 0615 | Oral care provided for pt prior to medication administration. Roxane 1ml/sl as ordered for dyspnea. Ativan 1mg/sl as ordered R/T terminal agitation (shudder involvement). Atropine 1mg/sl R/T secretions. Pt unresponsive when care provided. Will continue to monitor — <i>Mavis</i>                                                                                                                                                                                                                                          |

(25)



HOSPICE CARE  
OF SOUTH CAROLINA

## CLINICAL NOTE

☒ NURSING ☐ SW ☐ CHAPLAIN

PATIENT NAME: Jarr, William ID # 102406 County Union

| DATE    | TIME |                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|---------|------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 6/19/12 | 0630 | Report given to Lynn Edwards, RN - <del>Thurs</del>                                                                                                                                                                                                                                                                                                                                                                             |
| 6/19/12 | 0630 | Report from Tonya Lewis, LPN. Pt resting in bed RR 12, HR 134. Breathing not cyanotic. Pt wants to talk. C. Edwards PCC.                                                                                                                                                                                                                                                                                                        |
|         | 0715 | Pt in terminal agitation & shoulder involved. Resp labored & shallow. 1ml Roxanol administered for resp sp. Pt has secretions around mouth & on pillow. Linen changed & face washed. Watch continues - C. Edwards RN PCC.                                                                                                                                                                                                       |
|         | 0750 | Pt repositioned to side using wedges & pillows. All linens changed. RR @ 16 HR @ 134 radial pulse floated. No response from pt to care. C. Edwards RN PCC.                                                                                                                                                                                                                                                                      |
|         | 0815 | 1ml Roxanol administered for <sup>labored</sup> respirations & restlessness. C. Edwards RN PCC.                                                                                                                                                                                                                                                                                                                                 |
|         | 0830 | Report to Delisha Hill RN C. Edwards                                                                                                                                                                                                                                                                                                                                                                                            |
| 6/19/12 | 0830 | Report received from Lynn Edwards PCC. Arrived at the home and greeted family and spoke of duration. Greeted PCC and private duty cg Misty upon entering room & pt. Pt lying on lt. side (partially) & back & feet supported by pillows. Skin warm. Bil. hands/feet slight purple mottling to soles of feet. Nail beds cyanotic & cap. refill. Eyes closed, pupils pinpoint & non-reactive to light. No resistance noted. Mouth |



HOSPICE CARE  
OF SOUTH CAROLINA

## CLINICAL NOTE

☒ NURSING ☐ SW ☐ CHAPLAIN

PATIENT NAME: Jarr, William ID # 102406 County Union

| DATE    | TIME |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|---------|------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 6-19-12 | 0830 | (cont) Inadequate air exchange, diminished sounds in bases. Usage of lower abd. muscles to breath. Short shallow breaths. Jerks neck up at times while trying to breath. O2 in place @ 16 L/min via <del>nasal cannula</del> <sup>nasal cannula</sup> . OBS, brief c/d. Colostomy bag clear + intact. Port to LUC has c/d dsq. Intact. Pulses faint. R > L on pedal. Pt is non-responsive to all stimuli. Family is throughout the home. N/D & neck stiff. Face score = 2. Bp - 64/38 HR - 114 Lt. radial, T - 99.5 Temporal, R - 19. —        |
| 6-19-12 | 0915 | Roxanol 1ml/5ml adm. for ↑ labored breathing & usage of muscles and jerking of neck. —<br>Jelina McKee Lpn —                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| 6-19-12 | 1015 | RR-21 Shoulder & neck involvement & breathing along & abd. muscle usage. Cyanotic around eyes, nose, circumoral. Nails beds + feet remain the same. Face clammy + sweating under O2 mask. Washed face & damp cool cloth + placed on forehead. Playing soft spiritual music @ bedside. Wife resting on couch beside husband Dtr. not accepting pt's condition. Granddaughter beside this nurse on floor coloring. Other family throughout the home. ↑ congestion. Roxanol 1ml/5ml adm. along & Ativan 1mg for dyspnea and —<br>Jelina McKee Lpn |





# CLINICAL NOTE

☒ NURSING ☐ SW ☐ CHAPLAIN

-1450-

27

PATIENT NAME: Garr, William ID # 102406 County Union

| DATE    | TIME |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|---------|------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 6-18-12 | 1015 | (cont) muscle usage. Atropine $\frac{1}{4}$ gts adm. for ↑ secretions. Has occasional snore when head is turned other than on lt. side. — <u>Delicia Motte</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| 6-18-12 | 1115 | RR-22, HR-138 apical. Unable to obtain an accurate Bp c manual cuff at this time. Lung fields <del>are</del> still full WLL, LLL diminished. Hands & nail beds cont. to become darker purple. Brief C/d. Pupils are now 2cm Rt, 3cm Lt. in size. Emotional support provided. Spiritual soft music playing. Son in law performed appreciation of music being so nice. Deleones (wife) at bedside playing c grand dtr. and gave her a bath. Still very emotional but coping a little better today. Dtr. not coping. Roxanol 1ml/1 adm. for continued usage of neck and abd. muscles to breathe. — <u>Delicia Motte</u> |
| 6-18-12 | 1215 | Son that pt raised & took care of (runs his store for him) came by to check on him. Pt. cont. to breathe shallow, short & quick. RR-18 jerks neck & uses abd. muscles. Dtr remains in place. Cool cloth on forehead. T-100. (KAT) Wife a sleep on the couch beside pt. Dtr. Lisa came to the door & asked how he was, I explained about the Bp. Still not accepting father's condition. Roxanol 1ml/1 adm. for dyspnea & muscle usage. — <u>Delicia Motte</u>                                                                                                                                                        |



HOSPICE CARE  
OF SOUTH CAROLINA

## CLINICAL NOTE

☒ NURSING ☐ SW ☐ CHAPLAIN

28

PATIENT NAME: William, Farr ID # 102406 County Union

| DATE    | TIME |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|---------|------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 6-18-12 | 1215 | Late entry adm. Oral care prior to adm. Roxanol. & damp swab. Pt closed mouth and bit on sponge several times. Removed med. amt. of thick matter. Applied lip moisturizer due to dryness. Wiped face, neck, bil. arms & legs. Feet & cool damp cloth to assist & ↓ temp. <del>Relieved</del>                                                                                                                                                                                                                                                   |
| 6-18-12 | 1315 | HR-140, RR-20, NVD, pale face. Hands & feet remain the same. Skin warm. Brief c/d. Pulses palpable but faint and hard to obtain pulse. Repositioned pt more on lt. side & wedge behind back. Cont. to jerk neck up & abd. muscle & every effort to breath. Enc. wife to ask the family get her some lunch but refused. Drinking water. Laying on the couch. Does interact & gravel laughter comes into room. Dtr. still not accepting or coping well when told of any changes. Roxanol 1ml/sl given for symptoms. <u>Relieved little</u> Lpr — |
| 6-18-12 | 1415 | Pt remains the same. Wife did go into kitchen & her sister to eat lunch. Cont. to breath & muscles & neck stiff. NVD. Pale RR-20 short quick & shallow. HR-140. <sup>(APICAL)</sup> Rales auscultated in RLL. Hands & feet remain the same. Soles of feet mottled & bil. knees mottled and turning cool. Roxanol 1ml/sl adm. for air hunger & Atropine 1mg qts for ↑ secretions. — <u>Jolana Rottier</u>                                                                                                                                       |



HOSPICE CARE  
OF SOUTH CAROLINA

## CLINICAL NOTE

☒ NURSING ☐ SW ☐ CHAPLAIN

PATIENT NAME: William, Farr

ID # 102406 County Union

| DATE    | TIME |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|---------|------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 6-18-12 | 1515 | Unable to obtain an accurate BP at this time. HR-145 (apical) RR-16-Short, quick, shallow, T-102.0 Cool cloth being rubbed all over body by sister Joyce. Family at bedside at this time. Mottling cont. to feet + knees, hands (palms) Feet + knees are cooling. Nails purple. Face cyanotic circumoral cyanosis. Eye orbits dark. Mouth open, eyes closed. Pupils dilated but non-reactive. Brief c/d. DVP or Bm this shift. Uses accessory muscles & lifts head to breath. O2 remains on @ 16 L/min. via bag mask. Roxanol 1ml/sc + Ativan 1mg adm. for symptoms noted. <del>Relieved</del> |
| 6-18-12 | 1530 | Report given to Lynn Edwards RNC - <del>Relieved</del>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| 6-19-12 | 1530 | Report from Jelisha Hill LPN - <del>Relieved</del>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|         | 1545 | Family & friends at bedside. BP 40/0 Reg 11 & shallow. — <del>Relieved</del> RN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|         | 1605 | Terminal Secretions noted from mouth. & used after deep breath Reg at 4/min monitoring continuously. Pt & bed cleaned.                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|         | 1613 | No respirations noted HR @ 22 BPM <del>Relieved</del>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|         | 1615 | Unable to assess any VS TOD assessed <del>Relieved</del> at bedside. Family notified. Normal grieving noted except dtr who left the home on foot & has not returned. Continue to monitor & prep family <del>Relieved</del>                                                                                                                                                                                                                                                                                                                                                                     |



## CLINICAL NOTE

☒ NURSING    ☐ SW    ☐ CHAPLAIN

PATIENT NAME: Jan, William

ID # 102406 County Union

30

[illegible]

**Patient Details for Farr, William 102406**

|                      |  |               |          |
|----------------------|--|---------------|----------|
| <b>Date Of Birth</b> |  | <b>Status</b> | Deceased |
|----------------------|--|---------------|----------|

**General Clinical Chart Details**

|                                            |                                |                                                  |                                                 |
|--------------------------------------------|--------------------------------|--------------------------------------------------|-------------------------------------------------|
| <u><b>Effective Date</b></u><br>06/17/2012 | <u><b>Discipline</b></u><br>RN | <u><b>Chart Owner</b></u><br>Phipps, Pam (pphip) | <u><b>Created By</b></u><br>Phipps, Pam (pphip) |
|--------------------------------------------|--------------------------------|--------------------------------------------------|-------------------------------------------------|

**Visit Note**

|                                     |                                               |
|-------------------------------------|-----------------------------------------------|
| <u><b>Time Of Event</b></u><br>0700 | <u><b>Visit Note Visit Type</b></u><br>Home * |
|-------------------------------------|-----------------------------------------------|

**Note**  
Crisis care visit- see written crisis care notes.

**Signatures**

1. RN Phipps, Pam (User) signed on 06 1 2012. Recorded by pam.phipps on 06/17/2012.

**Patient Details for Farr, William 102406**

|               |  |        |          |
|---------------|--|--------|----------|
| Date Of Birth |  | Status | Deceased |
|---------------|--|--------|----------|

**General Clinical Chart Details**

Effective Date  
06/17/2012

Discipline  
RN

Chart Owner  
Bailey, Beth (bbail)

Created By  
Bailey, Beth (bbail)

**Visit Note**

Time Of Event  
1200

Visit Note Visit Type  
Home \*

Note

Continuous Care visit see hand written notes

**Signatures**

1. RN Bailey, Beth (User) signed on 06 1 2012. Recorded by beth.bailey on 06/18/2012.

**Patient Details for Farr, William 102406**

|                      |  |               |          |
|----------------------|--|---------------|----------|
| <b>Date Of Birth</b> |  | <b>Status</b> | Deceased |
|----------------------|--|---------------|----------|

**General Clinical Chart Details**

|                                            |                                     |                                                   |                                                  |
|--------------------------------------------|-------------------------------------|---------------------------------------------------|--------------------------------------------------|
| <u><b>Effective Date</b></u><br>06/17/2012 | <u><b>Discipline</b></u><br>LPN/LVN | <u><b>Chart Owner</b></u><br>Ivey, Sandra (sivey) | <u><b>Created By</b></u><br>Ivey, Sandra (sivey) |
|--------------------------------------------|-------------------------------------|---------------------------------------------------|--------------------------------------------------|

**Visit Note**

|                                     |                                              |
|-------------------------------------|----------------------------------------------|
| <u><b>Time Of Event</b></u><br>1655 | <u><b>Visit Note Visit Type</b></u><br>PRN * |
|-------------------------------------|----------------------------------------------|

**Note**  
Crisis Care Visit

**Signatures**

1. LPN/LVN Ivey, Sandra (User) signed on 06/1 2012. Recorded by sandi.ivey on 06/17/2012.

**Patient Details for Farr, William 102406**

|                      |  |               |          |
|----------------------|--|---------------|----------|
| <b>Date Of Birth</b> |  | <b>Status</b> | Deceased |
|----------------------|--|---------------|----------|

**General Clinical Chart Details**

**Effective Date**  
06/17/2012

**Discipline**  
Social Services

**Chart Owner**  
Burnett, Sherry  
(s burn)

**Created By**  
Burnett, Sherry  
(s burn)

**Visit Note**

**Time Of Event**  
2000

**Visit Note Visit Type**  
Phone Call

**Note**

Sw contacted family after being notified earlier today by Beth Bailey that patient had been started on crisis care. Daughter strong in her faith, still in denial. Sw offered emotional support and encouragement. Sw gave phone number in the event that family wanted a visit before monday from social worker.

**Signatures**

1. Social Services **Burnett, Sherry** (User) signed on **06 1 2012**. Recorded by sherry.burnett on 06/17/2012.



Consolo LPN/LVN Clinical Chart by McCurry, Susan Dated 06/18/2012 (9833005)

**Patient Details for Farr, William 102406**

|                      |  |               |          |
|----------------------|--|---------------|----------|
| <b>Date Of Birth</b> |  | <b>Status</b> | Deceased |
|----------------------|--|---------------|----------|

**General Clinical Chart Details**

|                                     |                              |                                                 |                                                |
|-------------------------------------|------------------------------|-------------------------------------------------|------------------------------------------------|
| <u>Effective Date</u><br>06/18/2012 | <u>Discipline</u><br>LPN/LVN | <u>Chart Owner</u><br>McCurry, Susan<br>(smccu) | <u>Created By</u><br>McCurry, Susan<br>(smccu) |
|-------------------------------------|------------------------------|-------------------------------------------------|------------------------------------------------|

**Signatures**

1. LPN/LVN **McCurry, Susan** (User) signed on **06/18/2012**. Recorded by susan.mccurry on 06/18/2012.

**Patient Details for Farr, William 102406**

|               |  |        |          |
|---------------|--|--------|----------|
| Date Of Birth |  | Status | Deceased |
|---------------|--|--------|----------|

**General Clinical Chart Details**

|                                     |                         |                                             |                                            |
|-------------------------------------|-------------------------|---------------------------------------------|--------------------------------------------|
| <u>Effective Date</u><br>06/18/2012 | <u>Discipline</u><br>RN | <u>Chart Owner</u><br>Edwards, Lynn (ledwa) | <u>Created By</u><br>Edwards, Lynn (ledwa) |
|-------------------------------------|-------------------------|---------------------------------------------|--------------------------------------------|

**Nursing Summary**

**Nursing Summary Notes**

Visit Notes

0416 call received from Susan M, LPN stating family was in crisis over patients declining condition and she needed help managing the situation.  
0445 arrived at pts home spoke with family Susan M, Managed patient while this RN calmed family and spent time counseling family  
remained at home with family until my CC shift began

**Signatures**

1. RN Edwards, Lynn (User) signed on 06/19/2012. Recorded by lynn.edwards on 06/19/2012.

**Patient Details for Farr, William 102406**

|               |  |        |          |
|---------------|--|--------|----------|
| Date Of Birth |  | Status | Deceased |
|---------------|--|--------|----------|

**General Clinical Chart Details**

Effective Date  
06/18/2012

Discipline  
Social Services

Chart Owner  
Burnett, Sherry  
(sburn)

Created By  
Burnett, Sherry  
(sburn)

**Bereavement Assessment**

Name

Farr, Dolores

**Other Family**

Other Significant Family Members

Lisa, daughter is in denial. wife Dolores, suffered a breakdown and has not spoken to anyone except family on rare occasions in ten years.

