THE STATE OF SOUTH CAROLINA
In the Court of Appeals

APPEAL FROM SOUTH CAROLINA
Workers' Compensation Commission
Appellate Panel

RECEIVED
JUN 08 2018
SC Court of Appeals

Appellate Case No. 2017-002124

Edmund Dillon, Employee,.....Appellant,

v.

FleetPride, Employer, and Gallagher Bassett as
TPA for American Zurich Insurance Company, Carrier,.....Respondents.

RECORD ON APPEAL

VOLUME II OF III

Preston F. McDaniel, Esquire
MCDANIEL LAW FIRM
1315 Elmwood Avenue
Columbia, South Carolina 29201
(803) 771-7211
And
Brian Dumas, Esquire
718 Clemson Road
Columbia, SC 29229
(803)699-4996

Attorneys for Appellant

Cynthia C. Dooley
Carmelo B. Sammataro
TURNER PADGET GRAHAM & LANEY, PA
P. O. Box 1473
Columbia, SC 29202
(803)254-2200

Attorneys for Respondents

INDEX

Appellate Panel Decision and Order, dated September 18, 2017 1

Decision and Order of Commissioner McCaskill, dated February 2, 2016 33

Form 52, dated March 19, 2015 47

Form 53, dated April 9, 2015 48

Form 27, dated August 24, 2015 51

Hearing Notice dated April 26, 2016 for For June 10, 2016 54

Claimant's Pre-Hearing Brief/APA Submissions, Dated May 25, 2016 56

Defendant's Pre-Hearing Brief/APA Submissions, Dated May 31, 2016 220

Defendants' Amended Pre-Hearing Brief/APA Submissions, dated June 6, 2016 234

Defendants' Second Amended Pre-Hearing Brief/ APA Submissions, dated June 7, 2016 240

Hearing Reset Notice dated June 8, 2016 For August 30, 2016 992

Transcript of Deposition of Michael Sribnick, MD, JD dated June 9, 2016 993

Transcript of Deposition of Jacob Vandersteenhoven, MD dated August 16, 2017 1,081

Claimant's Memorandum In Support of Coverage, Dated August 30, 2016 1,136

Respondent's Memorandum of Law, Dated August 30, 2016 1,142

Form 30 Request For Commission Review
Dated February 15, 2017 1,171

Claimant/Appellant's Brief to the Full Commission,
Dated April 17, 2017 1,176

Defendants'/Respondents' Brief to the Full
Commission, dated May 2, 2017 1,196

Transcript of Proceedings,
Dated August 30, 2016 1,209

Transcript of Full Commission Hearing,
Dated May 15, 2017 1,263

Request for Proposed Order,
Dated September 20, 2016 1,282

Request for Proposed Order,
Dated June 13, 2017 1,287

Certificate of Counsel 1,289

Non Medication Orders

Order: Sodium Level			
Order Start Date/Time: 2/23/2015 20:45 EST			
Order Date/Time: 2/23/2015 18:24 EST			
Order Status: Completed	Department Status: Completed	Catalog Type: Laboratory	Activity Type: General Lab
End-state Date/Time: 2/23/2015 21:23 EST		End-state Reason:	
Ordered and Electronically Signed By: Berdel MD,Henrik O		Consulting Physician:	
Entered By: SYSTEM,SYSTEM on 2/23/2015 21:23 EST			
Order Details: 02/23/15 18:30:00, Timed Study, TS - Timed Study, Specimen: Blood, 02/23/15 18:30:00, Print Label			
Order Comment:			
Action Type: Order	Action Date/Time: 2/23/2015 18:24 EST	Action Personnel: Berdel MD,Henrik O	
Responsible Provider: Berdel MD,Henrik O	Supervising Provider:	Communication Type: CPOE	
Order Details: 02/23/15 18:30:00, Timed Study, TS - Timed Study, Specimen: Blood, 02/23/15 18:30:00, Print Label			
Review Information:			
Doctor Cosign: Not Required			
Order Comment:			
Action Type: Status Change	Action Date/Time: 2/23/2015 20:49 EST	Action Personnel: Connell,Debra M	
Responsible Provider: Berdel MD,Henrik O	Supervising Provider:	Communication Type:	
Order Details: 02/23/15 18:30:00, Timed Study, TS - Timed Study, Specimen: Blood, 02/23/15 18:30:00, Print Label			
Review Information:			
Doctor Cosign: Not Required			
Order Comment:			
Action Type: Status Change	Action Date/Time: 2/23/2015 20:49 EST	Action Personnel: Connell,Debra M	
Responsible Provider: Berdel MD,Henrik O	Supervising Provider:	Communication Type:	
Order Details: 02/23/15 18:30:00, Timed Study, TS - Timed Study, Specimen: Blood, 02/23/15 18:30:00, Print Label			
Review Information:			
Doctor Cosign: Not Required			
Order Comment:			
Action Type: Complete	Action Date/Time: 2/23/2015 21:23 EST	Action Personnel: SYSTEM,SYSTEM	
Responsible Provider: Berdel MD,Henrik O	Supervising Provider:	Communication Type:	
Order Details: 02/23/15 18:30:00, Timed Study, TS - Timed Study, Specimen: Blood, 02/23/15 18:30:00, Print Label			
Review Information:			
Doctor Cosign: Not Required			
Order Comment:			

Non Medication Orders

Order: Sodium Urine,Random (Urine Sodium,Random)			
Order Start Date/Time: 2/23/2015 20:30 EST			
Order Date/Time: 2/23/2015 17:47 EST			
Order Status: Completed	Department Status: Completed	Catalog Type: Laboratory	Activity Type: General Lab
End-state Date/Time: 2/23/2015 21:05 EST		End-state Reason:	
Ordered and Electronically Signed By: Berdel MD,Henrik O		Consulting Physician:	
Entered By: Gause,Kem A on 2/23/2015 21:05 EST			
Order Details: 02/23/15 17:47:00, ASAP, AP - ASAP OT, Specimen: Urine, Nurse To Collect, 02/23/15 17:48:00			
Order Comment:			
Action Type: Order	Action Date/Time: 2/23/2015 17:48 EST		Action Personnel: Berdel MD,Henrik O
Responsible Provider: Berdel MD,Henrik O	Supervising Provider:		Communication Type: CPOE
Order Details: 02/23/15 17:47:00, ASAP, AP - ASAP OT, Specimen: Urine, Nurse To Collect, 02/23/15 17:48:00			
Review Information:			
Nurse Review: Electronically Signed, Looney RN,Marisa A on 2/23/2015 20:26 EST			
Doctor Cosign: Not Required			
Order Comment:			
Action Type: Status Change	Action Date/Time: 2/23/2015 20:44 EST		Action Personnel: Connell,Debra M
Responsible Provider: Berdel MD,Henrik O	Supervising Provider:		Communication Type:
Order Details: 02/23/15 17:47:00, ASAP, AP - ASAP OT, Specimen: Urine, Nurse To Collect, 02/23/15 17:48:00			
Review Information:			
Doctor Cosign: Not Required			
Order Comment:			
Action Type: Status Change	Action Date/Time: 2/23/2015 20:44 EST		Action Personnel: Connell,Debra M
Responsible Provider: Berdel MD,Henrik O	Supervising Provider:		Communication Type:
Order Details: 02/23/15 17:47:00, ASAP, AP - ASAP OT, Specimen: Urine, Nurse To Collect, 02/23/15 17:48:00			
Review Information:			
Doctor Cosign: Not Required			
Order Comment:			
Action Type: Complete	Action Date/Time: 2/23/2015 21:05 EST		Action Personnel: Gause,Kem A
Responsible Provider: Berdel MD,Henrik O	Supervising Provider:		Communication Type:
Order Details: 02/23/15 17:47:00, ASAP, AP - ASAP OT, Specimen: Urine, Nurse To Collect, 02/23/15 17:48:00			
Review Information:			
Doctor Cosign: Not Required			
Order Comment:			

Non Medication Orders

Order: Subphase
Order Start Date/Time: 2/23/2015 14:56 EST
Order Date/Time: 2/23/2015 14:56 EST
Order Status: Completed | Department Status: Completed | Catalog Type: Patient Care | Activity Type: CPOE
End-state Date/Time: 2/23/2015 15:00 EST | End-state Reason:
Ordered and Electronically Signed By: Stachowiak PA,James R | Consulting Physician:
Entered By: Stachowiak PA,James R on 2/23/2015 15:00 EST
Order Details: 02/23/15 14:56:00, Routine
Order Comment:
Action Type: Order | Action Date/Time: 2/23/2015 15:00 EST | Action Personnel: Stachowiak PA,James R
Responsible Provider: Stachowiak PA,James R | Supervising Provider: | Communication Type: CPOE
Order Details: 02/23/15 14:56:00, Routine
Review Information:
Doctor Cosign: Not Required
Order Comment:

Order: Subphase
Order Start Date/Time: 2/23/2015 14:56 EST
Order Date/Time: 2/23/2015 14:56 EST
Order Status: Completed | Department Status: Completed | Catalog Type: Patient Care | Activity Type: CPOE
End-state Date/Time: 2/23/2015 15:00 EST | End-state Reason:
Ordered and Electronically Signed By: Stachowiak PA,James R | Consulting Physician:
Entered By: Stachowiak PA,James R on 2/23/2015 15:00 EST
Order Details: 02/23/15 14:56:00, Routine
Order Comment:
Action Type: Order | Action Date/Time: 2/23/2015 15:00 EST | Action Personnel: Stachowiak PA,James R
Responsible Provider: Stachowiak PA,James R | Supervising Provider: | Communication Type: CPOE
Order Details: 02/23/15 14:56:00, Routine
Review Information:
Doctor Cosign: Not Required
Order Comment:

Order: Subphase
Order Start Date/Time: 2/23/2015 14:56 EST
Order Date/Time: 2/23/2015 14:56 EST
Order Status: Completed | Department Status: Completed | Catalog Type: Patient Care | Activity Type: CPOE
End-state Date/Time: 2/23/2015 15:00 EST | End-state Reason:
Ordered and Electronically Signed By: Stachowiak PA,James R | Consulting Physician:
Entered By: Stachowiak PA,James R on 2/23/2015 15:00 EST
Order Details: 02/23/15 14:56:00, Routine
Order Comment:
Action Type: Order | Action Date/Time: 2/23/2015 15:00 EST | Action Personnel: Stachowiak PA,James R
Responsible Provider: Stachowiak PA,James R | Supervising Provider: | Communication Type: CPOE
Order Details: 02/23/15 14:56:00, Routine
Review Information:
Doctor Cosign: Not Required
Order Comment:

Non Medication Orders

Order: Transfuse -Nsg

Order Start Date/Time: 2/23/2015 14:56 EST
Order Date/Time: 2/23/2015 14:56 EST
Order Status: Discontinued | Department Status: Discontinued | Catalog Type: Patient Care | Activity Type: Patient Care
End-state Date/Time: 2/27/2015 01:41 EST | End-state Reason:
Ordered and Electronically Signed By: Guidelines of Care,* | Consulting Physician:
Entered By: Bracanovich RN,Lisa A on 2/27/2015 01:41 EST
Order Details: 02/23/15 14:56:00, transfuse plasma when available
Order Comment:

Action Type: Order | Action Date/Time: 2/23/2015 15:00 EST | Action Personnel: Stachowiak PA,James R
Responsible Provider: Stachowiak PA,James R | Supervising Provider: | Communication Type: CPOE
Order Details: 02/23/15 14:56:00, transfuse plasma when available
Review Information:
Nurse Review: Electronically Signed, Looney RN,Marisa A on 2/23/2015 20:26 EST
Doctor Cosign: Not Required
Order Comment:

Action Type: Discontinue | Action Date/Time: 2/27/2015 01:41 EST | Action Personnel: Bracanovich RN,Lisa A
Responsible Provider: Guidelines of Care,* | Supervising Provider: | Communication Type: Sig Not Required
Order Details: 02/23/15 14:56:00, transfuse plasma when available
Review Information:
Doctor Cosign: Not Required
Order Comment:

Order: Transfuse Red Blood Cells (Crossmatch)

Order Start Date/Time: 2/23/2015 17:16 EST
Order Date/Time: 2/23/2015 17:16 EST
Order Status: Completed | Department Status: Completed | Catalog Type: Laboratory | Activity Type: Blood Bank
End-state Date/Time: 2/23/2015 17:58 EST | End-state Reason:
Ordered and Electronically Signed By: Toussaint MD,Charles P | Consulting Physician:
Entered By: Raines,Donna M on 2/23/2015 17:58 EST
Order Details: Stat, # of units 02, 11.8 g/dL, 37.5 %, Other (Specify in Comments), None, Print Label
Order Comment:

Action Type: Order | Action Date/Time: 2/23/2015 17:16 EST | Action Personnel: Kerns RN,Barry P
Responsible Provider: Toussaint MD,Charles P | Supervising Provider: | Communication Type: Inbox VORB
Order Details: Stat, # of units 02, 11.8 g/dL, 37.5 %, Other (Specify in Comments), None, Print Label
Review Information:
Nurse Review: Electronically Signed, Looney RN,Marisa A on 2/23/2015 20:26 EST
Doctor Cosign: Electronically Signed, Toussaint MD,Charles P on 2/24/2015 13:07 EST
Order Comment:

Action Type: Status Change | Action Date/Time: 2/23/2015 17:16 EST | Action Personnel: SYSTEM,SYSTEM
Responsible Provider: Toussaint MD,Charles P | Supervising Provider: | Communication Type:
Order Details: Stat, # of units 02, 11.8 g/dL, 37.5 %, Other (Specify in Comments), None, Print Label
Review Information:
Doctor Cosign: Not Required
Order Comment:

Action Type: Complete | Action Date/Time: 2/23/2015 17:58 EST | Action Personnel: Raines,Donna M
Responsible Provider: Toussaint MD,Charles P | Supervising Provider: | Communication Type:
Order Details: Stat, # of units 02, 11.8 g/dL, 37.5 %, Other (Specify in Comments), None, Print Label
Review Information:
Doctor Cosign: Not Required
Order Comment:

Non Medication Orders

Order: Type and Crossmatch

Order Start Date/Time: 2/23/2015 17:16 EST
Order Date/Time: 2/23/2015 17:16 EST

Order Status: Completed	Department Status: Completed	Catalog Type: Laboratory	Activity Type: Blood Bank
End-state Date/Time: 2/23/2015 17:57 EST		End-state Reason:	
Ordered and Electronically Signed By: Toussaint MD,Charles P		Consulting Physician:	

Entered By: Raines,Donna M on 2/23/2015 17:57 EST
Order Details: Stat, OT, Specimen: Blood, 02/23/15 17:16:00, Print Label
Order Comment:

Action Type: Order	Action Date/Time: 2/23/2015 17:16 EST	Action Personnel: Kerns RN,Barry P
Responsible Provider: Toussaint MD,Charles P	Supervising Provider:	Communication Type: Inbox VORB

Order Details: Stat, OT, Specimen: Blood, 02/23/15 17:16:00, Print Label
Review Information:
Nurse Review: Electronically Signed, Looney RN,Marisa A on 2/23/2015 20:26 EST
Doctor Cosign: Electronically Signed, Toussaint MD,Charles P on 2/24/2015 13:07 EST
Order Comment:

Action Type: Complete	Action Date/Time: 2/23/2015 17:57 EST	Action Personnel: Raines,Donna M
Responsible Provider: Toussaint MD,Charles P	Supervising Provider:	Communication Type:

Order Details: Stat, OT, Specimen: Blood, 02/23/15 17:16:00, Print Label
Review Information:
Doctor Cosign: Not Required
Order Comment:

Non Medication Orders

Order: Urinalysis w/Reflex Culture (UA w/Reflex Culture)

Order Start Date/Time: 2/23/2015 20:30 EST
Order Date/Time: 2/23/2015 20:39 EST

Order Status: Completed	Department Status: Completed	Catalog Type: Laboratory	Activity Type: General Lab
End-state Date/Time: 2/23/2015 21:09 EST		End-state Reason:	
Ordered and Electronically Signed By: Berdel MD,Henrik O		Consulting Physician:	

Entered By: Stiles,Jason A on 2/23/2015 21:09 EST
Order Details: 02/23/15 20:39:00, Stat, ST - Stat OT, Specimen: Catheterized Urine, Nurse To Collect, 02/23/15 20:42:00
Order Comment:

Action Type: Order	Action Date/Time: 2/23/2015 20:42 EST	Action Personnel: Pompey PST NT,Melissa Y
Responsible Provider: Berdel MD,Henrik O	Supervising Provider:	Communication Type: Scribe

Order Details: 02/23/15 20:39:00, Stat, ST - Stat OT, Specimen: Catheterized Urine, Nurse To Collect, 02/23/15 20:42:00
Review Information:
Nurse Review: Electronically Signed, Looney RN,Marisa A on 2/23/2015 20:44 EST
Doctor Cosign: Electronically Signed, Berdel MD,Henrik O on 2/24/2015 06:20 EST
Order Comment:

Action Type: Status Change	Action Date/Time: 2/23/2015 20:44 EST	Action Personnel: Connell,Debra M
Responsible Provider: Berdel MD,Henrik O	Supervising Provider:	Communication Type:

Order Details: 02/23/15 20:39:00, Stat, ST - Stat OT, Specimen: Catheterized Urine, Nurse To Collect, 02/23/15 20:42:00
Review Information:
Doctor Cosign: Not Required
Order Comment:

Action Type: Status Change	Action Date/Time: 2/23/2015 20:44 EST	Action Personnel: Connell,Debra M
Responsible Provider: Berdel MD,Henrik O	Supervising Provider:	Communication Type:

Order Details: 02/23/15 20:39:00, Stat, ST - Stat OT, Specimen: Catheterized Urine, Nurse To Collect, 02/23/15 20:42:00
Review Information:
Doctor Cosign: Not Required
Order Comment:

Action Type: Status Change	Action Date/Time: 2/23/2015 20:44 EST	Action Personnel: Connell,Debra M
Responsible Provider: Berdel MD,Henrik O	Supervising Provider:	Communication Type:

Order Details: 02/23/15 20:39:00, Stat, ST - Stat OT, Specimen: Catheterized Urine, Nurse To Collect, 02/23/15 20:42:00
Review Information:
Doctor Cosign: Not Required
Order Comment:

Action Type: Status Change	Action Date/Time: 2/23/2015 21:06 EST	Action Personnel: Stiles,Jason A
Responsible Provider: Berdel MD,Henrik O	Supervising Provider:	Communication Type:

Order Details: 02/23/15 20:39:00, Stat, ST - Stat OT, Specimen: Catheterized Urine, Nurse To Collect, 02/23/15 20:42:00
Review Information:
Doctor Cosign: Not Required
Order Comment:

Action Type: Complete	Action Date/Time: 2/23/2015 21:09 EST	Action Personnel: Stiles,Jason A
Responsible Provider: Berdel MD,Henrik O	Supervising Provider:	Communication Type:

Order Details: 02/23/15 20:39:00, Stat, ST - Stat OT, Specimen: Catheterized Urine, Nurse To Collect, 02/23/15 20:42:00
Review Information:
Doctor Cosign: Not Required
Order Comment:

Non Medication Orders

Order: Vital Signs

Order Start Date/Time: 2/23/2015 15:00 EST			
Order Date/Time: 2/23/2015 14:56 EST			
Order Status: Discontinued	Department Status: Discontinued	Catalog Type: Patient Care	Activity Type: Asmt/Tx/Monitoring
End-state Date/Time: 2/27/2015 22:02 EST		End-state Reason:	
Ordered and Electronically Signed By: Stachowiak PA,James R		Consulting Physician:	
Entered By: SYSTEM,SYSTEM on 2/27/2015 22:02 EST			
Order Details: 02/23/15 15:00:00			
Order Comment:			
Action Type: Order	Action Date/Time: 2/23/2015 15:00 EST		Action Personnel: Stachowiak PA,James R
Responsible Provider: Stachowiak PA,James R	Supervising Provider:		Communication Type: CPOE
Order Details: 02/23/15 15:00:00			
Review Information:			
Doctor Cosign: Not Required			
Order Comment:			
Action Type: Discontinue	Action Date/Time: 2/27/2015 22:02 EST		Action Personnel: SYSTEM,SYSTEM
Responsible Provider: Stachowiak PA,James R	Supervising Provider:		Communication Type:
Order Details: 02/23/15 15:00:00			
Review Information:			
Doctor Cosign: Not Required			
Order Comment:			

Order: Vital Signs

Order Start Date/Time: 2/23/2015 16:00 EST			
Order Date/Time: 2/23/2015 14:56 EST			
Order Status: Discontinued	Department Status: Discontinued	Catalog Type: Patient Care	Activity Type: Asmt/Tx/Monitoring
End-state Date/Time: 2/27/2015 22:02 EST		End-state Reason:	
Ordered and Electronically Signed By: Stachowiak PA,James R		Consulting Physician:	
Entered By: SYSTEM,SYSTEM on 2/27/2015 22:02 EST			
Order Details: 02/23/15 16:00:00			
Order Comment:			
Action Type: Order	Action Date/Time: 2/23/2015 15:00 EST		Action Personnel: Stachowiak PA,James R
Responsible Provider: Stachowiak PA,James R	Supervising Provider:		Communication Type: CPOE
Order Details: 02/23/15 16:00:00			
Review Information:			
Doctor Cosign: Not Required			
Order Comment:			
Action Type: Discontinue	Action Date/Time: 2/27/2015 22:02 EST		Action Personnel: SYSTEM,SYSTEM
Responsible Provider: Stachowiak PA,James R	Supervising Provider:		Communication Type:
Order Details: 02/23/15 16:00:00			
Review Information:			
Doctor Cosign: Not Required			
Order Comment:			

Non Medication Orders

Order: Vital Signs
Order Start Date/Time: 2/23/2015 17:00 EST
Order Date/Time: 2/23/2015 14:56 EST
Order Status: Discontinued | Department Status: Discontinued | Catalog Type: Patient Care | Activity Type: Asmt/Tx/Monitoring
End-state Date/Time: 2/27/2015 22:02 EST | End-state Reason:
Ordered and Electronically Signed By: Stachowiak PA,James R | Consulting Physician:
Entered By: SYSTEM,SYSTEM on 2/27/2015 22:02 EST
Order Details: 02/23/15 17:00:00
Order Comment:

Action Type: Order	Action Date/Time: 2/23/2015 15:00 EST	Action Personnel: Stachowiak PA,James R
Responsible Provider: Stachowiak PA,James R	Supervising Provider:	Communication Type: CPOE

Order Details: 02/23/15 17:00:00
Review Information:
Doctor Cosign: Not Required
Order Comment:

Action Type: Discontinue	Action Date/Time: 2/27/2015 22:02 EST	Action Personnel: SYSTEM,SYSTEM
Responsible Provider: Stachowiak PA,James R	Supervising Provider:	Communication Type:

Order Details: 02/23/15 17:00:00
Review Information:
Doctor Cosign: Not Required
Order Comment:

Order: Vital Signs
Order Start Date/Time: 2/23/2015 18:00 EST
Order Date/Time: 2/23/2015 14:56 EST
Order Status: Discontinued | Department Status: Discontinued | Catalog Type: Patient Care | Activity Type: Asmt/Tx/Monitoring
End-state Date/Time: 2/27/2015 22:02 EST | End-state Reason:
Ordered and Electronically Signed By: Stachowiak PA,James R | Consulting Physician:
Entered By: SYSTEM,SYSTEM on 2/27/2015 22:02 EST
Order Details: 02/23/15 18:00:00
Order Comment:

Action Type: Order	Action Date/Time: 2/23/2015 15:00 EST	Action Personnel: Stachowiak PA,James R
Responsible Provider: Stachowiak PA,James R	Supervising Provider:	Communication Type: CPOE

Order Details: 02/23/15 18:00:00
Review Information:
Doctor Cosign: Not Required
Order Comment:

Action Type: Discontinue	Action Date/Time: 2/27/2015 22:02 EST	Action Personnel: SYSTEM,SYSTEM
Responsible Provider: Stachowiak PA,James R	Supervising Provider:	Communication Type:

Order Details: 02/23/15 18:00:00
Review Information:
Doctor Cosign: Not Required
Order Comment:

Non Medication Orders

Order: Vital Signs
Order Start Date/Time: 2/23/2015 18:52 EST
Order Date/Time: 2/23/2015 18:52 EST

Order Status: Discontinued	Department Status: Discontinued	Catalog Type: Patient Care	Activity Type: Asmt/Tx/Monitoring
End-state Date/Time: 2/27/2015 03:43 EST		End-state Reason:	
Ordered and Electronically Signed By: Guidelines of Care,*		Consulting Physician:	

Entered By: Bracanovich RN,Lisa A on 2/27/2015 03:43 EST
Order Details: 02/23/15 18:52:00, q 1 hr
Order Comment:

Action Type: Order	Action Date/Time: 2/23/2015 18:55 EST	Action Personnel: Javis,Cheryl J
Responsible Provider: Guidelines of Care,*	Supervising Provider:	Communication Type: Sig Not Required

Order Details: 02/23/15 18:52:00, q 1 hr
Review Information:
Nurse Review: Electronically Signed, Looney RN,Marisa A on 2/23/2015 20:26 EST
Doctor Cosign: Not Required
Order Comment:

Action Type: Discontinue	Action Date/Time: 2/27/2015 03:43 EST	Action Personnel: Bracanovich RN,Lisa A
Responsible Provider: Guidelines of Care,*	Supervising Provider:	Communication Type: Sig Not Required

Order Details: 02/23/15 18:52:00, q 1 hr
Review Information:
Doctor Cosign: Not Required
Order Comment:

Order: Vital Signs
Order Start Date/Time: 2/23/2015 19:00 EST
Order Date/Time: 2/23/2015 14:56 EST

Order Status: Discontinued	Department Status: Discontinued	Catalog Type: Patient Care	Activity Type: Asmt/Tx/Monitoring
End-state Date/Time: 2/27/2015 22:02 EST		End-state Reason:	
Ordered and Electronically Signed By: Stachowiak PA,James R		Consulting Physician:	

Entered By: SYSTEM,SYSTEM on 2/27/2015 22:02 EST
Order Details: 02/23/15 19:00:00
Order Comment:

Action Type: Order	Action Date/Time: 2/23/2015 15:00 EST	Action Personnel: Stachowiak PA,James R
Responsible Provider: Stachowiak PA,James R	Supervising Provider:	Communication Type: CPOE

Order Details: 02/23/15 19:00:00
Review Information:
Doctor Cosign: Not Required
Order Comment:

Action Type: Discontinue	Action Date/Time: 2/27/2015 22:02 EST	Action Personnel: SYSTEM,SYSTEM
Responsible Provider: Stachowiak PA,James R	Supervising Provider:	Communication Type:

Order Details: 02/23/15 19:00:00
Review Information:
Doctor Cosign: Not Required
Order Comment:

Non Medication Orders

Order: Vital Signs

Order Start Date/Time: 2/23/2015 20:00 EST
Order Date/Time: 2/23/2015 14:56 EST
Order Status: Discontinued | Department Status: Discontinued | Catalog Type: Patient Care | Activity Type: Asmt/Tx/Monitoring
End-state Date/Time: 2/27/2015 22:02 EST | End-state Reason:
Ordered and Electronically Signed By: Stachowiak PA,James R | Consulting Physician:
Entered By: SYSTEM,SYSTEM on 2/27/2015 22:02 EST
Order Details: 02/23/15 20:00:00
Order Comment:

Action Type: Order	Action Date/Time: 2/23/2015 15:00 EST	Action Personnel: Stachowiak PA,James R
Responsible Provider: Stachowiak PA,James R	Supervising Provider:	Communication Type: CPOE

Order Details: 02/23/15 20:00:00
Review Information:
Doctor Cosign: Not Required
Order Comment:

Action Type: Discontinue	Action Date/Time: 2/27/2015 22:02 EST	Action Personnel: SYSTEM,SYSTEM
Responsible Provider: Stachowiak PA,James R	Supervising Provider:	Communication Type:

Order Details: 02/23/15 20:00:00
Review Information:
Doctor Cosign: Not Required
Order Comment:

Order: Vital Signs

Order Start Date/Time: 2/23/2015 21:00 EST
Order Date/Time: 2/23/2015 14:56 EST
Order Status: Discontinued | Department Status: Discontinued | Catalog Type: Patient Care | Activity Type: Asmt/Tx/Monitoring
End-state Date/Time: 2/27/2015 22:02 EST | End-state Reason:
Ordered and Electronically Signed By: Stachowiak PA,James R | Consulting Physician:
Entered By: SYSTEM,SYSTEM on 2/27/2015 22:02 EST
Order Details: 02/23/15 21:00:00
Order Comment:

Action Type: Order	Action Date/Time: 2/23/2015 15:00 EST	Action Personnel: Stachowiak PA,James R
Responsible Provider: Stachowiak PA,James R	Supervising Provider:	Communication Type: CPOE

Order Details: 02/23/15 21:00:00
Review Information:
Doctor Cosign: Not Required
Order Comment:

Action Type: Discontinue	Action Date/Time: 2/27/2015 22:02 EST	Action Personnel: SYSTEM,SYSTEM
Responsible Provider: Stachowiak PA,James R	Supervising Provider:	Communication Type:

Order Details: 02/23/15 21:00:00
Review Information:
Doctor Cosign: Not Required
Order Comment:

Non Medication Orders

Order: Vital Signs

Order Start Date/Time: 2/23/2015 22:00 EST
Order Date/Time: 2/23/2015 14:56 EST

Order Status: Discontinued	Department Status: Discontinued	Catalog Type: Patient Care	Activity Type: Asmt/Tx/Monitoring
End-state Date/Time: 2/27/2015 22:02 EST		End-state Reason:	
Ordered and Electronically Signed By: Stachowiak PA,James R		Consulting Physician:	

Entered By: SYSTEM,SYSTEM on 2/27/2015 22:02 EST
Order Details: 02/23/15 22:00:00
Order Comment:

Action Type: Order	Action Date/Time: 2/23/2015 15:00 EST	Action Personnel: Stachowiak PA,James R
Responsible Provider: Stachowiak PA,James R	Supervising Provider:	Communication Type: CPOE

Order Details: 02/23/15 22:00:00
Review Information:
Doctor Cosign: Not Required
Order Comment:

Action Type: Discontinue	Action Date/Time: 2/27/2015 22:02 EST	Action Personnel: SYSTEM,SYSTEM
Responsible Provider: Stachowiak PA,James R	Supervising Provider:	Communication Type:

Order Details: 02/23/15 22:00:00
Review Information:
Doctor Cosign: Not Required
Order Comment:

Order: Vital Signs

Order Start Date/Time: 2/23/2015 23:00 EST
Order Date/Time: 2/23/2015 14:56 EST

Order Status: Discontinued	Department Status: Discontinued	Catalog Type: Patient Care	Activity Type: Asmt/Tx/Monitoring
End-state Date/Time: 2/27/2015 22:02 EST		End-state Reason:	
Ordered and Electronically Signed By: Stachowiak PA,James R		Consulting Physician:	

Entered By: SYSTEM,SYSTEM on 2/27/2015 22:02 EST
Order Details: 02/23/15 23:00:00
Order Comment:

Action Type: Order	Action Date/Time: 2/23/2015 15:00 EST	Action Personnel: Stachowiak PA,James R
Responsible Provider: Stachowiak PA,James R	Supervising Provider:	Communication Type: CPOE

Order Details: 02/23/15 23:00:00
Review Information:
Doctor Cosign: Not Required
Order Comment:

Action Type: Discontinue	Action Date/Time: 2/27/2015 22:02 EST	Action Personnel: SYSTEM,SYSTEM
Responsible Provider: Stachowiak PA,James R	Supervising Provider:	Communication Type:

Order Details: 02/23/15 23:00:00
Review Information:
Doctor Cosign: Not Required
Order Comment:

Non Medication Orders

Order: VTE Quality Measures

Order Start Date/Time: 2/23/2015 14:56 EST
Order Date/Time: 2/23/2015 14:56 EST
Order Status: Discontinued | Department Status: Discontinued | Catalog Type: Patient Care | Activity Type: CPOE
End-state Date/Time: 2/27/2015 22:02 EST | End-state Reason:
Ordered and Electronically Signed By: Stachowiak PA,James R | Consulting Physician:
Entered By: SYSTEM,SYSTEM on 2/27/2015 22:02 EST
Order Details: 02/23/15 14:56:00
Order Comment:

Action Type: Order | Action Date/Time: 2/23/2015 15:00 EST | Action Personnel: Stachowiak PA,James R
Responsible Provider: Stachowiak PA,James R | Supervising Provider: | Communication Type: CPOE
Order Details: 02/23/15 14:56:00
Review Information:
Nurse Review: Electronically Signed, Looney RN,Marisa A on 2/23/2015 20:26 EST
Doctor Cosign: Not Required
Order Comment:

Action Type: Discontinue | Action Date/Time: 2/27/2015 22:02 EST | Action Personnel: SYSTEM,SYSTEM
Responsible Provider: Stachowiak PA,James R | Supervising Provider: | Communication Type:
Order Details: 02/23/15 14:56:00
Review Information:
Doctor Cosign: Not Required
Order Comment:

Order: Weight

Order Start Date/Time: 2/23/2015 18:18 EST
Order Date/Time: 2/23/2015 18:18 EST
Order Status: Completed | Department Status: Completed | Catalog Type: Patient Care | Activity Type: Asmt/Tx/Monitoring
End-state Date/Time: 2/27/2015 03:43 EST | End-state Reason:
Ordered and Electronically Signed By: | Consulting Physician:
Entered By: Bracanovich RN,Lisa A on 2/27/2015 03:43 EST
Order Details: 02/23/15 18:18:00, OT, Stop 02/23/15 18:18:00
Order Comment:

Action Type: Order | Action Date/Time: 2/23/2015 18:18 EST | Action Personnel: Alexander RN,Ashley C
Responsible Provider: | Supervising Provider: | Communication Type:
Order Details: 02/23/15 18:18:00, OT, Stop 02/23/15 18:18:00
Review Information:
Doctor Cosign: Not Required
Order Comment:

Action Type: Complete | Action Date/Time: 2/27/2015 03:43 EST | Action Personnel: Bracanovich RN,Lisa A
Responsible Provider: | Supervising Provider: | Communication Type:
Order Details: 02/23/15 18:18:00, OT, Stop 02/23/15 18:18:00
Review Information:
Doctor Cosign: Not Required
Order Comment:

Medication Orders

Order: Sodium Chloride 0.9% (NS 0.9% Bolus)
Order Start Date/Time: 2/23/2015 13:42 EST
Order Date/Time: 2/23/2015 13:42 EST
Order Status: Completed | Clinical Category: Continuous Solutions | Medication Type: Inpatient
End-state Date/Time: 2/23/2015 13:45 EST | End-state Reason:
Ordered and Electronically Signed By: Mackie MD,Emily L | Consulting Physician:
Entered By: Grosse RN,Jennifer E on 2/23/2015 13:45 EST
Order Details: 1,000 mL, Inj, IV, OT, ***BOLUS***, NOW, Start Date: 02/23/15 13:42:00, Stop date 02/23/15 13:42:00, 999 mL/hr, mL 1,000
Order Comment:

Order: 1 Rx Adult IV Electrolyte Replacement Guidelines, Critical Care
Order Start Date/Time: 2/23/2015 14:56 EST
Order Date/Time: 2/23/2015 14:56 EST
Order Status: Discontinued | Clinical Category: Medications | Medication Type: Inpatient
End-state Date/Time: 2/25/2015 17:23 EST | End-state Reason:
Ordered and Electronically Signed By: Maxey MD,Melissa | Consulting Physician:
Entered By: Lomas RN,Charlotte G on 2/25/2015 17:23 EST
Order Details: Follow Guideline. Call MD prior to replacement if SCr is greater than 1.2, daily, Start Date: 02/23/15 14:56:00
Order Comment:

Order: 1 Rx Communication (Pharmacy Nursing Communication)
Order Start Date/Time: 2/23/2015 14:56 EST
Order Date/Time: 2/23/2015 14:56 EST
Order Status: Discontinued | Clinical Category: Medications | Medication Type: Inpatient
End-state Date/Time: 2/25/2015 17:23 EST | End-state Reason:
Ordered and Electronically Signed By: Maxey MD,Melissa | Consulting Physician:
Entered By: Lomas RN,Charlotte G on 2/25/2015 17:23 EST
Order Details: Keep total fluid intake (IV meds, drips, and tube feeds) no greater than 125cc/hr., daily, Start Date: 02/23/15 14:56:00
Order Comment:

Order: bacitracin topical (bacitracin topical ointment)
Order Start Date/Time: 2/23/2015 14:56 EST
Order Date/Time: 2/23/2015 14:56 EST
Order Status: Discontinued | Clinical Category: Medications | Medication Type: Inpatient
End-state Date/Time: 2/24/2015 00:30 EST | End-state Reason:
Ordered and Electronically Signed By: Guidelines of Care.* | Consulting Physician:
Entered By: Looney RN,Marisa A on 2/24/2015 00:31 EST
Order Details: 1 app, Oint, TOP, q6hr(s), Apply to affected area, Routine, Start Date: 02/23/15 14:56:00
Order Comment:

Order: bisacodyl (Dulcolax Laxative)
Order Start Date/Time: 2/23/2015 14:56 EST
Order Date/Time: 2/23/2015 14:56 EST
Order Status: Discontinued | Clinical Category: Medications | Medication Type: Inpatient
End-state Date/Time: 2/25/2015 17:23 EST | End-state Reason:
Ordered and Electronically Signed By: Maxey MD,Melissa | Consulting Physician:
Entered By: Lomas RN,Charlotte G on 2/25/2015 17:23 EST
Order Details: 10 mg, = 1 supp, Supp, PR, daily, Routine, Start Date: 02/23/15 14:56:00
Order Comment:

Medication Orders

Order: pantoprazole (Protonix)
Order Start Date/Time: 2/23/2015 14:56 EST
Order Date/Time: 2/23/2015 14:56 EST
Order Status: Discontinued | Clinical Category: Medications | Medication Type: Inpatient
End-state Date/Time: 2/25/2015 17:04 EST | End-state Reason:
Ordered and Electronically Signed By: Maxey MD,Melissa | Consulting Physician:
Entered By: Maxey MD,Melissa on 2/25/2015 17:04 EST
Order Details: 20 mg, Inj, IV, daily, Only if No gastric access and/or intestinal discontinuity., Routine, Start Date: 02/23/15 14:56:00
Order Comment: *NOTE DOSE* Dose reduced for hepatic failure.

Order: propofol (IV additive) 500 mg + Premix 50 mL
Order Start Date/Time: 2/23/2015 14:56 EST
Order Date/Time: 2/23/2015 14:56 EST
Order Status: Discontinued | Clinical Category: Continuous Solutions | Medication Type: Inpatient
End-state Date/Time: 2/27/2015 01:25 EST | End-state Reason:
Ordered and Electronically Signed By: Guidelines of Care,* | Consulting Physician:
Entered By: Bracanovich RN,Lisa A on 2/27/2015 01:25 EST
Order Details: 50 mL, 50 mL = Total Volume, IV, Begin at 10 mcg/kg/min. Re-evaluation RASS every 15 min, increase 10mcg/kg/min untill RASS -4 to -5 achieved. If rate exceeds 50mcg/kg/min then notify MD., Routine, Start Date: 02/23/15 14:56:00, Goal RASS -4 to -5, 77...
Order Comment:

Order: Sodium Chloride 0.9% 1,000 mL
Order Start Date/Time: 2/23/2015 14:56 EST
Order Date/Time: 2/23/2015 14:56 EST
Order Status: Discontinued | Clinical Category: Continuous Solutions | Medication Type: Inpatient
End-state Date/Time: 2/27/2015 01:25 EST | End-state Reason:
Ordered and Electronically Signed By: Guidelines of Care,* | Consulting Physician:
Entered By: Bracanovich RN,Lisa A on 2/27/2015 01:25 EST
Order Details: 1,000 mL, 1,000 mL = Total Volume, IV, Routine, Start Date: 02/23/15 14:56:00, @ 75 mL/hr, 13.3 hr
Order Comment: Hold while banana bag running.

Order: diphtheria/pertussis,acel/tetanus adult (Tdap (tetanus-diphtheria-acellular pertussis))
Order Start Date/Time: 2/23/2015 15:00 EST
Order Date/Time: 2/23/2015 14:56 EST
Order Status: Completed | Clinical Category: Medications | Medication Type: Inpatient
End-state Date/Time: 2/23/2015 16:32 EST | End-state Reason:
Ordered and Electronically Signed By: Stachowiak PA,James R | Consulting Physician:
Entered By: Grosse RN,Jennifer E on 2/23/2015 16:32 EST
Order Details: 0.5 mL, Inj, IM, OT, Give if not done in the Emergency Department and Request from the pharmacy if needed., Routine, Start Date: 02/23/15 15:00:00, Stop date 02/23/15 15:00:00
Order Comment:

Order: etomidate
Order Start Date/Time: 2/23/2015 15:00 EST
Order Date/Time: 2/23/2015 14:51 EST
Order Status: Completed | Clinical Category: Medications | Medication Type: Inpatient
End-state Date/Time: 2/23/2015 14:53 EST | End-state Reason:
Ordered and Electronically Signed By: Ford MD,David T | Consulting Physician:
Entered By: Grosse RN,Jennifer E on 2/23/2015 14:53 EST
Order Details: 30 mg, = 15 mL, Inj, IV, OT, Routine, Start Date: 02/23/15 15:00:00, Stop date 02/23/15 15:00:00
Order Comment:

Medication Orders

Order: lidocaine (Lidocaine Abbojject 2%)
Order Start Date/Time: 2/23/2015 15:00 EST
Order Date/Time: 2/23/2015 14:51 EST
Order Status: Completed | Clinical Category: Medications | Medication Type: Inpatient
End-state Date/Time: 2/23/2015 14:53 EST | End-state Reason:
Ordered and Electronically Signed By: Ford MD,David T | Consulting Physician:
Entered By: Grosse RN,Jennifer E on 2/23/2015 14:53 EST
Order Details: 5 mL, Inj, IV, OT, Routine, Start Date: 02/23/15 15:00:00, Stop date 02/23/15 15:00:00
Order Comment:

Order: melatonin
Order Start Date/Time: 2/23/2015 15:00 EST
Order Date/Time: 2/23/2015 14:56 EST
Order Status: Completed | Clinical Category: Medications | Medication Type: Inpatient
End-state Date/Time: 2/23/2015 18:32 EST | End-state Reason:
Ordered and Electronically Signed By: Stachowiak PA,James R | Consulting Physician:
Entered By: Alexander RN,Ashley C on 2/23/2015 18:32 EST
Order Details: 9 mg, = 3 tab, Tab, PO, OT, HS, May give PO/NG, Routine, Start Date: 02/23/15 15:00:00, Stop date 02/23/15 15:00:00
Order Comment:

Order: succinylcholine
Order Start Date/Time: 2/23/2015 15:00 EST
Order Date/Time: 2/23/2015 14:51 EST
Order Status: Completed | Clinical Category: Medications | Medication Type: Inpatient
End-state Date/Time: 2/23/2015 14:53 EST | End-state Reason:
Ordered and Electronically Signed By: Ford MD,David T | Consulting Physician:
Entered By: Grosse RN,Jennifer E on 2/23/2015 14:53 EST
Order Details: 100 mg, = 5 mL, Inj, IV, OT, Routine, Start Date: 02/23/15 15:00:00, Stop date 02/23/15 15:00:00
Order Comment: ***HIGH ALERT MEDICATION***

Order: vecuronium (Norcuron)
Order Start Date/Time: 2/23/2015 15:00 EST
Order Date/Time: 2/23/2015 14:51 EST
Order Status: Completed | Clinical Category: Medications | Medication Type: Inpatient
End-state Date/Time: 2/23/2015 14:53 EST | End-state Reason:
Ordered and Electronically Signed By: Ford MD,David T | Consulting Physician:
Entered By: Grosse RN,Jennifer E on 2/23/2015 14:53 EST
Order Details: 1 mg, Inj, IV, OT, Routine, Start Date: 02/23/15 15:00:00, Stop date 02/23/15 15:00:00
Order Comment: ***HIGH ALERT MEDICATION*** Patient must be on the ventilator.