**How will the bereaved cope?**

Doubtful, may need special help

**Comments**

Lisa, daughter, is in denial. She is having a difficult time with accepting her father's prognosis. Unusual family dynamics may cause difficulty with bereaved.

**Social Assessment**

Mental Status

Unable to assess. Patient unresponsive to others today. He is receiving crisis care. Sw unable to obtain initial information due to patient actively dying and family upset and at bedside. Patient was able to eat crab legs last night per family. He loves seafood.

Primary Care Giver

Farr, Dolores

**Symptoms**

Other (unable to assess. Patient on crisis care)

**Appearance**

Well Groomed

**Motor Activity**

Other (unable to assess)

**Affect**

Other (unresponsive)

**Mood**

Other (unable to assess)

**Speech**

Other (unable to assess)

**Thought Process**

Other (unable to assess)

**Hallucinations**

Other (unable to assess)

**Delusions**

Other (unable to assess)

**Memory**

Other (unable to assess)

**Judgment**

Other (unable to assess)

**Insight**

Other (unable to assess)

**Intelligence**

Other (unable to assess)

**History**

**Mental Health Issues**

unable to obtain information as patient is on crisis care and family at bedside

**Substance Abuse History/Issues**

unable to assess

**Family History**

Patient has two children, wife, and siblings. They are all at bedside as patient is unresponsive and receiving crisis care.

**Cultural History or Barrier That Affects Care**

n/a

**Educational History**

unable to obtain.

**Work History**

unable to obtain.

**Hobbies/Interests**

yard work

**How is the patient coping with the illness?**

unable to assess

**What is the hardest part of illness for the patient?**

unable to assess

**Financial And Legal Information**

**Financial Concerns**

n/a

**Financial Comments**

n/a

**Family Information**

**Family Coping**

Patient wife does not speak to others, she may verbalize to family on occasion. She had a breakdown about ten years ago. Patient has two children, daughter, Lisa, is in denial. She is having a really difficult time accepting her father's condition. Unable to assess pcg, wife, as she does not speak, she just sits by patient's side and looks, or cries.

**Family Dynamics**

Patient daughter in denial. Pcg has mental illness/does not talk to others.

**Primary Care Giver's Evaluation**

**How is caregiver coping with role?**

family is not coping well at this time.

**Assessment of caregiver's grief**

difficulty with grief noted with family

**Social Worker Assessment**

Patient has supportive family, but they are not accepting of patient's illness/prognosis. They are having a difficult time.

**Signatures**

1. Social Services **Burnett, Sherry** (User) signed on **06/18/2012**. Recorded by sherry.burnett on 06/18/2012.

**Patient Details for Farr, William 102406**

|               |  |        |          |
|---------------|--|--------|----------|
| Date Of Birth |  | Status | Deceased |
|---------------|--|--------|----------|

**General Clinical Chart Details**

Effective Date  
06/18/2012

Discipline  
RN

Chart Owner  
Edwards, Lynn (ledwa)

Created By  
Edwards, Lynn (ledwa)

**Nursing Summary**

**Nursing Summary Notes**

Visit Notes

0645-0830 Crisis Care Coverage

Patient/Family/Representative/CG Goals

family dynamics....difficulty with teaching family EOL sx and mgt....

**Signatures**

1. RN Edwards, Lynn (User) signed on 06/19/2012. Recorded by lynn.edwards on 06/19/2012.

**Patient Details for Farr, William 102406**

|                      |  |               |          |
|----------------------|--|---------------|----------|
| <b>Date Of Birth</b> |  | <b>Status</b> | Deceased |
|----------------------|--|---------------|----------|

**General Clinical Chart Details**

Effective Date  
06/18/2012

Discipline  
Chaplain

Chart Owner  
Cooke, Wayne (wcook)

Created By  
Cooke, Wayne (wcook)

**Bereavement Assessment**

**Other Family**

Other Significant Family Members

Wife Delores

**How will the bereaved cope?**

Doubtful, may need special help (Wife would not talk to Chaplain. Chaplain thinks the daughter is in denial.)

**Comments**

Wife was sitting in the room with the patient. She would not talk. Daughter kept saying that her father was going to get better. Patient was on Crisis Care during assessment visit.

**Spiritual Assessment**

Significant Others in Patient's Life: Wife Delores, Religious Utilization: Patient was admitted on Saturday, June 16. Patient was placed on Crisis Care on Sunday. Chaplain was unable to complete Spiritual assessment during to patient's illness. Because of patient's condition, Chaplain was unable to talk with the family., Comments: Patient was on Crisis care when Chaplain went to home to complete Spiritual assessment. Due to patient's condition, Chaplain was unable to complete assessment.

**Signatures**

1. Chaplain **Cooke, Wayne** (User) signed on **06/18/2012**. Recorded by wayne.cooke on 06/18/2012.

Consolo LPN/LVN Clinical Chart by Curtis, Felisha Dated 06/18/2012 (9839158)

**Patient Details for Farr, William 102406**

|                      |  |               |          |
|----------------------|--|---------------|----------|
| <b>Date Of Birth</b> |  | <b>Status</b> | Deceased |
|----------------------|--|---------------|----------|

**General Clinical Chart Details**

**Effective Date**  
06/18/2012

**Discipline**  
LPN/LVN

**Chart Owner**  
Curtis, Felisha (fcurt)

**Created By**  
Curtis, Felisha (fcurt)

**Signatures**

1. LPN/LVN Hill, Felisha (User) signed on 06/18/2012. Recorded by felisha.hill on 06/18/2012.

Consolo LPN/LVN Clinical Chart by Ivey, Sandra Dated 06/18/2012 (9843330)

**Patient Details for Farr, William 102406**

|                      |  |               |          |
|----------------------|--|---------------|----------|
| <b>Date Of Birth</b> |  | <b>Status</b> | Deceased |
|----------------------|--|---------------|----------|

**General Clinical Chart Details**

**Effective Date**  
06/18/2012

**Discipline**  
LPN/LVN

**Chart Owner**  
Ivey, Sandra (sivey)

**Created By**  
Ivey, Sandra (sivey)

**Visit Note**

**Time Of Event**  
1055

**Visit Note Visit Type**  
LPN/LVN On Call Notes

**Note**  
Crisis Care Visit

**Signatures**

1. LPN/LVN Ivey, Sandra (User) signed on 06/18/2012. Recorded by sandi.ivey on 06/18/2012.



Consolo LPN/LVN Clinical Chart by Allen, Sherri Dated 06/18/2012 (9844781)

**Patient Details for Farr, William 102406**

|               |  |        |          |
|---------------|--|--------|----------|
| Date Of Birth |  | Status | Deceased |
|---------------|--|--------|----------|

**General Clinical Chart Details**

Effective Date  
06/18/2012

Discipline  
LPN/LVN

Chart Owner  
Allen, Sherri (salle)

Created By  
Allen, Sherri (salle)

**Signatures**

1. LPN/LVN Allen, Sherri (User) signed on 06/19/2012. Recorded by sherri.allen on 06/19/2012.

**Patient Details for Farr, William 102406**

|               |            |        |          |
|---------------|------------|--------|----------|
| Date Of Birth | 06/18/2012 | Status | Deceased |
|---------------|------------|--------|----------|

**General Clinical Chart Details**

|                                     |                         |                                             |                                            |
|-------------------------------------|-------------------------|---------------------------------------------|--------------------------------------------|
| <u>Effective Date</u><br>06/18/2012 | <u>Discipline</u><br>RN | <u>Chart Owner</u><br>Edwards, Lynn (ledwa) | <u>Created By</u><br>Edwards, Lynn (ledwa) |
|-------------------------------------|-------------------------|---------------------------------------------|--------------------------------------------|

**Nursing Summary**

**Nursing Summary Notes**

Visit Notes

remained at home through the day r/t family dynamics and education of family and deescalation of family members.....continuous education provided mr/t EOL care, symptoms, management of symptoms

**Family/Representative/CG Willingness and Capability to Care For Patient**

Concerns

Yes

Comments

many concerns including medication symptoms EOL

**Signatures**

1. RN Edwards, Lynn (User) signed on 06/19/2012. Recorded by lynn.edwards on 06/19/2012.

**Patient Details for Farr, William 102406**

|                      |  |               |          |
|----------------------|--|---------------|----------|
| <b>Date Of Birth</b> |  | <b>Status</b> | Deceased |
|----------------------|--|---------------|----------|

**General Clinical Chart Details**

Effective Date  
06/18/2012

Discipline  
RN

Chart Owner  
Edwards, Lynn (ledwa)

Created By  
Edwards, Lynn (ledwa)

**Signatures**

1. RN Edwards, Lynn (User) signed on 06/19/2012. Recorded by lynn.edwards on 06/19/2012.

Consolo LPN/LVN Clinical Chart by Ivey, Sandra Dated 06/19/2012 (9849519)

**Patient Details for Farr, William 102406**

|               |  |        |          |
|---------------|--|--------|----------|
| Date Of Birth |  | Status | Deceased |
|---------------|--|--------|----------|

**General Clinical Chart Details**

Effective Date  
06/19/2012

Discipline  
LPN/LVN

Chart Owner  
Ivey, Sandra (sivey)

Created By  
Ivey, Sandra (sivey)

**Signatures**

1. LPN/LVN Ivey, Sandra (User) signed on 06/19/2012. Recorded by sandi.ivey on 06/19/2012.

Consolo LPN/LVN Clinical Chart by Curtis, Felisha Dated 06/19/2012 (9851920)

**Patient Details for Farr, William 102406**

|                      |  |               |          |
|----------------------|--|---------------|----------|
| <b>Date Of Birth</b> |  | <b>Status</b> | Deceased |
|----------------------|--|---------------|----------|

**General Clinical Chart Details****Effective Date**  
06/19/2012**Discipline**  
LPN/LVN**Chart Owner**  
Curtis, Felisha (fcurt)**Created By**  
Curtis, Felisha (fcurt)**Signatures**

1. LPN/LVN Hill, Felisha (User) signed on 06/19/2012. Recorded by felisha.hill on 06/19/2012.

**Patient Details for Farr, William 102406**

|               |  |        |          |
|---------------|--|--------|----------|
| Date Of Birth |  | Status | Deceased |
|---------------|--|--------|----------|

**General Clinical Chart Details**

Effective Date  
06/19/2012

Discipline  
RN

Chart Owner  
Edwards, Lynn (ledwa)

Created By  
Edwards, Lynn (ledwa)

**Signatures**

1. RN Edwards, Lynn (User) signed on 06/19/2012. Recorded by lynn.edwards on 06/19/2012.

Consolo RN Clinical Chart by Edwards, Lynn Dated 06/19/2012 (9855149)

**Patient Details for Farr, William 102406**

|               |  |        |          |
|---------------|--|--------|----------|
| Date Of Birth |  | Status | Deceased |
|---------------|--|--------|----------|

**General Clinical Chart Details**

|                                     |                         |                                             |                                            |
|-------------------------------------|-------------------------|---------------------------------------------|--------------------------------------------|
| <u>Effective Date</u><br>06/19/2012 | <u>Discipline</u><br>RN | <u>Chart Owner</u><br>Edwards, Lynn (ledwa) | <u>Created By</u><br>Edwards, Lynn (ledwa) |
|-------------------------------------|-------------------------|---------------------------------------------|--------------------------------------------|

**Signatures**

1. RN Edwards, Lynn (User) signed on 06/19/2012. Recorded by lynn.edwards on 06/19/2012.

**Patient Details for Farr, William 102406**

|                      |  |               |          |
|----------------------|--|---------------|----------|
| <b>Date Of Birth</b> |  | <b>Status</b> | Deceased |
|----------------------|--|---------------|----------|

**General Clinical Chart Details**

Effective Date  
06/19/2012

Discipline  
RN

Chart Owner  
Edwards, Lynn (ledwa)

Created By  
Edwards, Lynn (ledwa)

**Signatures**

1. Skilled Nurse **Edwards, Lynn** (User) signed on **03/05/2013**. Recorded by lynn.edwards on 03/05/2013.

**Addendums**

| <b>Date</b>             | <b>Signed By</b>         | <b>Reason</b>            | <b>Section</b> | <b>Note</b>                                                                      |
|-------------------------|--------------------------|--------------------------|----------------|----------------------------------------------------------------------------------|
| 03/05/2013<br>09:26 EST | Edwards, Lynn<br>(ledwa) | Corrected<br>Information |                | Chart signed late r/t discovery of unsigned chart<br>during routine chart audit. |



**Patient Details for Farr, William 102406**

|                      |  |               |          |
|----------------------|--|---------------|----------|
| <b>Date Of Birth</b> |  | <b>Status</b> | Deceased |
|----------------------|--|---------------|----------|

**General Clinical Chart Details**

|                                            |                                |                                                    |                                                   |
|--------------------------------------------|--------------------------------|----------------------------------------------------|---------------------------------------------------|
| <u><b>Effective Date</b></u><br>06/19/2012 | <u><b>Discipline</b></u><br>RN | <u><b>Chart Owner</b></u><br>Edwards, Lynn (ledwa) | <u><b>Created By</b></u><br>Edwards, Lynn (ledwa) |
|--------------------------------------------|--------------------------------|----------------------------------------------------|---------------------------------------------------|

**Signatures**

1. Skilled Nurse **Edwards, Lynn** (User) signed on **03/05/2013**. Recorded by lynn.edwards on 03/05/2013.

**Addendums**

| <b>Date</b>             | <b>Signed By</b>         | <b>Reason</b>            | <b>Section</b> | <b>Note</b>                                                                      |
|-------------------------|--------------------------|--------------------------|----------------|----------------------------------------------------------------------------------|
| 03/05/2013<br>09:25 EST | Edwards, Lynn<br>(ledwa) | Corrected<br>Information |                | Chart signed late r/t discovery of unsigned chart<br>during routine chart audit. |

**Patient Details for Farr, William 102406**

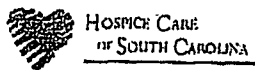
|               |  |        |          |
|---------------|--|--------|----------|
| Date Of Birth |  | Status | Deceased |
|---------------|--|--------|----------|

**General Clinical Chart Details**

|                                     |                         |                                             |                                            |
|-------------------------------------|-------------------------|---------------------------------------------|--------------------------------------------|
| <u>Effective Date</u><br>06/19/2012 | <u>Discipline</u><br>RN | <u>Chart Owner</u><br>Edwards, Lynn (ledwa) | <u>Created By</u><br>Edwards, Lynn (ledwa) |
|-------------------------------------|-------------------------|---------------------------------------------|--------------------------------------------|

**Signatures**

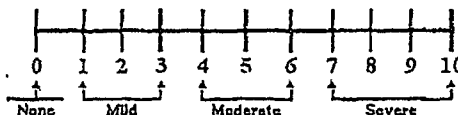
1. RN Edwards, Lynn (User) signed on 06/19/2012. Recorded by lynn.edwards on 06/19/2012.



## PHYSICAL PAIN MANAGEMENT TOOL

PATIENT NAME: William JarrID#: 102406DATE/TIME: 6/17/12 9AM☒ INITIAL ASSESSMENT☐ ADMISSION COMPREHENSIVE ASSESSMENT☐ COMPREHENSIVE ASSESSMENT UPDATE☐ OTHER

PAIN GOAL: \_\_\_\_\_

PAIN SCALES:  
(Select one and  
identify pain score)0-10 NUMERIC: ☐FLACCS: ☒

INDICATE INTENSITY, DURATION AND QUALITY BY EACH LOCATION BELOW:

| RIGHT | LEFT | LOCATION | DURATION                                                                                                                                        | QUALITY                                                                                                                                                                                                                                                    | WHAT MAKES PAIN BETTER?                                                                                                                                                                                                                                                                    | WHAT MAKES PAIN WORSE?                                                                                                                                                                                      | EFFECTS OF PAIN                                                                                                                                                                                                                                                                                                                                                                                                        |
|-------|------|----------|-------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|       |      | 1        | <input type="checkbox"/> Occasional<br><input type="checkbox"/> Frequent<br><input type="checkbox"/> Constant<br><input type="checkbox"/> _____ | <input type="checkbox"/> Sharp<br><input type="checkbox"/> Dull ache<br><input type="checkbox"/> Throbbing<br><input type="checkbox"/> Tingling<br><input type="checkbox"/> Burning<br><input type="checkbox"/> Stabbing<br><input type="checkbox"/> _____ | <input type="checkbox"/> Rest<br><input type="checkbox"/> Meds<br><input type="checkbox"/> Reposition<br><input type="checkbox"/> Massage<br><input type="checkbox"/> Heat<br><input type="checkbox"/> Ice<br><input type="checkbox"/> Sleep<br><input type="checkbox"/> Spiritual Support | <input type="checkbox"/> Activity<br><input type="checkbox"/> Rotation<br><input type="checkbox"/> Noise<br><input type="checkbox"/> Light<br><input type="checkbox"/> Heat<br><input type="checkbox"/> Ice | <input type="checkbox"/> None<br><input type="checkbox"/> Nausea<br><input type="checkbox"/> Sleep<br><input type="checkbox"/> Appetite<br><input type="checkbox"/> Physical activity<br><input type="checkbox"/> Relationship with others (irritability, etc.)<br><input type="checkbox"/> Emotions (anger, crying, suicidal, etc.)<br><input type="checkbox"/> Concentration<br><input type="checkbox"/> Other _____ |
|       |      | 2        | <input type="checkbox"/> Occasional<br><input type="checkbox"/> Frequent<br><input type="checkbox"/> Constant<br><input type="checkbox"/> _____ | <input type="checkbox"/> Sharp<br><input type="checkbox"/> Dull ache<br><input type="checkbox"/> Throbbing<br><input type="checkbox"/> Tingling<br><input type="checkbox"/> Burning<br><input type="checkbox"/> Stabbing<br><input type="checkbox"/> _____ | <input type="checkbox"/> Rest<br><input type="checkbox"/> Meds<br><input type="checkbox"/> Reposition<br><input type="checkbox"/> Massage<br><input type="checkbox"/> Heat<br><input type="checkbox"/> Ice<br><input type="checkbox"/> Sleep<br><input type="checkbox"/> Spiritual Support | <input type="checkbox"/> Activity<br><input type="checkbox"/> Rotation<br><input type="checkbox"/> Noise<br><input type="checkbox"/> Light<br><input type="checkbox"/> Heat<br><input type="checkbox"/> Ice | <input type="checkbox"/> None<br><input type="checkbox"/> Nausea<br><input type="checkbox"/> Sleep<br><input type="checkbox"/> Appetite<br><input type="checkbox"/> Physical activity<br><input type="checkbox"/> Relationship with others (irritability, etc.)<br><input type="checkbox"/> Emotions (anger, crying, suicidal, etc.)<br><input type="checkbox"/> Concentration<br><input type="checkbox"/> Other _____ |
|       |      | 3        | <input type="checkbox"/> Occasional<br><input type="checkbox"/> Frequent<br><input type="checkbox"/> Constant<br><input type="checkbox"/> _____ | <input type="checkbox"/> Sharp<br><input type="checkbox"/> Dull ache<br><input type="checkbox"/> Throbbing<br><input type="checkbox"/> Tingling<br><input type="checkbox"/> Burning<br><input type="checkbox"/> Stabbing<br><input type="checkbox"/> _____ | <input type="checkbox"/> Rest<br><input type="checkbox"/> Meds<br><input type="checkbox"/> Reposition<br><input type="checkbox"/> Massage<br><input type="checkbox"/> Heat<br><input type="checkbox"/> Ice<br><input type="checkbox"/> Sleep<br><input type="checkbox"/> Spiritual Support | <input type="checkbox"/> Activity<br><input type="checkbox"/> Rotation<br><input type="checkbox"/> Noise<br><input type="checkbox"/> Light<br><input type="checkbox"/> Heat<br><input type="checkbox"/> Ice | <input type="checkbox"/> None<br><input type="checkbox"/> Nausea<br><input type="checkbox"/> Sleep<br><input type="checkbox"/> Appetite<br><input type="checkbox"/> Physical activity<br><input type="checkbox"/> Relationship with others (irritability, etc.)<br><input type="checkbox"/> Emotions (anger, crying, suicidal, etc.)<br><input type="checkbox"/> Concentration<br><input type="checkbox"/> Other _____ |

| PAIN INTERVENTION AND RE-EVALUATION |            |                                             |             |                 |            |
|-------------------------------------|------------|---------------------------------------------|-------------|-----------------|------------|
| INTERVENTIONS                       |            |                                             |             | RE-EVALUATION   |            |
| Time                                | Pain Score | Analgesia                                   | Dose, Route | *Other Measures | Pain Score |
| 9:00am                              | 7          | Oxycodone 10mg<br>Ativan 8.5mg<br>Hydro (2) | po          |                 | 9:30am 0   |
|                                     |            |                                             |             |                 |            |
|                                     |            |                                             |             |                 |            |
|                                     |            |                                             |             |                 |            |
|                                     |            |                                             |             |                 |            |
|                                     |            |                                             |             |                 |            |
|                                     |            |                                             |             |                 |            |

\*Other Measures Key: A = Aromatherapy, C = Cold, H = Heat, MSG = Massage, MUS = Music, P = Position/Reposition, R = Rest, O = Other (Identify in Note)

☐ REFER TO NARRATIVE CLINICAL NOTE

Pam Phibes  
Nurse Signature

RA  
Title

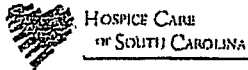
## FLACCS PAIN SCALE:

1. SUM OF FACE, LEGS, ACTIVITY, CRY &amp; CONSOLABILITY = SCORE

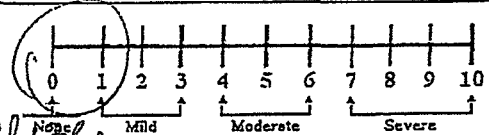
2. RECORD FLACC SCORES USING THE 0-10 (NUMERIC) SCALE ABOVE

|               |   |                                                                                                                                                            |
|---------------|---|------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Face          | 2 | 0 = No particular expression or smile<br>1 = Occas. grimace or frown, withdrawn, disinterested<br>2 = Freq. - constant frown, clenched jaw, quivering chin |
| Legs          | 1 | 0 = Normal position or relaxed<br>1 = Uneasy, restless, tense<br>2 = Kicking or legs drawn up                                                              |
| Activity      | 2 | 0 = Lying quietly, normal position, moves easy<br>1 = Squirming, shifting back & forth, tense<br>2 = Arched, rigid or jerking                              |
| Cry           | 1 | 0 = No crying (asleep or awake)<br>1 = Moans or whimpers, occasional complaint<br>2 = Crying steadily, screams or sobs, freq. complaints                   |
| Consolability | 1 | 0 = Content, relaxed<br>1 = Reassured by touching, hugging, talking, distractible<br>2 = Difficult to console or comfort                                   |

7 TOTAL SCORE



## PHYSICAL PAIN MANAGEMENT TOOL

PATIENT NAME: Farr, WilliamID#: 102406DATE/TIME: 6/17/12 @ 9:00 pm☒ INITIAL ASSESSMENT☐ ADMISSION COMPREHENSIVE ASSESSMENT☐ COMPREHENSIVE ASSESSMENT UPDATE☒ OTHERPAIN GOAL: 0PAIN SCALES:  
(Select one and  
identify pain score)0-10 NUMERIC: ☒ 0FLACC: ☐pt. able to verbalize

INDICATE INTENSITY, DURATION AND QUALITY BY EACH LOCATION BELOW:

| LOCATION | DURATION                                                                                                                                     | QUALITY                                                                                                                                                                                                                                                 | WHAT MAKES PAIN BETTER?                                                                                                                                                                                                                                                                    | WHAT MAKES PAIN WORSE?                                                                                                                                                                                      | EFFECTS OF PAIN                                                                                                                                                                                                                                                                                                                                                                                                                              |
|----------|----------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|          | <input type="checkbox"/> Occasional<br><input type="checkbox"/> Frequent<br><input type="checkbox"/> Constant<br><u>                    </u> | <input type="checkbox"/> Sharp<br><input type="checkbox"/> Dull ache<br><input type="checkbox"/> Throbbing<br><input type="checkbox"/> Tingling<br><input type="checkbox"/> Burning<br><input type="checkbox"/> Stabbing<br><u>                    </u> | <input type="checkbox"/> Rest<br><input type="checkbox"/> Meds<br><input type="checkbox"/> Reposition<br><input type="checkbox"/> Massage<br><input type="checkbox"/> Heat<br><input type="checkbox"/> Ice<br><input type="checkbox"/> Sleep<br><input type="checkbox"/> Spiritual Support | <input type="checkbox"/> Activity<br><input type="checkbox"/> Rotation<br><input type="checkbox"/> Noise<br><input type="checkbox"/> Light<br><input type="checkbox"/> Heat<br><input type="checkbox"/> Ice | <input type="checkbox"/> None<br><input type="checkbox"/> Nausea<br><input type="checkbox"/> Sleep<br><input type="checkbox"/> Appetite<br><input type="checkbox"/> Physical activity<br><input type="checkbox"/> Relationship with others (irritability, etc.)<br><input type="checkbox"/> Emotions (anger, crying, suicidal, etc.)<br><input type="checkbox"/> Concentration<br><input type="checkbox"/> Other <u>                    </u> |
|          | <input type="checkbox"/> Occasional<br><input type="checkbox"/> Frequent<br><input type="checkbox"/> Constant<br><u>                    </u> | <input type="checkbox"/> Sharp<br><input type="checkbox"/> Dull ache<br><input type="checkbox"/> Throbbing<br><input type="checkbox"/> Tingling<br><input type="checkbox"/> Burning<br><input type="checkbox"/> Stabbing<br><u>                    </u> | <input type="checkbox"/> Rest<br><input type="checkbox"/> Meds<br><input type="checkbox"/> Reposition<br><input type="checkbox"/> Massage<br><input type="checkbox"/> Heat<br><input type="checkbox"/> Ice<br><input type="checkbox"/> Sleep<br><input type="checkbox"/> Spiritual Support | <input type="checkbox"/> Activity<br><input type="checkbox"/> Rotation<br><input type="checkbox"/> Noise<br><input type="checkbox"/> Light<br><input type="checkbox"/> Heat<br><input type="checkbox"/> Ice | <input type="checkbox"/> None<br><input type="checkbox"/> Nausea<br><input type="checkbox"/> Sleep<br><input type="checkbox"/> Appetite<br><input type="checkbox"/> Physical activity<br><input type="checkbox"/> Relationship with others (irritability, etc.)<br><input type="checkbox"/> Emotions (anger, crying, suicidal, etc.)<br><input type="checkbox"/> Concentration<br><input type="checkbox"/> Other <u>                    </u> |
|          | <input type="checkbox"/> Occasional<br><input type="checkbox"/> Frequent<br><input type="checkbox"/> Constant<br><u>                    </u> | <input type="checkbox"/> Sharp<br><input type="checkbox"/> Dull ache<br><input type="checkbox"/> Throbbing<br><input type="checkbox"/> Tingling<br><input type="checkbox"/> Burning<br><input type="checkbox"/> Stabbing<br><u>                    </u> | <input type="checkbox"/> Rest<br><input type="checkbox"/> Meds<br><input type="checkbox"/> Reposition<br><input type="checkbox"/> Massage<br><input type="checkbox"/> Heat<br><input type="checkbox"/> Ice<br><input type="checkbox"/> Sleep<br><input type="checkbox"/> Spiritual Support | <input type="checkbox"/> Activity<br><input type="checkbox"/> Rotation<br><input type="checkbox"/> Noise<br><input type="checkbox"/> Light<br><input type="checkbox"/> Heat<br><input type="checkbox"/> Ice | <input type="checkbox"/> None<br><input type="checkbox"/> Nausea<br><input type="checkbox"/> Sleep<br><input type="checkbox"/> Appetite<br><input type="checkbox"/> Physical activity<br><input type="checkbox"/> Relationship with others (irritability, etc.)<br><input type="checkbox"/> Emotions (anger, crying, suicidal, etc.)<br><input type="checkbox"/> Concentration<br><input type="checkbox"/> Other <u>                    </u> |