Order: fentanyl (IV additive) 1,350 mcg + Premix 135 mL
Order Start Date/Time: 2/23/2015 15:16 EST
Order Date/Time: 2/23/2015 15:16 EST
Order Status: Discontinued | Clinical Category: Continuous Solutions | Medication Type: Inpatient
End-state Date/Time: 2/24/2015 14:17 EST | End-state Reason:
Ordered and Electronically Signed By: Maxey MD,Melissa | Consulting Physician:
Entered By: Maxey MD,Melissa on 2/24/2015 14:17 EST
Order Details: 135 mL, 135 mL = Total Volume, IV, Routine, Start Date: 02/23/15 15:16:00, titrate CPOT less than 2
Order Comment: Usual Starting dose: Begin infusion at 25mcg/hr. Usual Max dose: 300mcg/hr. Conc=10 mcg/mL. Double Check. Sound-Alike-Look-Alike-Drug. For Critical Care Floors Only!! (SUBLIMAZE)

Medication Orders

Order: midazolam (Versed)
Order Start Date/Time: 2/23/2015 15:30 EST
Order Date/Time: 2/23/2015 15:06 EST
Order Status: Completed | Clinical Category: Medications | Medication Type: Inpatient
End-state Date/Time: 2/23/2015 15:08 EST | End-state Reason:
Ordered and Electronically Signed By: Ford MD,David T | Consulting Physician:
Entered By: Grosse RN,Jennifer E on 2/23/2015 15:08 EST
Order Details: 2 mg, Inj, IV, OT, Routine, Start Date: 02/23/15 15:30:00, Stop date 02/23/15 15:30:00
Order Comment:

Order: 1 Rx Communication (Pharmacy Nursing Communication)
Order Start Date/Time: 2/23/2015 18:00 EST
Order Date/Time: 2/23/2015 14:56 EST
Order Status: Discontinued | Clinical Category: Medications | Medication Type: Inpatient
End-state Date/Time: 2/27/2015 17:54 EST | End-state Reason:
Ordered and Electronically Signed By: Stachowiak PA,James R | Consulting Physician:
Entered By: SYSTEM,SYSTEM on 2/27/2015 17:54 EST
Order Details: Sedatives should not be given until pain is controlled (no pain) and RASS is still documented greater than +2, q12hr(s), Start Date: 02/23/15 18:00:00
Order Comment:

Order: cefazolin (Ancef)
Order Start Date/Time: 2/23/2015 18:00 EST
Order Date/Time: 2/23/2015 17:45 EST
Order Status: Completed | Clinical Category: Medications | Medication Type: Inpatient
End-state Date/Time: 2/23/2015 17:46 EST | End-state Reason:
Ordered and Electronically Signed By: Toussaint MD,Charles P | Consulting Physician:
Entered By: Kerns RN,Barry P on 2/23/2015 17:46 EST
Order Details: 2 g, = 50 mL, Soln, IV, PREOP, Routine, Start Date: 02/23/15 18:00:00
Order Comment:

Order: levetiracetam (Keppra)
Order Start Date/Time: 2/23/2015 18:00 EST
Order Date/Time: 2/23/2015 14:50 EST
Order Status: Completed | Clinical Category: Medications | Medication Type: Inpatient
End-state Date/Time: 2/23/2015 19:45 EST | End-state Reason:
Ordered and Electronically Signed By: Drawdy PA-C,Karen M | Consulting Physician:
Entered By: Looney RN,Marisa A on 2/23/2015 19:45 EST
Order Details: 500 mg, = 5 mL, IV, Start Date: 02/23/15 18:00:00
Order Comment: Please tube to ED RED Zone Diluted in 100mL.may convert to po when clinically indicated at same dose

Order: levetiracetam (Keppra)
Order Start Date/Time: 2/23/2015 18:00 EST
Order Date/Time: 2/23/2015 14:46 EST
Order Status: Discontinued | Clinical Category: Medications | Medication Type: Inpatient
End-state Date/Time: 2/25/2015 17:04 EST | End-state Reason:
Ordered and Electronically Signed By: Maxey MD,Melissa | Consulting Physician:
Entered By: Maxey MD,Melissa on 2/25/2015 17:04 EST
Order Details: 500 mg, = 5 mL, IV, 2xdaily, Routine, Start Date: 02/23/15 18:00:00, Stop date 03/02/15 6:00:00
Order Comment: Diluted in 100mL.may convert to po when clinically indicated at same dose. Duration = 7 days.

Medication Orders

Order: phytonadione (Vitamin K)
Order Start Date/Time: 2/23/2015 18:00 EST
Order Date/Time: 2/23/2015 17:47 EST
Order Status: Completed | Clinical Category: Medications | Medication Type: Inpatient
End-state Date/Time: 2/23/2015 20:47 EST | End-state Reason:
Ordered and Electronically Signed By: Berdel MD,Henrik O | Consulting Physician:
Entered By: Looney RN,Marisa A on 2/23/2015 20:47 EST
Order Details: 10 mg, = 1 mL, Amp, IM, OT, Routine, Start Date: 02/23/15 18:00:00, Stop date 02/23/15 18:00:00
Order Comment:

Order: potassium chloride (KCl (IV additive))
Order Start Date/Time: 2/23/2015 18:30 EST
Order Date/Time: 2/23/2015 18:09 EST
Order Status: Completed | Clinical Category: Medications | Medication Type: Inpatient
End-state Date/Time: 2/23/2015 22:24 EST | End-state Reason:
Ordered and Electronically Signed By: Yates MD,Carl Douglas | Consulting Physician:
Entered By: Looney RN,Marisa A on 2/23/2015 22:24 EST
Order Details: 40 mEq, = 20 mL, IV, On call, Start Date: 02/23/15 18:30:00
Order Comment: OR 17

Order: Sodium Chloride 3% 500 mL
Order Start Date/Time: 2/23/2015 18:41 EST
Order Date/Time: 2/23/2015 18:41 EST
Order Status: Discontinued | Clinical Category: Continuous Solutions | Medication Type: Inpatient
End-state Date/Time: 2/23/2015 19:36 EST | End-state Reason:
Ordered and Electronically Signed By: Thomas MD,Tristan K | Consulting Physician:
Entered By: Thomas MD,Tristan K on 2/23/2015 19:36 EST
Order Details: 500 mL, 500 mL = Total Volume, IV, Routine, Start Date: 02/23/15 18:41:00, 1 doses, Stop date 02/24/15 4:40:00, @ 50 mL/hr, 10 hr
Order Comment:

Order: cefazolin (Ancef)
Order Start Date/Time: 2/23/2015 22:00 EST
Order Date/Time: 2/23/2015 19:39 EST
Order Status: Completed | Clinical Category: Medications | Medication Type: Inpatient
End-state Date/Time: 2/23/2015 22:24 EST | End-state Reason:
Ordered and Electronically Signed By: Drawdy PA-C,Karen M | Consulting Physician:
Entered By: Looney RN,Marisa A on 2/23/2015 22:24 EST
Order Details: 500 mg, IV, Start Date: 02/23/15 22:00:00
Order Comment: Diluted in 50mL. ok to d/c once drain is pulled

Order: cefazolin (Ancef)
Order Start Date/Time: 2/23/2015 22:00 EST
Order Date/Time: 2/23/2015 19:08 EST
Order Status: Discontinued | Clinical Category: Medications | Medication Type: Inpatient
End-state Date/Time: 2/25/2015 12:32 EST | End-state Reason:
Ordered and Electronically Signed By: Hooks PA,Christopher C | Consulting Physician:
Entered By: Matheson RN,Crisna M on 2/25/2015 12:32 EST
Order Details: 500 mg, IV, q8hr(s), Routine, Start Date: 02/23/15 22:00:00
Order Comment: Diluted in 50mL. ok to d/c once drain is pulled

ACCESSION	EXAM DATE/TIME	PROCEDURE	ORDERING PROVIDER	STATUS
CT-15-0012404	2/23/2015 13:25 EST	CT Head W/O IV Contrast	Mackie MD,Emily L	Auth (Verified)

Reason For Exam
(CT Head W/O IV Contrast) fall, abrasion to occiput

Findings:

NONCONTRAST HEAD CT EXAMINATION, 02/23/15

Radiology

ACCESSION	EXAM DATE/TIME	PROCEDURE	ORDERING PROVIDER	STATUS
CT-15-0012404	2/23/2015 13:25 EST	CT Head W/O IV Contrast	Mackie MD,Emily L	Auth (Verified)

Findings:

HISTORY: 56-year-old male with fall, abrasion to occiput.

FINDINGS: 4.8 mm axial images of the brain without contrast demonstrate a 4.6 x 2.4 mm right frontal lobe hematoma with mild degree of surrounding edema. There is a right-sided subdural mixed density hematoma involving the right frontal and parietal lobes and temporal lobe inferiorly with maximal thickness approximately 1.6 cm as measured at the level of the ventricular atria. There is subdural hematoma also demonstrated over the left frontal region, of maximal thickness approximately 1 cm, which also tracks along the interhemispheric fissure. Extraaxial hyperdense hematoma also demonstrated of the left fronal lobe at the level of the ventricular atrium measuring 7 mm in size having a roundish appearance. This finding is likely subarachnoid in location as there is left Sylvian subarachnoid blood present as well. The posterior fossa structures are unremarkable. No calvarial fracture. Orbits, temporal bones, and paranasal sinuses are grossly unremarkable as well.

SUMMARY:

1. Right frontal hematoma size dimensions given above with accompanying peripheral hypodensity. There is also a 1.6 cm right frontotemporal parietal subdural hematoma with areas of layering low density within as well. Acute on chronic or subacute hematomas are suggested. There is also subarachnoid blood within the left Sylvian fissure with a more superolateral globular appearance of blood within the superior aspect of the Sylvian fissure, likely subarachnoid in location as well. Continued followup recommended.
2. 9 mm right to left midline shift due to mass effect from the right-sided hematoma as described.