## PAIN INTERVENTION AND RE-EVALUATION

| INTERVENTIONS |            |           |             |                 | RE-EVALUATION |            |
|---------------|------------|-----------|-------------|-----------------|---------------|------------|
| Time          | Pain Score | Analgesia | Dose, Route | *Other Measures | Time          | Pain Score |
|               |            |           |             |                 |               |            |
|               |            |           |             |                 |               |            |
|               |            |           |             |                 |               |            |
|               |            |           |             |                 |               |            |
|               |            |           |             |                 |               |            |
|               |            |           |             |                 |               |            |
|               |            |           |             |                 |               |            |

\*Other Measures Key: A = Aromatherapy, C = Cold, H = Heat, MSG = Message, MUS = Music, P = Position/Reposition, R = Rest, O = Other (Identify in Note)

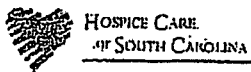
☒ REFER TO NARRATIVE CLINICAL NOTE

Susan H. McCrory LPN, CHPN  
Nurse Signature Title

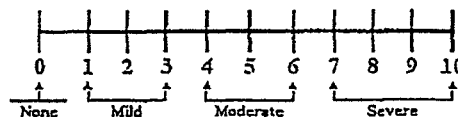
## FLACC PAIN SCALE:

1. SUM OF FACE, LEGS, ACTIVITY, CRY & CONSOLABILITY = SCORE  
 2. RECORD FLACC SCORES USING THE 0-10 (NUMERIC) SCALE ABOVE

|               |          |                                                                                                                                                            |
|---------------|----------|------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Face          | <u>0</u> | 0 = No particular expression or smile<br>1 = Occas. grimace or frown, withdrawn, disinterested<br>2 = Freq. - constant frown, clenched jaw, quivering chin |
| Legs          | <u>0</u> | 0 = Normal position or relaxed<br>1 = Uneasy, restless, tense<br>2 = Kicking or legs drawn up                                                              |
| Activity      | <u>0</u> | 0 = Lying quietly, normal position, moves easy<br>1 = Squirming, shifting back & forth, tense<br>2 = Arched, rigid or jerking                              |
| Cry           | <u>0</u> | 0 = No crying (asleep or awake)<br>1 = Moans or whimpers, occasional complaint<br>2 = Crying steadily, screams or sobs, freq. complaints                   |
| Consolability | <u>0</u> | 0 = Content, relaxed<br>1 = Reassured by touching, hugging, talking, distractible<br>2 = Difficult to console or comfort                                   |
| <u>0</u>      |          | TOTAL SCORE                                                                                                                                                |



## PHYSICAL PAIN MANAGEMENT TOOL

PATIENT NAME: Farr, WilliamID#: 102406DATE/TIME: 6-18-12 830☒ INITIAL ASSESSMENT☐ ADMISSION COMPREHENSIVE ASSESSMENT☐ COMPREHENSIVE ASSESSMENT UPDATE☐ OTHERPAIN GOAL: 0PAIN SCALES:  
(Select one and  
identify pain score)0-10 NUMERIC: ☐FLACC: ☒

INDICATE INTENSITY, DURATION AND QUALITY BY EACH LOCATION BELOW:

| LOCATION | DURATION                                                                                                                  | QUALITY                                                                                                                                                                                                                              | WHAT MAKES PAIN BETTER?                                                                                                                                                                                                                                                                    | WHAT MAKES PAIN WORSE?                                                                                                                                                                                      | EFFECTS OF PAIN                                                                                                                                                                                                                                                                                                                                                                                                        |
|----------|---------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|          | <input type="checkbox"/> Occasional<br><input type="checkbox"/> Frequent<br><input type="checkbox"/> Constant<br><u>1</u> | <input type="checkbox"/> Sharp<br><input type="checkbox"/> Dull ache<br><input type="checkbox"/> Throbbing<br><input type="checkbox"/> Tingling<br><input type="checkbox"/> Burning<br><input type="checkbox"/> Stabbing<br><u>1</u> | <input type="checkbox"/> Rest<br><input type="checkbox"/> Meds<br><input type="checkbox"/> Reposition<br><input type="checkbox"/> Massage<br><input type="checkbox"/> Heat<br><input type="checkbox"/> Ice<br><input type="checkbox"/> Sleep<br><input type="checkbox"/> Spiritual Support | <input type="checkbox"/> Activity<br><input type="checkbox"/> Rotation<br><input type="checkbox"/> Noise<br><input type="checkbox"/> Light<br><input type="checkbox"/> Heat<br><input type="checkbox"/> Ice | <input type="checkbox"/> None<br><input type="checkbox"/> Nausea<br><input type="checkbox"/> Sleep<br><input type="checkbox"/> Appetite<br><input type="checkbox"/> Physical activity<br><input type="checkbox"/> Relationship with others (Irritability, etc.)<br><input type="checkbox"/> Emotions (anger, crying, suicidal, etc.)<br><input type="checkbox"/> Concentration<br><input type="checkbox"/> Other _____ |
|          | <input type="checkbox"/> Occasional<br><input type="checkbox"/> Frequent<br><input type="checkbox"/> Constant<br><u>2</u> | <input type="checkbox"/> Sharp<br><input type="checkbox"/> Dull ache<br><input type="checkbox"/> Throbbing<br><input type="checkbox"/> Tingling<br><input type="checkbox"/> Burning<br><input type="checkbox"/> Stabbing<br><u>2</u> | <input type="checkbox"/> Rest<br><input type="checkbox"/> Meds<br><input type="checkbox"/> Reposition<br><input type="checkbox"/> Massage<br><input type="checkbox"/> Heat<br><input type="checkbox"/> Ice<br><input type="checkbox"/> Sleep<br><input type="checkbox"/> Spiritual Support | <input type="checkbox"/> Activity<br><input type="checkbox"/> Rotation<br><input type="checkbox"/> Noise<br><input type="checkbox"/> Light<br><input type="checkbox"/> Heat<br><input type="checkbox"/> Ice | <input type="checkbox"/> None<br><input type="checkbox"/> Nausea<br><input type="checkbox"/> Sleep<br><input type="checkbox"/> Appetite<br><input type="checkbox"/> Physical activity<br><input type="checkbox"/> Relationship with others (Irritability, etc.)<br><input type="checkbox"/> Emotions (anger, crying, suicidal, etc.)<br><input type="checkbox"/> Concentration<br><input type="checkbox"/> Other _____ |
|          | <input type="checkbox"/> Occasional<br><input type="checkbox"/> Frequent<br><input type="checkbox"/> Constant<br><u>3</u> | <input type="checkbox"/> Sharp<br><input type="checkbox"/> Dull ache<br><input type="checkbox"/> Throbbing<br><input type="checkbox"/> Tingling<br><input type="checkbox"/> Burning<br><input type="checkbox"/> Stabbing<br><u>3</u> | <input type="checkbox"/> Rest<br><input type="checkbox"/> Meds<br><input type="checkbox"/> Reposition<br><input type="checkbox"/> Massage<br><input type="checkbox"/> Heat<br><input type="checkbox"/> Ice<br><input type="checkbox"/> Sleep<br><input type="checkbox"/> Spiritual Support | <input type="checkbox"/> Activity<br><input type="checkbox"/> Rotation<br><input type="checkbox"/> Noise<br><input type="checkbox"/> Light<br><input type="checkbox"/> Heat<br><input type="checkbox"/> Ice | <input type="checkbox"/> None<br><input type="checkbox"/> Nausea<br><input type="checkbox"/> Sleep<br><input type="checkbox"/> Appetite<br><input type="checkbox"/> Physical activity<br><input type="checkbox"/> Relationship with others (Irritability, etc.)<br><input type="checkbox"/> Emotions (anger, crying, suicidal, etc.)<br><input type="checkbox"/> Concentration<br><input type="checkbox"/> Other _____ |

| PAIN INTERVENTION AND RE-EVALUATION |            |           |             |                 |               |            |
|-------------------------------------|------------|-----------|-------------|-----------------|---------------|------------|
| INTERVENTIONS                       |            |           |             |                 | RE-EVALUATION |            |
| Time                                | Pain Score | Analgesia | Dose, Route | *Other Measures | Time          | Pain Score |
| 0910                                | 2          | Roxanol   | 0.5ml       | R, P            | 1010          | 4          |
| 1010                                | 4          | Roxanol   | 0.5ml       | R, P            | 1110          | 4          |
| 1145                                | 4          | Roxanol   | 0.5ml       | R, P            | 1245          | 4          |
| 1415                                | 3          | Roxanol   | 0.5ml       | R               |               |            |
|                                     |            |           |             |                 |               |            |
|                                     |            |           |             |                 |               |            |

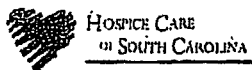
\*Other Measures Key: A = Aromatherapy, C = Cold, H = Heat, MSG = Message, MUS = Music, P = Position/Reposition, R = Rest, O = Other (Identify in Note)

REFER TO NARRATIVE CLINICAL NOTE

[Signature]  
Nurse Signature

[Signature]  
Title

| FLACC PAIN SCALE:                                           |                                                                                                                                                            |
|-------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. SUM OF FACE, LEGS, ACTIVITY, CRY & CONSOLABILITY = SCORE |                                                                                                                                                            |
| 2. RECORD FLACC SCORES USING THE 0-10 (NUMERIC) SCALE ABOVE |                                                                                                                                                            |
| Face <u>0</u>                                               | 0 = No particular expression or smile<br>1 = Occas. grimace or frown, withdrawn, disinterested<br>2 = Freq. - constant frown, clenched jaw, quivering chin |
| Legs <u>0</u>                                               | 0 = Normal position or relaxed<br>1 = Uneasy, restless, tense<br>2 = Kicking or legs drawn up                                                              |
| Activity <u>1</u>                                           | 0 = Lying quietly, normal position, moves easy<br>1 = Squirming, shifting back & forth, tense<br>2 = Arched, rigid or jerking                              |
| Cry <u>1</u>                                                | 0 = No crying (asleep or awake)<br>1 = Moans or whimpers, occasional complaint<br>2 = Crying steadily, screams or sobs, freq. complaints                   |
| Consolability <u>0</u>                                      | 0 = Content, relaxed<br>1 = Reassured by touching, hugging, talking, distractible<br>2 = Difficult to console or comfort                                   |
| <u>2</u>                                                    | TOTAL SCORE                                                                                                                                                |



# PHYSICAL PAIN MANAGEMENT TOOL

 PATIENT NAME: William Farr

 ID#: 102406

 DATE/TIME: 6/18/12 5:30p
☒ INITIAL ASSESSMENT

☐ ADMISSION COMPREHENSIVE ASSESSMENT

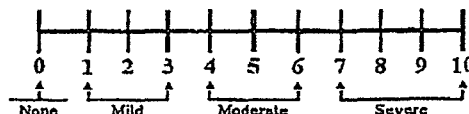
☐ COMPREHENSIVE ASSESSMENT UPDATE

☒ OTHER

 PAIN GOAL: 0

 PAIN SCALES:  
(Select one and  
identify pain score)

 0-10 NUMERIC: ☐

 FLACCS: ☒ 0


INDICATE INTENSITY, DURATION AND QUALITY BY EACH LOCATION BELOW:

| LOCATION                                                    | DURATION                                                                                                                                        | QUALITY                                                                                                                                                                                                                                                    | WHAT MAKES PAIN BETTER?                                                                                                                                                                                                                                                                    | WHAT MAKES PAIN WORSE?                                                                                                                                                                                      | EFFECTS OF PAIN                                                                                                                                                                                                                                                                                                                                                                                                        |
|-------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| RIGHT<br><br>LEFT                                           | <input type="checkbox"/> Occasional<br><input type="checkbox"/> Frequent<br><input type="checkbox"/> Constant<br><input type="checkbox"/> _____ | <input type="checkbox"/> Sharp<br><input type="checkbox"/> Dull ache<br><input type="checkbox"/> Throbbing<br><input type="checkbox"/> Tingling<br><input type="checkbox"/> Burning<br><input type="checkbox"/> Stabbing<br><input type="checkbox"/> _____ | <input type="checkbox"/> Rest<br><input type="checkbox"/> Meds<br><input type="checkbox"/> Reposition<br><input type="checkbox"/> Massage<br><input type="checkbox"/> Heat<br><input type="checkbox"/> Ice<br><input type="checkbox"/> Sleep<br><input type="checkbox"/> Spiritual Support | <input type="checkbox"/> Activity<br><input type="checkbox"/> Rotation<br><input type="checkbox"/> Noise<br><input type="checkbox"/> Light<br><input type="checkbox"/> Heat<br><input type="checkbox"/> Ice | <input type="checkbox"/> None<br><input type="checkbox"/> Nausea<br><input type="checkbox"/> Sleep<br><input type="checkbox"/> Appetite<br><input type="checkbox"/> Physical activity<br><input type="checkbox"/> Relationship with others (irritability, etc.)<br><input type="checkbox"/> Emotions (anger, crying, suicidal, etc.)<br><input type="checkbox"/> Concentration<br><input type="checkbox"/> Other _____ |
| LEFT<br><br>RIGHT                                           | <input type="checkbox"/> Occasional<br><input type="checkbox"/> Frequent<br><input type="checkbox"/> Constant<br><input type="checkbox"/> _____ | <input type="checkbox"/> Sharp<br><input type="checkbox"/> Dull ache<br><input type="checkbox"/> Throbbing<br><input type="checkbox"/> Tingling<br><input type="checkbox"/> Burning<br><input type="checkbox"/> Stabbing<br><input type="checkbox"/> _____ | <input type="checkbox"/> Rest<br><input type="checkbox"/> Meds<br><input type="checkbox"/> Reposition<br><input type="checkbox"/> Massage<br><input type="checkbox"/> Heat<br><input type="checkbox"/> Ice<br><input type="checkbox"/> Sleep<br><input type="checkbox"/> Spiritual Support | <input type="checkbox"/> Activity<br><input type="checkbox"/> Rotation<br><input type="checkbox"/> Noise<br><input type="checkbox"/> Light<br><input type="checkbox"/> Heat<br><input type="checkbox"/> Ice | <input type="checkbox"/> None<br><input type="checkbox"/> Nausea<br><input type="checkbox"/> Sleep<br><input type="checkbox"/> Appetite<br><input type="checkbox"/> Physical activity<br><input type="checkbox"/> Relationship with others (irritability, etc.)<br><input type="checkbox"/> Emotions (anger, crying, suicidal, etc.)<br><input type="checkbox"/> Concentration<br><input type="checkbox"/> Other _____ |
| Circle location on body<br>diagram and identify with number | <input type="checkbox"/> Occasional<br><input type="checkbox"/> Frequent<br><input type="checkbox"/> Constant<br><input type="checkbox"/> _____ | <input type="checkbox"/> Sharp<br><input type="checkbox"/> Dull ache<br><input type="checkbox"/> Throbbing<br><input type="checkbox"/> Tingling<br><input type="checkbox"/> Burning<br><input type="checkbox"/> Stabbing<br><input type="checkbox"/> _____ | <input type="checkbox"/> Rest<br><input type="checkbox"/> Meds<br><input type="checkbox"/> Reposition<br><input type="checkbox"/> Massage<br><input type="checkbox"/> Heat<br><input type="checkbox"/> Ice<br><input type="checkbox"/> Sleep<br><input type="checkbox"/> Spiritual Support | <input type="checkbox"/> Activity<br><input type="checkbox"/> Rotation<br><input type="checkbox"/> Noise<br><input type="checkbox"/> Light<br><input type="checkbox"/> Heat<br><input type="checkbox"/> Ice | <input type="checkbox"/> None<br><input type="checkbox"/> Nausea<br><input type="checkbox"/> Sleep<br><input type="checkbox"/> Appetite<br><input type="checkbox"/> Physical activity<br><input type="checkbox"/> Relationship with others (irritability, etc.)<br><input type="checkbox"/> Emotions (anger, crying, suicidal, etc.)<br><input type="checkbox"/> Concentration<br><input type="checkbox"/> Other _____ |

| PAIN INTERVENTION AND RE-EVALUATION |            |           |             |                 |
|-------------------------------------|------------|-----------|-------------|-----------------|
| INTERVENTIONS                       |            |           |             | RE-EVALUATION   |
| Time                                | Pain Score | Analgesia | Dose, Route | *Other Measures |
|                                     |            |           |             |                 |
|                                     |            |           |             |                 |
|                                     |            |           |             |                 |
|                                     |            |           |             |                 |
|                                     |            |           |             |                 |
|                                     |            |           |             |                 |
|                                     |            |           |             |                 |

\*Other Measures Key: A = Aromatherapy, C = Cold, H = Heat, MSG = Message, MUS = Music, P = Position/Reposition, R = Rest, O = Other (Identify in Note)

☒ REFER TO NARRATIVE CLINICAL NOTE

 Nurse Signature: Shirley Allen

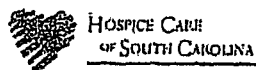
 Title: CRP

## FLACCS PAIN SCALE:

- SUM OF FACE, LEGS, ACTIVITY, CRY & CONSOLABILITY = SCORE
- RECORD FLACC SCORES USING THE 0-10 (NUMERIC) SCALE ABOVE

|               |          |                                                                                                                                                            |
|---------------|----------|------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Face          | <u>0</u> | 0 = No particular expression or smile<br>1 = Occas. grimace or frown, withdrawn, disinterested<br>2 = Freq. - constant frown, clenched jaw, quivering chin |
| Legs          | <u>0</u> | 0 = Normal position or relaxed<br>1 = Uneasy, restless, tense<br>2 = Kicking or legs drawn up                                                              |
| Activity      | <u>0</u> | 0 = Lying quietly, normal position, moves easy<br>1 = Squirming, shifting back & forth, tense<br>2 = Arched, rigid or jerking                              |
| Cry           | <u>0</u> | 0 = No crying (asleep or awake)<br>1 = Moans or whimpers, occasional complaint<br>2 = Crying steadily, screams or sobs, freq. complaints                   |
| Consolability | <u>0</u> | 0 = Content, relaxed<br>1 = Reassured by touching, hugging, talking; distractible<br>2 = Difficult to console or comfort                                   |

 TOTAL SCORE: 0



## PHYSICAL PAIN MANAGEMENT TOOL

PATIENT NAME:

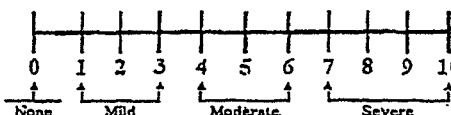
Jarr, William

ID#:

102406

DATE/TIME:

06/19/2012-0230

☒ INITIAL ASSESSMENT☐ ADMISSION COMPREHENSIVE ASSESSMENT☐ COMPREHENSIVE ASSESSMENT UPDATE☒ OTHERPAIN GOAL: L30-10 NUMERIC: ☐PAIN SCALES:  
(Select one and  
Identify pain score)FLACCS: ☒

INDICATE INTENSITY, DURATION AND QUALITY BY EACH LOCATION BELOW:

| LOCATION                                                        | DURATION                                                                                                                                        | QUALITY                                                                                                                                                                                                                                                    | WHAT MAKES PAIN BETTER?                                                                                                                                                                                                                                                                    | WHAT MAKES PAIN WORSE?                                                                                                                                                                                      | EFFECTS OF PAIN                                                                                                                                                                                                                                                                                                                                                                                                        |
|-----------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>RIGHT</p>                                                    | <input type="checkbox"/> Occasional<br><input type="checkbox"/> Frequent<br><input type="checkbox"/> Constant<br><input type="checkbox"/> _____ | <input type="checkbox"/> Sharp<br><input type="checkbox"/> Dull ache<br><input type="checkbox"/> Throbbing<br><input type="checkbox"/> Tingling<br><input type="checkbox"/> Burning<br><input type="checkbox"/> Stabbing<br><input type="checkbox"/> _____ | <input type="checkbox"/> Rest<br><input type="checkbox"/> Meds<br><input type="checkbox"/> Reposition<br><input type="checkbox"/> Massage<br><input type="checkbox"/> Heat<br><input type="checkbox"/> Ice<br><input type="checkbox"/> Sleep<br><input type="checkbox"/> Spiritual Support | <input type="checkbox"/> Activity<br><input type="checkbox"/> Rotation<br><input type="checkbox"/> Noise<br><input type="checkbox"/> Light<br><input type="checkbox"/> Heat<br><input type="checkbox"/> Ice | <input type="checkbox"/> None<br><input type="checkbox"/> Nausea<br><input type="checkbox"/> Sleep<br><input type="checkbox"/> Appetite<br><input type="checkbox"/> Physical activity<br><input type="checkbox"/> Relationship with others (irritability, etc.)<br><input type="checkbox"/> Emotions (anger, crying, suicidal, etc.)<br><input type="checkbox"/> Concentration<br><input type="checkbox"/> Other _____ |
| <p>LEFT</p>                                                     | <input type="checkbox"/> Occasional<br><input type="checkbox"/> Frequent<br><input type="checkbox"/> Constant<br><input type="checkbox"/> _____ | <input type="checkbox"/> Sharp<br><input type="checkbox"/> Dull ache<br><input type="checkbox"/> Throbbing<br><input type="checkbox"/> Tingling<br><input type="checkbox"/> Burning<br><input type="checkbox"/> Stabbing<br><input type="checkbox"/> _____ | <input type="checkbox"/> Rest<br><input type="checkbox"/> Meds<br><input type="checkbox"/> Reposition<br><input type="checkbox"/> Massage<br><input type="checkbox"/> Heat<br><input type="checkbox"/> Ice<br><input type="checkbox"/> Sleep<br><input type="checkbox"/> Spiritual Support | <input type="checkbox"/> Activity<br><input type="checkbox"/> Rotation<br><input type="checkbox"/> Noise<br><input type="checkbox"/> Light<br><input type="checkbox"/> Heat<br><input type="checkbox"/> Ice | <input type="checkbox"/> None<br><input type="checkbox"/> Nausea<br><input type="checkbox"/> Sleep<br><input type="checkbox"/> Appetite<br><input type="checkbox"/> Physical activity<br><input type="checkbox"/> Relationship with others (irritability, etc.)<br><input type="checkbox"/> Emotions (anger, crying, suicidal, etc.)<br><input type="checkbox"/> Concentration<br><input type="checkbox"/> Other _____ |
| <p>Circle location on body diagram and identify with number</p> | <input type="checkbox"/> Occasional<br><input type="checkbox"/> Frequent<br><input type="checkbox"/> Constant<br><input type="checkbox"/> _____ | <input type="checkbox"/> Sharp<br><input type="checkbox"/> Dull ache<br><input type="checkbox"/> Throbbing<br><input type="checkbox"/> Tingling<br><input type="checkbox"/> Burning<br><input type="checkbox"/> Stabbing<br><input type="checkbox"/> _____ | <input type="checkbox"/> Rest<br><input type="checkbox"/> Meds<br><input type="checkbox"/> Reposition<br><input type="checkbox"/> Massage<br><input type="checkbox"/> Heat<br><input type="checkbox"/> Ice<br><input type="checkbox"/> Sleep<br><input type="checkbox"/> Spiritual Support | <input type="checkbox"/> Activity<br><input type="checkbox"/> Rotation<br><input type="checkbox"/> Noise<br><input type="checkbox"/> Light<br><input type="checkbox"/> Heat<br><input type="checkbox"/> Ice | <input type="checkbox"/> None<br><input type="checkbox"/> Nausea<br><input type="checkbox"/> Sleep<br><input type="checkbox"/> Appetite<br><input type="checkbox"/> Physical activity<br><input type="checkbox"/> Relationship with others (irritability, etc.)<br><input type="checkbox"/> Emotions (anger, crying, suicidal, etc.)<br><input type="checkbox"/> Concentration<br><input type="checkbox"/> Other _____ |

## PAIN INTERVENTION AND RE-EVALUATION

| INTERVENTIONS |            |           |             |                 | RE-EVALUATION |            |
|---------------|------------|-----------|-------------|-----------------|---------------|------------|
| Time          | Pain Score | Analgesia | Dose, Route | *Other Measures | Time          | Pain Score |
|               |            |           |             |                 |               |            |
|               |            |           |             |                 |               |            |
|               |            |           |             |                 |               |            |
|               |            |           |             |                 |               |            |
|               |            |           |             |                 |               |            |
|               |            |           |             |                 |               |            |
|               |            |           |             |                 |               |            |
|               |            |           |             |                 |               |            |
|               |            |           |             |                 |               |            |

\*Other Measures Key: A = Aromatherapy, C = Cold, H = Heat, MSG = Message, MUS = Music, P = Position/Reposition, R = Rest, O = Other-(Identify in Note)

## FLACCS PAIN SCALE:

1. SUM OF FACE, LEGS, ACTIVITY, CRY & CONSOLABILITY = SCORE  
 2. RECORD FLACC SCORES USING THE 0-10 (NUMERIC) SCALE ABOVE

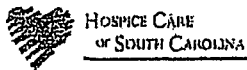
|               |          |                                                                                                                                                            |
|---------------|----------|------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Face          | <u>0</u> | 0 = No particular expression or smile<br>1 = Occas. grimace or frown, withdrawn, disinterested<br>2 = Freq. - constant frown, clenched jaw, quivering chin |
| Legs          | <u>0</u> | 0 = Normal position or relaxed<br>1 = Uneasy, restless, tense<br>2 = Kicking or legs drawn up                                                              |
| Activity      | <u>0</u> | 0 = Lying quietly, normal position, moves easy<br>1 = Squirming, shifting back & forth, tense<br>2 = Arched, rigid or jerking                              |
| Cry           | <u>0</u> | 0 = No crying (asleep or awake)<br>1 = Moans or whimpers, occasional complaint<br>2 = Crying steadily, screams or sobs, freq. complaints                   |
| Consolability | <u>0</u> | 0 = Content, relaxed<br>1 = Reassured by touching, hugging, talking, distractible<br>2 = Difficult to console or comfort                                   |

TOTAL SCORE

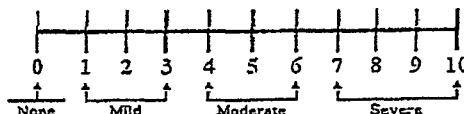
REFER TO NARRATIVE CLINICAL NOTE

Zenya Davis  
Nurse Signature

Lpn  
Title



## PHYSICAL PAIN MANAGEMENT TOOL

PATIENT NAME: Jarr, WilliamID#: 102406DATE/TIME: 6-19-12 8:30am☒ INITIAL ASSESSMENT☐ ADMISSION COMPREHENSIVE ASSESSMENT☐ COMPREHENSIVE ASSESSMENT UPDATE☐ OTHERPAIN GOAL: 0PAIN SCALES:  
(Select one and  
identify pain score)0-10 NUMERIC: ☐FLACCS: ☒

INDICATE INTENSITY, DURATION AND QUALITY BY EACH LOCATION BELOW:

| LOCATION                                                                | DURATION                                                                                                                                     | QUALITY                                                                                                                                                                                                                                                 | WHAT MAKES PAIN BETTER?                                                                                                                                                                                                                                                                    | WHAT MAKES PAIN WORSE?                                                                                                                                                                                      | EFFECTS OF PAIN                                                                                                                                                                                                                                                                                                                                                                                                                              |
|-------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <div style="text-align: center;">           RIGHT      LEFT<br/> </div> | <input type="checkbox"/> Occasional<br><input type="checkbox"/> Frequent<br><input type="checkbox"/> Constant<br><u>                    </u> | <input type="checkbox"/> Sharp<br><input type="checkbox"/> Dull ache<br><input type="checkbox"/> Throbbing<br><input type="checkbox"/> Tingling<br><input type="checkbox"/> Burning<br><input type="checkbox"/> Stabbing<br><u>                    </u> | <input type="checkbox"/> Rest<br><input type="checkbox"/> Meds<br><input type="checkbox"/> Reposition<br><input type="checkbox"/> Massage<br><input type="checkbox"/> Heat<br><input type="checkbox"/> Ice<br><input type="checkbox"/> Sleep<br><input type="checkbox"/> Spiritual Support | <input type="checkbox"/> Activity<br><input type="checkbox"/> Rotation<br><input type="checkbox"/> Noise<br><input type="checkbox"/> Light<br><input type="checkbox"/> Heat<br><input type="checkbox"/> Ice | <input type="checkbox"/> None<br><input type="checkbox"/> Nausea<br><input type="checkbox"/> Sleep<br><input type="checkbox"/> Appetite<br><input type="checkbox"/> Physical activity<br><input type="checkbox"/> Relationship with others (irritability, etc.)<br><input type="checkbox"/> Emotions (anger, crying, suicidal, etc.)<br><input type="checkbox"/> Concentration<br><input type="checkbox"/> Other <u>                    </u> |
| <div style="text-align: center;">           LEFT      RIGHT<br/> </div> | <input type="checkbox"/> Occasional<br><input type="checkbox"/> Frequent<br><input type="checkbox"/> Constant<br><u>                    </u> | <input type="checkbox"/> Sharp<br><input type="checkbox"/> Dull ache<br><input type="checkbox"/> Throbbing<br><input type="checkbox"/> Tingling<br><input type="checkbox"/> Burning<br><input type="checkbox"/> Stabbing<br><u>                    </u> | <input type="checkbox"/> Rest<br><input type="checkbox"/> Meds<br><input type="checkbox"/> Reposition<br><input type="checkbox"/> Massage<br><input type="checkbox"/> Heat<br><input type="checkbox"/> Ice<br><input type="checkbox"/> Sleep<br><input type="checkbox"/> Spiritual Support | <input type="checkbox"/> Activity<br><input type="checkbox"/> Rotation<br><input type="checkbox"/> Noise<br><input type="checkbox"/> Light<br><input type="checkbox"/> Heat<br><input type="checkbox"/> Ice | <input type="checkbox"/> None<br><input type="checkbox"/> Nausea<br><input type="checkbox"/> Sleep<br><input type="checkbox"/> Appetite<br><input type="checkbox"/> Physical activity<br><input type="checkbox"/> Relationship with others (irritability, etc.)<br><input type="checkbox"/> Emotions (anger, crying, suicidal, etc.)<br><input type="checkbox"/> Concentration<br><input type="checkbox"/> Other <u>                    </u> |
| <div style="text-align: center;"> </div>                                | <input type="checkbox"/> Occasional<br><input type="checkbox"/> Frequent<br><input type="checkbox"/> Constant<br><u>                    </u> | <input type="checkbox"/> Sharp<br><input type="checkbox"/> Dull ache<br><input type="checkbox"/> Throbbing<br><input type="checkbox"/> Tingling<br><input type="checkbox"/> Burning<br><input type="checkbox"/> Stabbing<br><u>                    </u> | <input type="checkbox"/> Rest<br><input type="checkbox"/> Meds<br><input type="checkbox"/> Reposition<br><input type="checkbox"/> Massage<br><input type="checkbox"/> Heat<br><input type="checkbox"/> Ice<br><input type="checkbox"/> Sleep<br><input type="checkbox"/> Spiritual Support | <input type="checkbox"/> Activity<br><input type="checkbox"/> Rotation<br><input type="checkbox"/> Noise<br><input type="checkbox"/> Light<br><input type="checkbox"/> Heat<br><input type="checkbox"/> Ice | <input type="checkbox"/> None<br><input type="checkbox"/> Nausea<br><input type="checkbox"/> Sleep<br><input type="checkbox"/> Appetite<br><input type="checkbox"/> Physical activity<br><input type="checkbox"/> Relationship with others (irritability, etc.)<br><input type="checkbox"/> Emotions (anger, crying, suicidal, etc.)<br><input type="checkbox"/> Concentration<br><input type="checkbox"/> Other <u>                    </u> |

Circle location on body diagram and identify with number

| PAIN INTERVENTION AND RE-EVALUATION |            |           |             |                 |                      |
|-------------------------------------|------------|-----------|-------------|-----------------|----------------------|
| INTERVENTIONS                       |            |           |             |                 | RE-EVALUATION        |
| Time                                | Pain Score | Analgesia | Dose, Route | *Other Measures | Time      Pain Score |
|                                     |            |           |             |                 |                      |
|                                     |            |           |             |                 |                      |
|                                     |            |           |             |                 |                      |
|                                     |            |           |             |                 |                      |
|                                     |            |           |             |                 |                      |
|                                     |            |           |             |                 |                      |
|                                     |            |           |             |                 |                      |

\*Other Measures Key: A = Aromatherapy, C = Cold, H = Heat, MSG = Message, MUS = Music, P = Position/Reposition, R = Rest, O = Other (Identify in Note)

☒ REFER TO NARRATIVE CLINICAL NOTE

Seisha Matthe  
Nurse Signature

Lpn  
Title

## FLACCS PAIN SCALE:

- SUM OF FACE, LEGS, ACTIVITY, CRY & CONSOLABILITY = SCORE
- RECORD FLACC SCORES USING THE 0-10 (NUMERIC) SCALE ABOVE

|               |          |                                                                                                                                                            |
|---------------|----------|------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Face          | <u>0</u> | 0 = No particular expression or smile<br>1 = Occas. grimace or frown, withdrawn, disinterested<br>2 = Freq. - constant frown, clenched jaw, quivering chin |
| Legs          | <u>0</u> | 0 = Normal position or relaxed<br>1 = Uneasy, restless, tense<br>2 = Kicking or legs drawn up                                                              |
| Activity      | <u>2</u> | 0 = Lying quietly, normal position, moves easy<br>1 = Squirming, shifting back & forth, tense<br>2 = Arched, rigid or jerking                              |
| Cry           | <u>0</u> | 0 = No crying (asleep or awake)<br>1 = Moans or whimpers, occasional complaint<br>2 = Crying steadily, screams or sobs, freq. complaints                   |
| Consolability | <u>0</u> | 0 = Content, relaxed<br>1 = Reassured by touching, hugging, talking, distractible<br>2 = Difficult to console or comfort                                   |
| <u>2</u>      |          | TOTAL SCORE                                                                                                                                                |



# HOSPICE CARE OF SOUTH CAROLINA

## DEATH INFORMATION FOR FUNERAL HOME

Revised 2-14-07

Name: Farr, William Med. Rec.#: 102406

Address: 1032 Jonesville Lockhart Hwy  
Union SC 29379

Phone: 864-674-6219

Date of Birth: [REDACTED] Age: 69 Race: Caucasian

Marital Status: (M) S D W Social Security #: [REDACTED]

Date of Death: 6/19/12 Time of Death: 4:15 AM (PM)

\*Assessment of Death by C. Lynn Edwards RN  
(\*Hospice Care of South Carolina RN Signature)

Diagnosis Malignant neoplasm of bronchus + lung

MD to Certify Shamila Mehta

MD Address: 380 Serpentine Dr Suite 200 Sphs, SC

MD Phone#: 864 560 7050 29307

Transported to: Holcombes F.H. By: [Signature]

Body Released to: Tommy Genoble  
(Signature)

Location of Incident: 1032 Jonesville Lockhart Hwy

Next of Kin: Delores Farr Relation: Spouse

Address: 1032 Jonesville Lockhart Hwy Union SC 29379

Phone #: 864-674-6219

(V-51)

|                                           |   |                                |
|-------------------------------------------|---|--------------------------------|
| STATE OF SOUTH CAROLINA                   | ) | IN THE COURT OF COMMON PLEAS   |
|                                           | ) |                                |
| COUNTY OF SPARTANBURG                     | ) | 7th JUDICIAL CIRCUIT           |
|                                           | ) |                                |
| Lisa McKaughan, Individually and as the   | ) | C.A. No.: 2013-CP-42-02404     |
| Personal Representative of the            | ) |                                |
| Estate of William Farr,                   | ) |                                |
|                                           | ) |                                |
| Plaintiff,                                | ) |                                |
|                                           | ) |                                |
| v.                                        | ) | <b>MOTION <i>IN LIMINE</i></b> |
|                                           | ) | <b>OF THE DEFENDANTS</b>       |
| Upstate Lung and Critical Care            | ) |                                |
| Specialists, P.C.; and Sau-Yin Wan, M.D., | ) |                                |
|                                           | ) |                                |
| Defendants.                               | ) |                                |
|                                           | ) |                                |

TO: WILLIAM A. MCKINNON, ESQ., ATTORNEY FOR THE PLAINTIFF:

Defendants Upstate Lung and Critical Care Specialists, P.C. and Sau-Yin Wan, M.D., by and through counsel, hereby submit this Motion *In Limine* pursuant to the South Carolina Rules of Evidence and South Carolina case law to exclude the following matters from the trial of this case:

(1) Any testimony or other evidence that Mr. Farr's lung cancer spread or metastasized through the "endobronchial" or "aerogenic" mechanism, a wholly unsubstantiated theory in medicine which should be excluded under *Daubert* and its South Carolina progeny;

(2) Any testimony or other evidence by an expert witness about whether a fact, opinion, diagnosis, cause or any other matter is "possible," since the law requires that admissible expert testimony shall be offered "to a reasonable degree of medical certainty" and "most probably," not what is merely "possible";

(3) Any testimony or other evidence suggesting that Dr. Wan was grossly negligent, reckless, intentional or acted with a conscious disregard for Mr. Farr, since Plaintiff's experts have unequivocally testified that no such conduct occurred in this case;

(4) Any testimony or evidence suggesting that the the Defendants violated “safety rules” under the “Reptile” theory, since such testimony or evidence imposes an improper legal standard into the courts of this State; and

(5) Any evidence of the income of physician Gregory J. Feldman, M.D. produced in discovery only under a strict Confidentiality and Protective Order.

### **BACKGROUND**

This is a medical malpractice case. Trial is set to begin on July 27, 2015 in Spartanburg County. Plaintiff alleges that Dr. Wan deviated from the standard of care by failing to timely diagnose lung cancer on an x-ray of Mr. Farr in January of 2010 which allegedly caused his death in June of 2012. Plaintiff, by and through counsel, filed a Notice of Intent to File Suit alleging medical malpractice on December 12, 2012. After the Notice of Intent process completed and ended in an impasse, Plaintiff filed the Summons and Complaint on June 3, 2013 after which the Defendants timely filed their Answer denying liability.

More specifically, Plaintiff’s deceased, Mr. Farr, was referred to pulmonologist Dr. Wan by his hematologist/oncologist Dr. Sarah Vidito on January 5, 2010 to get his lungs checked as a part of her (Dr. Vidito’s) continuous treatment for erythrocytosis, a condition of elevated red blood cells resulting from his life-long smoking abuse. Dr. Wan evaluated Mr. Farr on January 11, 2010 at her office, performed a physical exam, ordered and performed a pulmonary function test and a chest x-ray with two views (AP and lateral). She diagnosed Mr. Farr as having mild hypoxemia, dyspnea (respiratory insufficiency) and chronic obstructive pulmonary disease (“COPD”) as a result of his life-long smoking abuse. She noted that the x-rays showed “hyperinflation” (due to COPD) and “no infiltrate.” She noted that the plan was for “SMOKING CESSATION!” and provided a prescription for Chantix to assist with this plan. She noted that he should return to the clinic in 6 months. Mr. Farr, however, did not follow up with Dr. Wan.

On October 6, 2010, Mr. Farr was seen by his family physician, Dr. Ronald Littlefield, for a routine checkup for "multiple medical problems" with increased shortness of breath and chest pain. Dr. Littlefield ordered a stress test, echocardiogram and a chest x-ray, among other tests for evaluating his complaints. The chest x-ray interpretation on October 7, 2010 by radiologist Dr. Raul Ceballos, Jr. stated "No hilar or mediastinal adenopathy or mass lesions evident...confluent patchy and streaky radiopacities in the anterior segment of the right upper lobe...While this may be chronic in nature, early or evolving pneumonitis cannot be excluded...In addition, the possibility of an underlying occult pulmonary mass cannot be totally excluded." As a result of this x-ray, CT and PET scans were ordered, which did not clearly show cancer and which were ultimately inconclusive. Nonetheless, Mr. Farr sought surgical exploration for possible right lung cancer on December 2, 2010 by oncological surgeon Dr. Christophe Nguyen in Spartanburg.

As noted in the December 2, 2010 operative report of Dr. Nguyen and as a result of the surgical pathology report of pathologist Dr. David Wren, all of Mr. Farr's lung cancer (papillary predominant adenocarcinoma) was removed. The lymph nodes were removed, all of which were negative for lymphatic spread or metastasis. The surgical margins were also clear, evidencing no spread of cancer. The first line of Dr. Nguyen's dictated operative note states "No evidence of metastatic disease."

The surgical pathology slides were reviewed a few months later (as a result Mr. Farr's decision to obtain a second opinion on whether or not to receive adjuvant chemotherapy) in February of 2011 by pathologists Dr. Masha Bilie and Dr. Paul Eberts at the Medical University of South Carolina ("MUSC"). Dr. Bilie and Dr. Eberts concluded the same findings as that of Dr. Wren in Spartanburg: the lymph nodes were negative for cancer, the surgical margins were clear, and the cancer type was "adenocarcinoma, papillary predominant histological subtype." This

MUSC pathology report confirmed Dr. Wren's pathological and Dr. Nguyen's surgical determinations that all of Mr. Farr's lung cancer was removed and that there was no metastasis.

During the next fourteen (14) months, Mr. Farr continued to smoke against medical advice. His oncologist, Dr. Sharmila Mehta, noted in his May 10, 2011 visit, for example, that "Unfortunately, the patient continues to smoke and I have once again expressed to him the greatest factor of his cancer coming back is because he continues to smoke on a regular basis...He continues to refuse formal smoking cessation."

Also, during these fourteen (14) months, he was seen and evaluated periodically by various treating physicians for follow-up care, and eventually there became a clinical suspicion of a possible recurrence, but with respect to Mr. Farr's *left* lung. As a result, surgeon Dr. Nguyen resected a portion of Mr. Farr's left lung on April 17, 2012. The surgical specimens were reviewed by pathologist Dr. Rosanna Lapham, who issued her surgical pathology report on April 20, 2012 and concluded that the left lung was "adenocarcinoma, lipidic predominant and with acinar pattern...within the random sections of the lung parenchyma there are multiple minute foci of lipidic in situ adenocarcinoma." Dr. Lapham testified in her deposition that this left lung cancer was a *new primary cancer and not a metastasis*. This left lung cancer was of a different histological subtype than the right lung cancer, and the left lung cancer had *in situ* components, which reflected that this left lung cancer originated in the left lung (i.e. - did not spread from the right lung). As a result, this left lung cancer was unrelated to Mr. Farr's right lung cancer, which was completely removed about one and a half years earlier.

Mr. Farr died soon thereafter in June of 2012 as a result of his chronic pulmonary issues caused by smoking all of his life (against medical advice), even until the very month of his death, as noted in his medical records.

Plaintiff alleges that Dr. Wan misdiagnosed Mr. Farr's chest x-ray of January 11, 2010 by failing to detect his right lung cancer. Even though the right lung cancer was completely removed surgically and that it did not spread by any of the known mechanisms of metastasis (i.e. - hematogenous metastasis, lymph node metastasis or by direct extension into other tissues) as confirmed by pathologists Dr. Wren, Dr. Eberts, Dr. Bilie, Dr. Lapham and defense expert pathologist Dr. J. Thomas Latham, Plaintiff alleges that the right lung cancer somehow spread through the "endobronchial" or "aerogenic" spread theory, which has not been proven in any way or recognized as an accepted pathological mode of metastasis. Plaintiff's "aerogenic" theory basically suggests that lung cancer can spread by "breathing," which has no proven basis whatsoever in the pathology literature.