**** Final **** *Trans On: 02/23/2015 14:06 by: CLS*
Read by: Graham III MD, Cole B
Released By: Graham III MD, Cole B
Released on: 02/23/2015 14:54 *Technologist: Boncorddo, Joseph L*

ACCESSION	EXAM DATE/TIME	PROCEDURE	ORDERING PROVIDER	STATUS
CT-15-0012405	2/23/2015 13:25 EST	CT Cervical Spine W/O IV Contrast	Mackie MD,Emily L	Auth (Verified)

Reason For Exam
(CT Cervical Spine W/O IV Contrast) fall, abrasion to occiput

Findings:

CT CERVICAL SPINE WITHOUT IV CONTRAST: 02/23/15

CLINICAL HISTORY:

56-year-old male with fall and abrasion occiput.

Radiology

ACCESSION	EXAM DATE/TIME	PROCEDURE	ORDERING PROVIDER	STATUS
CT-15-0012405	2/23/2015 13:25 EST	CT Cervical Spine W/O IV Contrast	Mackie MD,Emily L	Auth (Verified)

Findings:

TECHNIQUE:
Spiral imaging through the cervical spine was performed with sagittal, axial, and coronal 2 mm reconstructed images generated.

FINDINGS:
Vertebral bodies are well aligned. There is no fracture or subluxation. There is multilevel cervical degenerative disc disease, worse at the C5-C6 level with accompanying posterior spondylotic disc bulging contributing to moderate to marked canal stenosis. At the C4-C5 level, there is degenerative disc disease with vacuum disc phenomenon and posterior spinal disc bulging which creates mild to moderate canal stenosis and mild right-sided neural foraminal narrowing. At the C6-C7 level and C3-C4 level, there is mild degenerative disc disease without significant central canal stenosis suggested by CT. Left-sided neural foraminal narrowing is suggested at C6-C7 on the left secondary to uncinate spurring. There is posterior facet arthropathy noted bilaterally as well at the L4-L5 and L5-S1 levels.

IMPRESSION:
No fracture or subluxation within the cervical spine with moderate to marked canal stenosis at the C5-C6 secondary to posterior spinal disc bulging. There is also degenerative disc disease present at the C3-C4, C4-C5, and C6-C7 levels without significant canal stenosis suggested at C3-C4 with minimal encroachment upon the canal suggested at the C4-C5. Left-sided neural foraminal stenosis present at the C6-C7, with bilateral neural foraminal narrowing suggested at the C5-C6 and right-sided neural foraminal narrowing at the C4-C5 level.

**** Final **** *Trans On: 02/23/2015 14:13 by: DMP*
Read by: Graham III MD, Cole B
Released By: Graham III MD, Cole B
Released on: 02/23/2015 14:54 *Technologist: Boncorddo, Joseph L*

ACCESSION	EXAM DATE/TIME	PROCEDURE	ORDERING PROVIDER	STATUS
CT-15-0012428	2/23/2015 14:25 EST	CT Abdomen Pelvis W/ IV Contrast Only	Mackie MD,Emily L	Auth (Verified)

Reason For Exam
(CT Abdomen Pelvis W/ IV Contrast Only) AMS, jaundice, elevated lfts, normal ammonia

Findings:
ABDOMEN AND PELVIS CT EXAMINATION AFTER INTRAVENOUS CONTRAST 02/23/15

Radiology

ACCESSION	EXAM DATE/TIME	PROCEDURE	ORDERING PROVIDER	STATUS
CT-15-0012428	2/23/2015 14:25 EST	CT Abdomen Pelvis W/ IV Contrast Only	Mackie MD,Emily L	Auth (Verified)

Findings:

HISTORY: A 56-year-old male with altered mental status, jaundice, and elevated liver function tests.

TECHNIQUE: Spiral imaging of the abdomen and pelvis performed with 5 mm axial and 2 mm sagittal and coronal reconstructed images generated.

FINDINGS: The heart size is within normal limits. The lung bases demonstrated mild bibasilar atelectasis, otherwise clear. No pulmonary nodule. There is a question of a small pulmonary nodule within the right lower lobe measuring approximately 3 mm in size which is incompletely imaged.

The liver demonstrates diffuse hypodensity within the posterior right lobe, but also focally within the caudate lobe. This likely reflects focal fatty infiltration. The liver is overall diffuse hypodense relative to the spleen as well. The pancreas, spleen, adrenal glands are unremarkable. There is a small simple cyst within the left kidney measuring approximately 6 x 5 mm in size. The right kidney is unremarkable. There is diffuse abdominal ascites. There is no abdominal mass. There is diffuse right colonic wall thickening. This also involves the transverse colon and sigmoid colon compatible with diffuse colitis.

Imaging of the pelvis demonstrates pelvic ascites. Colonic wall thickening is noted, as well as sigmoid diverticulosis with a diffuse colitis suggested. No diverticulitis. The appendix is unremarkable. There is a mild degree of aortoiliac atherosclerotic disease. No evidence of aortic aneurysm.

SUMMARY:

1. Diffuse fatty infiltration of the liver with more focal fatty infiltration within the caudate head of the posterior segment of the right lobe.
2. Abdominal ascites.
3. Diffuse colonic wall thickening suggestive of a pancolitis.
4. Sigmoid diverticulosis without diverticulitis.
5. Cyst left kidney.
6. Tiny 3 mm incompletely imaged nodule questioned within the right middle lobe within the lung periphery. Further characterization with chest CT recommended.

*** Final *** Trans On: 02/23/2015 17:52 by: TW
Read by: Graham III MD, Cole B
Released By: Graham III MD, Cole B
Released on: 02/24/2015 12:14 Technologist: King, Stephanie S

Technical Comments

Administered per implementation of contrast protocol:

Radiology

ACCESSION	EXAM DATE/TIME	PROCEDURE	ORDERING PROVIDER	STATUS
CT-15-0012428	2/23/2015 14:25 EST	CT Abdomen Pelvis W/ IV Contrast Only	Mackie MD,Emily L	Auth (Verified)

Technical Comments
Type: Omnipaque 300
Volume: ml: 125

ACCESSION	EXAM DATE/TIME	PROCEDURE	ORDERING PROVIDER	STATUS
CR-15-0031522	2/23/2015 14:49 EST	CR Chest 1 View Portable	Mackie MD,Emily L	Auth (Verified)

Reason For Exam
(CR Chest 1 View Portable) post intubation

Findings:
CHEST, SINGLE VIEW

INFORMATION: 56-year-old male with respiratory failure.

FINDINGS: Endotracheal tube is present in the right mainstem bronchus and may be retracted 1.8 cm. Esophagogastric tube is present in the stomach. The lungs are well expanded and clear and the cardiac silhouette within normal limits. The osseous structures are intact.

IMPRESSION: Endotracheal tube in the right mainstem bronchus, recommend retraction by 1.8 cm.

**** Final **** *Trans On: 02/23/2015 15:05 by: CC*
Read by: Hardin IV MD, Harry Simms
Released By: Hardin IV MD, Harry Simms
Released on: 02/23/2015 16:39 *Technologist: Gunter, Natalie M*

ACCESSION	EXAM DATE/TIME	PROCEDURE	ORDERING PROVIDER	STATUS
CR-15-0031533	2/23/2015 16:11 EST	CR Chest 1 View Portable	Jones MD,Mark A	Auth (Verified)

Reason For Exam
(CR Chest 1 View Portable) Mutiple Trauma

Findings:
CHEST, SINGLE VIEW

CLINICAL INFORMATION: 56-year-old male with trauma.

Radiology

ACCESSION	EXAM DATE/TIME	PROCEDURE	ORDERING PROVIDER	STATUS
CR-15-0031533	2/23/2015 16:11 EST	CR Chest 1 View Portable	Jones MD,Mark A	Auth (Verified)

Findings:

FINDINGS: Endotracheal tube has been retracted and now present approximately 4 cm below the carina, well positioned. Esophagogastric tube remains. Lungs are well expanded and clear without pneumothorax or pleural effusion. The osseous structures are intact.

IMPRESSION: Retraction of the endotracheal tube now well positioned, no pneumothorax or pleural effusion.

**** Final *** Trans On: 02/23/2015 16:39 by: JL*
Read by: Hardin IV MD, Harry Simms
Released By: Hardin IV MD, Harry Simms
Released on: 02/23/2015 16:39 Technologist: Gibbs, Theodore N

ACCESSION	EXAM DATE/TIME	PROCEDURE	ORDERING PROVIDER	STATUS
CR-15-0031851	2/24/2015 04:36 EST	CR Chest 1 View Portable	Berdel MD,Henrik O	Auth (Verified)

Reason For Exam
(CR Chest 1 View Portable) vent management

Findings:

AP PORTABLE CHEST, 02-24-2015, 3:37 AM

CLINICAL HISTORY: 56-year-old male, ventilation management.

COMPARISON: 2/23/2015 at 4:02 PM.