Defendants submit this Motion *In Limine, inter alia*, to exclude evidence of Plaintiff's unsupported "endobronchial" or "aerogenic" spread theory on the basis that it is not reliable whatsoever under Rule 702, SCRE, *Daubert v. Merrell Dow Pharm.*, 509 U.S. 579 (1993), *Graves v. CAS Med. Sys., Inc.*, 2012 S.C. LEXIS 179, *Watson v. Ford Motor Co.*, 2010 S.C. LEXIS 50, *State v. White*, 382 S.C. 265, 676 S.E.2d 684 (2009), and *State v. Council*, 335 S.C. 1, 515 S.E.2d 508 (1999). Defendants further seek to exclude evidence or testimony as additionally mentioned herein above for the reasons set forth below.

### ARGUMENT

I. ANY EVIDENCE OR TESTIMONY OF THE "ENDOBRONCHIAL," "AEROGENIC," OR "BREATHING" THEORY OF CANCER METASTASIS SHOULD BE EXCLUDED AS UNRELIABLE.

Plaintiff's pathology expert, Dr. Willard P. Milby's opinion that Mr. Farr's lung cancer spread and metastasized by *breathing* is unreliable under South Carolina law and is unsupported by any medically proven or evidence-based methodology and would be misleading to a jury. Therefore, it should be excluded from trial.

“The admission of expert testimony is governed by Rule 702 of the South Carolina Rules of Evidence, which provides:

If scientific, technical, or other specialized knowledge will assist the trier of fact to understand the evidence or to determine a fact in issue, a witness qualified as an expert by knowledge, skill, experience, training, or education, may testify thereto in the form of an opinion or otherwise.”

*Watson*, at \*7. The South Carolina Supreme Court recently held that:

The trial courts of this state have a gatekeeping role with respect to all evidence sought to be admitted under Rule 702, whether the evidence is scientific or nonscientific. In the discharge of its gatekeeping role, a trial court must assess the threshold foundational requirements of qualifications and reliability and further find that the proposed evidence will assist the trier of fact. The familiar evidentiary mantra that a challenge to evidence goes to ‘weight, not admissibility’ may be invoked only after the trial court has vetted the matters of qualifications and reliability and admitted the evidence.

*White* at 274, 676 S.E.2d 684, 689. The “trial court must evaluate the substance of the testimony and determine whether it is reliable.” *Watson*, at \*9; *Council*, *supra*. Reliability of expert testimony is determined by application of the following factors:

(1) the publication and peer review of the technique; (2) prior application of the method to the type of evidence involved in the case; (3) the quality control procedures used to ensure reliability; and (4) the consistency of the method with recognized scientific laws and procedures.

*Watson*, at \*15. *Council* at 19, 515 S.E.2d 508, 517.

Because Dr. Milby’s opinion on causation is not reliable and would be misleading to a jury, his testimony should be excluded from trial.

Specifically, Dr. Milby testified in his deposition that even though there is no evidence showing Mr. Farr’s lung cancer metastasized by the three medically-accepted mechanisms (i.e. - through lymphatics, blood or direct extension), Mr. Farr’s lung cancer metastasized from his right lung to his left lung through the synonymously termed “endobronchial,” “aerogenic” or “breathing” metastasis theory. Dr. Milby testified as follows:

Q. What are the different mechanisms of metastases?

- A. Well, there are several. There is hematogenous, where it's spread through the bloodstream, the lymphatic spread has gone into the lymphatic gland. In certain cases, like in this case, I believe, there's endobronchial spread, or spread through the airways.

(Milby Dep. 22:25-23:8).

Dr. Milby stated that the "endobronchial" or "aerogenic" spread occurs when the person breathes, essentially claiming that cancer spreads the same way as the common cold. He described the mechanism as follows:

- Q. You talked about endobronchial spread or aerogenic spread. Would that be the correct term?
- A. That's correct.
- Q. Describe for me that mechanism. How does that work?
- A. It would be a subset. The individual tumor cells, small clusters of tumor cells would break off. And it's just through the normal process of respiration, breathing in and out, that they're carried to other parts of the lung.

(Milby Dep. 29:1-10).

Dr. Milby agreed that if the cancer spread by the three known ways cancer can spread (i.e. - through lymphatics, blood or direct extension), there should be evidence of such spread (none of which occurred in this case). However, he said that cancer can spread "aerogenically" through the airways *but without any evidence* of it doing so. In this case, that is exactly what Dr. Milby thinks: because there is no evidence of metastasis in any way whatsoever, it must have occurred through breathing because, in his opinion, it is the only mechanism of spread that occurs without any evidence of spreading. Dr. Milby testified as follows:

- Q. In terms of spread, for example, if it's blood borne, typically you're going to have multiple metastases and that could be evidence of a blood-borne metastasis, correct?
- A. Correct.
- Q. And if it's by tumor extension, is that going to occur if it's beyond the surgical markers?
- A. Correct.
- Q. If the margins are positive and it spreads continuously, then that's what you would have, correct?



- A. Correct.
- Q. And if you had a lymphatic spread, you're probably going to have some kind of evidence of lymphovascular invasion or positive lymph nodes somewhere, correct?
- A. Correct.
- Q. But in endobronchial spread, you may not have any evidence directly of that kind of spread?
- A. True.

(Milby Dep. 30:8-31:2).

Dr. Milby agreed that there is no evidence of any kind of lung cancer spread or metastasis in this case. Therefore, in his opinion, there must have been "aerogenic" spread of cancer, even though there would be no evidence of it. Such an unproven and baseless assertion from a medical standpoint is not reliable, and should not be admitted in court.

As noted above, the reliability of expert testimony is determined by application of the following factors:

(1) the publication and peer review of the technique; (2) prior application of the method to the type of evidence involved in the case; (3) the quality control procedures used to ensure reliability; and (4) the consistency of the method with recognized scientific laws and procedures.

*Watson*, at \*15. *Council* at 19, 515 S.E.2d 508, 517.

Because each of these four factors do not weigh in favor of admissibility with respect to Dr. Milby's opinion on metastasis, this Court should exclude such testimony.

A.) **The publication and peer review of the technique.**

The first factor to consider when determining reliability under *Council* is the "publication and peer review of the technique." *Id.* If a technique or scientific mechanism had some indicia of reliability, there would surely be some specific pathology literature or peer review publication to support it. In this case, there is no specific evidence-based pathology literature or proven peer review evidence supporting Dr. Milby's opinion that Mr. Farr's lung cancer spread from his right lung to his left lung by the theory of "breathing." Dr. Milby has provided no specific literature

describing evidence-based studies or any other literature proving the viability of his theory in this matter. Dr. Milby should not be able to offer a medically-unproven thought or suggestion on such a critical issue in this case when it is not reliable and when all other pathologists in the case have testified that they have never heard of such a theory.<sup>1</sup> Certainly, this “publication and peer review of the technique” factor is not met by the Plaintiff, and is, therefore, not a basis for admissibility under *Council*.

**B.) Prior application of the method to the type of evidence involved in the case.**

The second factor to consider when determining reliability under *Council* is the “prior application of the method to the type of evidence involved in the case.” *Id.* There is no specific article or other evidence Dr. Milby can reference, in terms of the application of this “breathing” method of lung cancer metastasis, to reliably support his theory of causation. In other words, there is no proven support, either in the pathology literature or by other experts, to form the basis of Dr. Milby’s “breathing” theory of metastasis. Has the method or process of “breathing” been tested pathologically to prove that papillary-predominant adenocarcinoma of the right lung can metastasize by “breathing” into lipidic-predominant adenocarcinoma of the left lung? Absolutely not. There are no studies or other proven evidence in the pathology literature describing a method for testing such a theory. It simply has not been tested. There are no pathology studies on this. And there is certainly no proven method by which Dr. Milby can validly base such a theory.

Additionally, and as noted above, two other pathologists involved in this matter - treating pathologist Dr. Rosanna Lapham and defense expert Dr. Thomas Latham, two pathologists who completed post-graduate fellowships in oncological pathology from highly respected cancer

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<sup>1</sup> Dr. Rosanna Lapham, treating pathologist, and Dr. Thomas Latham, an expert pathologist for the Defendants, both testified in their recent depositions that they have never heard of such a theory. Their deposition transcripts have not yet been received for purposes of citing them directly on this issue.

centers M.D. Anderson in Texas and Sloan-Kettering Cancer Center in New York, respectively - testified in this very case that they have never heard of Dr. Milby's "breathing" theory nor could they find evidence or studies in the literature supporting such a theory. Clearly, then, there is no valid evidence before this Court supporting the "prior application of the method to the type of evidence involved in the case." This factor certainly weighs against admissibility under *Council*.

Finally, and quite revealing, is Dr. Milby's own admission that unlike the other three known ways cancer can metastasize (i.e. - through lymphatics, blood or direct extension), this "breathing" theory is the only such theory - according to Dr. Milby - by which there would be no evidence to prove it. He testified as follows:

- Q. But in endobronchial spread, you may not have any evidence directly of that kind of spread?  
A. True.

(Milby Dep. 30:25-31:2).

By his *own* admission, this "breathing" theory is merely that - just a theory, and Dr. Milby cannot support it through any reliable method. Therefore, this factor is not a basis for admitting such causation testimony under *Council*.

**C.) The quality control procedures used to ensure reliability.**

The third factor to consider when determining reliability under *Council* is the "quality control procedures used to ensure reliability." *Id.* Because there have been no pathology publications, peer review literature or prior applications of any scientific method to specifically test and support (through evidence-based medicine) the "breathing" theory of metastasis, there necessarily follows that no quality control procedures have been used to ensure reliability of such a theory. To the contrary, there is much evidence-based literature and knowledge supporting the fact that cancer can spread through the blood, the lymphatics or direct extension, but there is none

with respect to the “breathing” theory of metastasis. This factor - “the quality control procedures used to ensure reliability” - cannot be met by Plaintiff to support its admissibility, either.

**1.) The “aerogenic” theory is not the “best explanation” for metastasis under *Graves v. CAS Medical Systems, Inc.***

The Supreme Court of South Carolina recently decided the *Graves v. CAS Medical Systems, Inc.* case in which the Court excluded the three (3) plaintiff experts’ opinions on the basis that they were unreliable. *Graves v. CAS Medical Systems, Inc.*, 401 S.C. 63, 735 S.E.2d 650 (2012). Specifically, the Court excluded their opinions that a medical device designed to detect and alarm a baby’s slow heart rate and breathing must not have worked properly because the parents did not wake up to hear the alarm, despite that the findings that the machine’s internal recording system appeared to reflect that it did, in fact, work properly. *Id.* Certain theories were advanced by the three experts to suggest that the alarm likely did not sound or work properly, despite the myriad of evidence suggesting that it did work properly and that the parents likely slept through the alarm. *Id.* The Supreme Court of South Carolina explained that the “differential diagnosis” or “best inference” test is a proper test for applying an analysis under this third prong of the *Council* factors, namely the “quality control procedures to ensure reliability.” *Id.* at 75-78, 735 S.E.2d 650, 656-57.

The Court stated that “Although this is our first opportunity to assess the reliability of an opinion rendered using the reasoning to the best inference methodology, other courts have already done so. In *Westberry v. Gislaved Gummi AB*, 178 F.3d 257 (4th Cir. 1999), the court described the differential diagnosis methodology as a process of identifying a cause by ‘eliminating the likely causes until the most probable one is isolated.’ *Id.* at 262.” *Id.* The Court further stated that “While the strength of an expert’s rejection of possible alternative causes usually is an issue for the jury, when an expert cannot offer an explanation for the rejection of a possible alternative

cause, the expert's testimony is not sufficiently reliable. *Id.* at 265. Accordingly, we hold an expert relying on differential diagnosis must provide a reasonable, objective explanation for the rejection of possible alternative causes in order for the opinion to be admissible under Rule 702. We believe this objectivity requirement is consistent with the quality control element of *Council*.” *Id.*

In the instant case, Dr. Milby cannot offer an “objective explanation for the rejection of possible alternative causes” for the fact that there was no evidence of cancer metastasis from the right lung to the left lung. As known by essentially all physicians who diagnose or treat cancer, including Dr. Milby himself, cancer metastasizes by one of three pathways: (1) lymphatic spread, (2) hematogenous (blood-borne) spread, or (3) direct extension into other tissues or surrounding structures.<sup>2</sup> If there is metastasis, there would be evidence of the process of metastasis. For example, if by lymphatic spread, there would be a positive lymph node. If by hematogenous spread, there would be evidence of distant metastases. If by direct extension, there would be surgical resection margins that were unclear and showed tumor extension into other tissues or surrounding structures. The evidence shows that none of these occurred in this case – objectively. Dr. Milby has no objective evidence to show that cancer spread through the airways in Mr. Farr by “breathing.” *The only evidence regarding metastasis whatsoever is the objective evidence showing cancer did not spread by the three known and accepted ways it can spread. There is no objective evidence that cancer spread through the airways by “breathing,” and such a theory is not even an accepted mode of metastasis anyway.* And, significantly, the cancer diagnosed in the left lung was a totally different cancer than the cancer diagnosed in the right lung.<sup>3</sup>

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<sup>2</sup> Dr. Milby himself cited a textbook about the ways cancer can spread – ROBBINS AND COTRAN, PATHOLOGIC BASIS OF DISEASE 273 (9<sup>th</sup> ed.) – which states that “Dissemination of cancers may occur through one of three pathways: (1) direct seeding of body cavities or surfaces, (2) lymphatic spread, and (3) hematogenous spread.”

<sup>3</sup> See pathology reports dated December 6, 2010 and April 17, 2012 and depositions of Dr. Lapham and Dr. Latham.

Dr. Milby cannot pass the objectivity test required under *Graves*. He has no evidence whatsoever to show the cancer spread by “breathing,” and the objective evidence rules out metastasis in all three of the ways by which cancer is known to spread. Therefore, this factor - “the quality control procedures used to ensure reliability” - cannot be met by Plaintiff to support the admissibility of Dr. Milby’s opinion, either.

D.) The consistency of the method with recognized scientific laws and procedures.

The fourth factor to consider when determining reliability under *Council* is the “consistency of the method with recognized scientific laws and procedures.” *Id.* Because there have been no reliable methods - *at all* - to test or pathologically determine the “breathing” theory of the spread of cancer, there have been no consistent methods, scientific laws or procedures diagnostic of such a theory. Therefore, it necessarily follows that this *Council* factor has not been satisfied for purposes of providing a basis for the reliability of Dr. Milby’s “breathing” theory of metastasis.

In sum, Dr. Milby’s opinion on causation is not reliable and his testimony should be excluded from trial. Dr. Milby’s theory that Mr. Farr’s right lung cancer metastasized to his left lung by “breathing” is not supported by *any* reliability factor under *Council*. When weighing these factors, this Court should recognize that Dr. Milby’s theory is unsupported in medicine and should not be offered as evidence in the trial of this case. It is not reliable, and the Court’s duty to protect a jury from considering unreliable information and misleading testimony should be exercised in this particular case. The Court, as the gatekeeper of evidence under Rule 702, SCRE, should find that not only will the proposed testimony that cancer can spread by “breathing” fail to assist the jury, it would confuse and actually mislead the jury under Rule 403, SCRE. This theory is simply and clearly unreliable, and it should be excluded from the trial of this case.

II. EXPERT TESTIMONY ABOUT WHAT IS "POSSIBLE" SHOULD BE EXCLUDED SINCE THE LAW REQUIRES THAT EXPERT OPINIONS BE GIVEN "TO A REASONABLE DEGREE OF MEDICAL CERTAINTY" AND "MOST PROBABLY."

This Court should exclude any testimony or other evidence by any expert witness about whether a fact, opinion, diagnosis, cause or any other matter is "possible," since the law requires that admissible expert testimony shall be given "to a reasonable degree of medical certainty" and "most probably," not what is merely "possible." *Green v. Lilliewood*, 272 S.C. 186, 249 S.E.2d 910 (1978); *Payton v. Kearse*, 329 S.C. 51, 495 S.E.2d 205 (1998); *Gooding v. St. Francis Xavier Hosp.*, 326 S.C. 248, 487 S.E.2d 596 (1997); *Taylor v. Medenica*, 324 S.C. 200, 479 S.E.2d 35 (1996); *Brown v. Carolina Emergency Physicians*, 348 S.C. 569, 560 S.E.2d 624 (Ct. App. 2001).

III. TESTIMONY OR EVIDENCE SUGGESTING THAT DR. WAN WAS GROSSLY NEGLIGENT, RECKLESS OR ACTED WITH A CONSCIOUS DISREGARD SHOULD BE EXCLUDED.

This Court should exclude any testimony or other evidence suggesting that Dr. Wan was grossly negligent, reckless, or acted with a conscious disregard for Mr. Farr, since Plaintiff's experts have unequivocally testified that none occurred in this case. Plaintiff's expert radiologist, Dr. William Woodruff, testified in his deposition as follows:

- Q. Now, in terms of your opinions and what you just stated in terms of the misinterpretation of these X-rays by Dr. Wan, are you going to offer an opinion that she misinterpreted them with a conscious disregard for this patient?
- A. Well, I cannot say that. I don't know Dr. Wan. I wasn't there at the time. I don't think that's -- no, I do not believe.
- Q. Are you going to say that Dr. Wan was grossly negligent in this case?
- A. I'm not sure I understand what that means.
- Q. If the definition is it means that is was intentional or Dr. Wan acted with a conscious disregard and reckless, if that was the gist of the definition of gross negligence, would you say that Dr. Wan was grossly negligent?
- A. No, sir, I don't think I can say that. I don't believe I would say that.

(Woodruff Dep. 56:14-57:8).

Plaintiff's expert oncologist, Dr. Barry Singer, testified that he is not offering standard of care opinions and that he is strictly offering causation opinions. He testified as follows:

- Q. My question is are you planning to offer standard of care opinions like Dr. Woodruff did or are you offering causation opinions in this case?
- A. Strictly causation. I did read Dr. Woodruff's deposition, I did look at the x-rays, I am an internist, I look at chest x-rays all the time but I'm strictly not giving standard of care.

(Singer Dep. 20:8-14).

Plaintiff's expert pathologist, Dr. Milby, likewise testified in his deposition that he is not offering standard of care opinions. He testified as follows:

- Q. Are you offering any opinions critical of Dr. Wan on the standard of care?
- A. No.
- Q. Are you offering any standard of care opinions at all in this case, critical of the care?
- A. No.

(Milby Dep. 61:24-62:4).

Since two of the three experts for the Plaintiff are not offering opinions on the standard of care or opinions critical of Dr. Wan, and because Plaintiff's only standard of care witness, Dr. Woodruff, has testified that he will not be offering opinions that Dr. Wan was grossly negligent, reckless, or acted with a conscious disregard in this matter, this Court should exclude any such testimony, evidence, or statements and arguments from counsel for the Plaintiff in this matter.

**IV. TESTIMONY, EVIDENCE, QUESTIONS OR ARGUMENTS ADVANCING THE PLAINTIFF'S "REPTILE THEORY" SHOULD BE EXCLUDED FROM TRIAL.**

Any testimony, evidence, questions or arguments offered for the purpose of advancing the Plaintiff's "Reptile" theory, use of "safety rules," or heightened duty of care (*See, e.g., Sulton v. Healthsouth Corp.*, 400 S.C. 412, 734 S.E.2d 641 (2012)) is improper and should be excluded from the trial of this case.



The "Reptile" approach is designed to make the jury feel that a defendant has threatened their safety and the safety of the community at large, therefore compelling the jury to protect themselves and the community by rendering a verdict for a plaintiff. Its primary goal is to show the immediate danger of the kind of thing a defendant did and how "fair" compensation can diminish that danger in the community. The "Reptile" theory is intended to cause jurors to act out of fear and in pursuit of survival instead of making a rational determination of the facts and evidence of a particular case. It ignores what cannot be prevented, such as accidents, mistakes, and misjudgments, and implies that accidents happen when a defendant violates a "safety rule." The "Reptile" theory preaches that a proper (large) verdict for a plaintiff will reduce the danger a defendant's actions pose to the community and provides that without a proper verdict, the danger will increase. Therefore, the "Reptile" approach is improper and should be excluded from the trial of this case for the following reasons:

**A.) Violation of the Golden Rule.**

The Reptile approach is designed to make the jury feel that the defendant has threatened the safety of the jury and their community by allegedly operating in a manner that places them in danger. The purpose of this approach is to have the jury decide the case based upon the fear that they or another member of their family or community could have been injured by the actions of the defendant. As such, these types of questions are a direct violation of the Golden Rule which prohibits either party from asking the jury to place themselves into the place of either party. See *State v. Reese*, 359 S.C. 260, 271, 597 S.E.2d 169, 175 (Ct. App. 2004) (recognizing that a "Golden Rule" argument which suggests to jurors to put themselves in the shoes of one of the parties is generally impermissible because it encourages the jurors to depart from neutrality and to decide the case on the basis of personal interest and bias rather than evidence), *aff'd in part and rev'd in part*, 370 S.C. 31, 633 S.E.2d 898 (2006); see also *Von Dohlen v. State*, 360 S.C. 598, 611, 602

S.E.2d 738, 745 (2004) (noting that South Carolina and other courts have uniformly “condemned and prohibited golden rule arguments in criminal and civil setting”); *Myrick v. Stephanos*, 220 Ga. App. 520, 522, 472, S.E.2d 431, 435 (1996) (reversing \$1.9 million judgment against motor carrier and driver on grounds that trial court improperly failed to exclude plaintiff’s counsel’s “Golden Rule” argument during his closing argument).

**B.) Speculative damages and damages to others beyond the plaintiff.**

The Reptile approach is designed to convince the jury to award damages for speculative damages for harm that might have occurred, or potential harm to the plaintiff’s family or general community, instead of actual damages in the case. This violates South Carolina law prohibiting speculative damages and damages to others than the plaintiff in the case. *See, e.g., Whisenant v. James Island Corp.*, 277 S.C. 10, 13, 281 S.E.2d 794, 796 (1981) (noting that recoverable damages require evidence that allows the jury to determine the amount with reasonable certainty or accuracy, and damages may not be left to conjecture, guess or speculation).

**C.) Verdict based on emotion or passion.**

The Reptile approach attempts to convince a jury to decide the case based upon emotion and passion, suggesting an improper basis for making a decision under Rule 403, SCRE. As such, the Reptile approach violates South Carolina law. *See, e.g., State v. Collins*, 398 S.C. 197, 207-8, 727 S.E.2d 751, 757 (Ct. App. 2012) (discussing Rule 403 at length, and noting that “unfair prejudice . . . speaks to the capacity of some concededly relevant evidence to lure the factfinder into declaring guilt on a ground different from proof specific to the offense charged”).

**D.) Reptile approach falsely implies intent rather than negligence.**

The Reptile line of questioning improperly insinuates that a defendant has acted with malicious intent in their actions when such actions are simple negligence. It is improper to attempt to improperly create an impression of evil intent where none exists. The Reptile approach

advocates sending a message to the defendants or asks the jury to serve as the conscience of the community, which is not proper in a negligence case.

**E.) Verdict based on “safety” and “danger” instead of the standard of care.**

The Reptile approach uses terms such as “safety,” “safety rules,” “danger,” and “choices” to create an impression with the jury that a defendant wrongfully acted in an unsafe manner or a manner which endangered the plaintiff. This is a medical malpractice action where the issue is whether the Defendants violated the standard of care in their provision of treatment to Mr. Farr. There are no recognized “safety rules” that govern the practice of medicine, much less the issues in this case. Further, there is no evidence (or even an allegation) the Defendants endeavored to “endanger” Mr. Farr. Allowing questions by Plaintiff’s counsel that insinuate patient endangerment would be grossly inappropriate. The standard of care governs the Defendants’ conduct. *See, e.g., Pederson v. Gould*, 288 S.C. 141, 341 S.E.2d 633 (1986). The standard of care refers to what a reasonable medical provider would have done under the same or similar circumstances as the defendant. The standard of care does not incorporate non-existent “safety rules.” Allowing the jury to entertain references to “safety rules” and “danger” risks improperly influencing it to render a verdict out of fear and emotion, as opposed to a rational analysis of whether a defendant acted within the standard of care.

**F.) Potential harm versus actual harm.**

The Reptile approach attempts to have a jury decide a case and award damages based on what might have occurred, or the potential harm to the community through a defendant’s actions. It is improper to attempt to convince the jury to award damages based upon potential damages or on what might have occurred. Any arguments should properly be limited to the actual events of the particular case.

**G.) Deprivation of a defendant's right to a fair trial.**

A defendant is constitutionally entitled to an impartial jury. The Reptile approach is an attempt to violate a defendant's constitutional rights. South Carolina law disallows any argument that asks jurors to put themselves in the shoes of a party or which arouses their passion or prejudice. Such arguments destroy the impartiality of the jurors and encourage them to depart from neutrality and decide a case based upon personal interest and bias rather than on the evidence. This violates a defendant's right to a fair trial by an impartial jury and should not be attempted or permitted.

**V. DR. FELDMAN'S INCOME OR QUESTIONS CONCERNING HIS INCOME SHOULD NOT BE ADMISSIBLE UNDER RULES 402 AND 403 OF THE SOUTH CAROLINA RULES OF EVIDENCE.**

This Court should exclude evidence of Dr. Greg Feldman's income or any questions related thereto as such personal information is irrelevant under Rule 402, SCRE and unduly prejudicial under Rule 403, SCRE. Dr. Feldman's income was produced in discovery only under a strict Confidentiality and Protective Order. He was named as an expert witness because he was the managing physician at Upstate Lung and Critical Care, P.C. who knew about the claim because his employed physician, Dr. Wan, was being sued. He was deposed by Plaintiff's counsel and was asked in his deposition to produce his income for purposes of showing bias. The undersigned counsel for the Defendants properly objected to its production, and a motion was filed. A hearing subsequently took place, and, after the judge ordered it to be admitted for discovery purposes, it was disclosed only under a filed Consent Confidentiality and Protective Order. Though it may have been produced in discovery, it certainly should not be admissible at trial.

Plaintiff's counsel intends to question Dr. Feldman about his specific income not merely to show bias, but to show the amount of money Dr. Feldman makes as a physician to insinuate that he and the practice have money for purposes of encouraging a jury to justify rendering a verdict for the Plaintiff. This purpose strikes to very core of why Plaintiff's counsel requested the specific

income Dr. Feldman earned in the year 2014, instead of simply arguing that Dr. Feldman is allegedly biased based on his affiliation as a partner of the practice. While bias under Rule 608(c), SCRE may be inquired into on cross examination, Rule 403, SCRE prevents unduly prejudicial information from being admitted at trial. Dr. Feldman's specific income is also not relevant to the issues and facts of this case under Rule 402, SCRE.

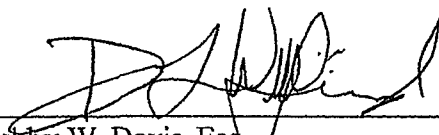
In this specific instance, Plaintiff's counsel may point out that Dr. Feldman is one of the physician owners at Upstate Lung and Critical Care, P.C. in an attempt to show bias, but asking about specific dollars and cents of Dr. Feldman's income is highly prejudicial and serves a purpose other than trying to show bias and affiliation – and such a maneuver is intended to inflame the jury and contribute to a verdict based on what income Dr. Feldman makes instead of the issues and facts of this case. In addition, a filed Consent Confidentiality and Protective Order is in place to protect this information.

Because the specific amounts of Dr. Feldman's income should not be admitted into the trial of this case pursuant to Rules 402 and 403 of the South Carolina Rules of Evidence, this Court should not allow it into the trial, nor allow Plaintiff's counsel to mention it in their opening statement or closing arguments.

### CONCLUSION

For the reasons set forth herein above, this Court should exclude the above matters from the trial of this case.

Respectfully submitted,

  
\_\_\_\_\_  
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Sau-Yin Wan, M.D.

July 21, 2015  
Greenville, South Carolina

THE STATE OF SOUTH CAROLINA  
In the Court of Appeals

APPEAL FROM SPARTANBURG COUNTY  
Court of Common Pleas

J. Mark Hayes, II, Circuit Court Judge

Case No. 2013-CP-42-2404  
Appellate Case No. 2015-001828

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APR 11 2016

**SC Court of Appeals**

Lisa McKaughan, Individually  
and as Personal Representative  
of the Estate of William Farr,

.....

Appellant

v.

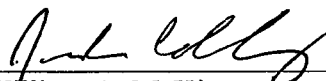
Upstate Lung and Critical Care  
Specialists, P.C. and Sau-Yin  
Wan, M.D.

.....

Respondents.

**CERTIFICATE OF COUNSEL**

Pursuant to Rule 210(g), SCACR, Appellant's counsel certifies that the Record on Appeal contains all materials proposed to be included by the parties and not any other material

  
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Attorneys for Appellant

Rock Hill, SC  
April 8, 2016



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MAR 24 2016

CERTIFICATE OF SERVICE BY MAIL

SC Court of Appeals

I, Kennardy Jones, employee of McGowan, Hood & Felder, LLC, attorney(s) for the Plaintiff, do hereby certify that I have served copy(s) of the **Appellant's Record on Appeal**, on the parties listed below by depositing them in the United States Postal Service, with proper postage affixed thereto, on this 22<sup>nd</sup> day of March, 2016, addressed to the attorney(s) listed below:

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