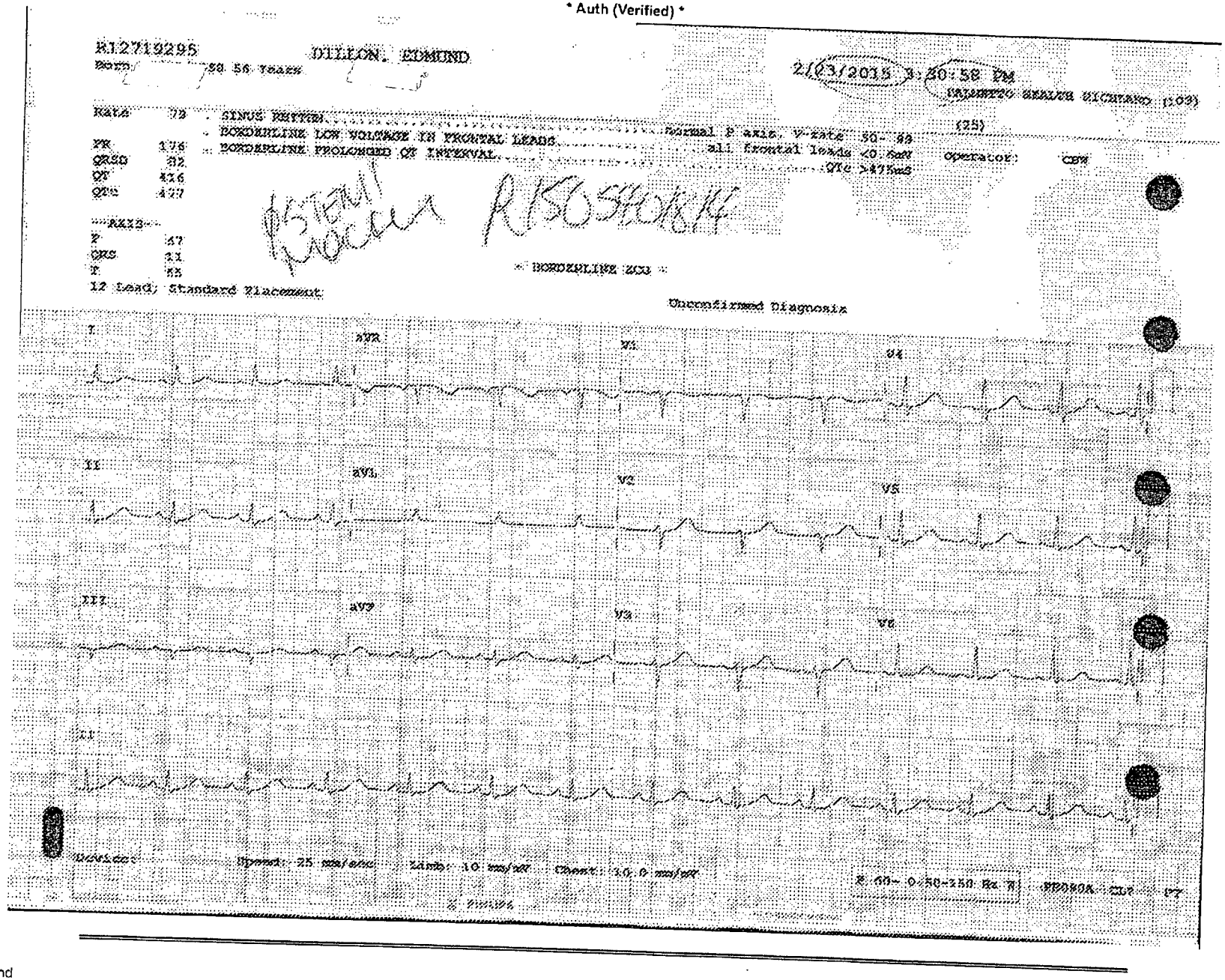
FINDINGS: Endotracheal tube is in good position in the mid thoracic trachea. Nasogastric tube appears to extend into the distal esophagus, this likely should be advanced. Lung fields are clear.

IMPRESSION:
1. Endotracheal tube remains in good position in the mid thoracic trachea.
2. Nasogastric tube has its tip overlying the distal esophagus and likely should be advanced.

**** Final *** Trans On: 02/24/2015 05:59 by: KH*
Read by: McCrary MD, PhD, Bradford S
Released By: McCrary MD, PhD, Bradford S
Released on: 02/24/2015 07:23 Technologist: Devonish, Michael A

---

* Auth (Verified) *



P520

D - 0274

P521

D - 0275

*** Auth (Verified) ***

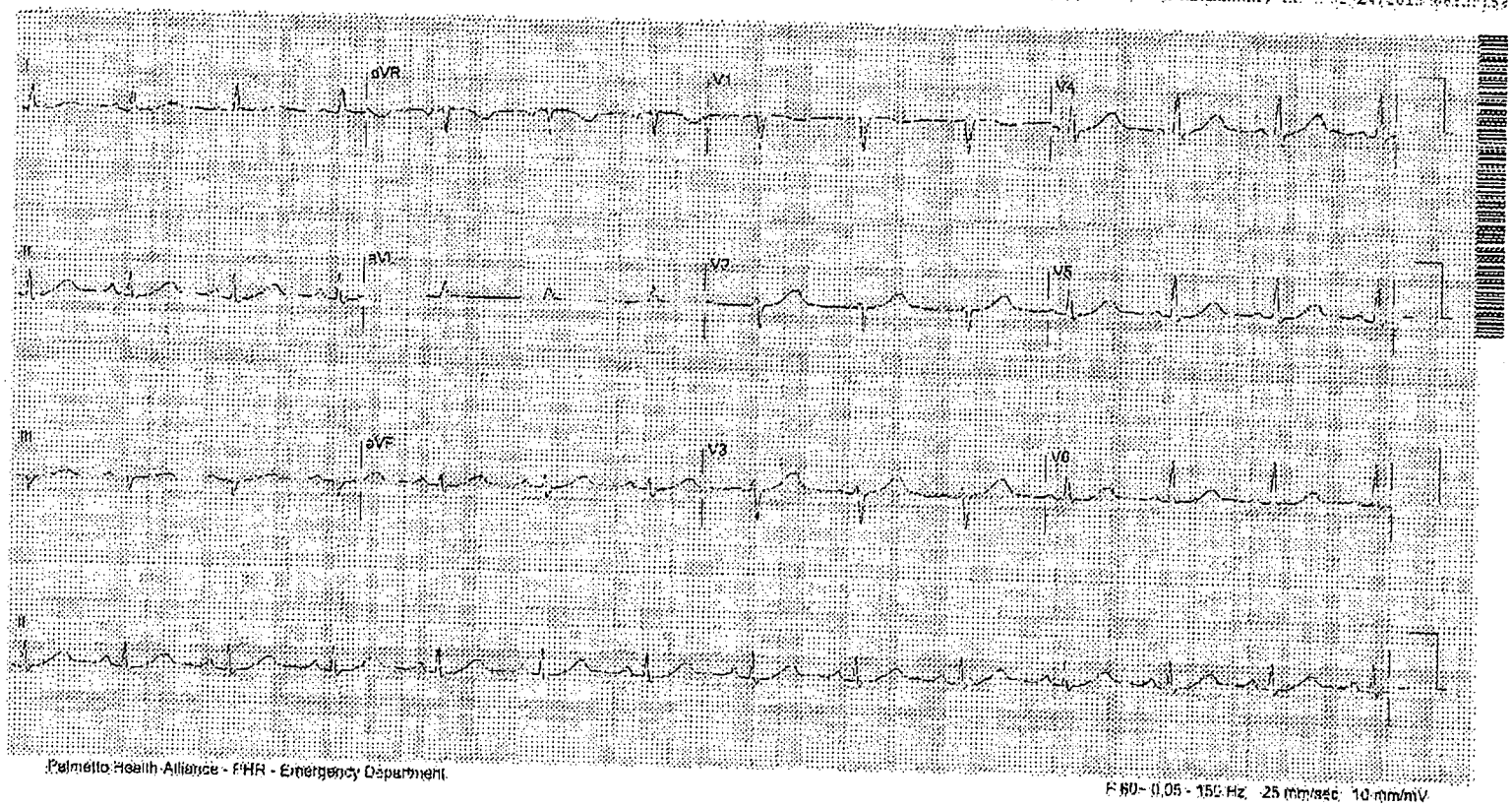
Name: [illegible] [illegible] Age: [illegible] Yrs [illegible] Gender: Male [illegible]

Weight: Unknown	Weight: Unknown
HR: 176	P Axis: 69
QRS Cnt: 40	QRS Axis: 71
QT: 414	T Axis: 69
QTc: 477	RV5: 79
QC Temp: 141	SV1:
Requested By:	Taken By: CSW
Account #: [illegible]	Encl ID: 15244631
Location:	Diagnosis:
DX:	
RX:	

SINUS RHYTHM
LABORDINE LOW VOLTAGE IN FRONTAL LEADS
BORDERLINE PROLONGED QT INTERVAL

Borderline ECG

Electronically signed by McDonald Alexander, MD - 02/24/2018 06:[illegible]



Palmetto Health Alliance - PHR - Emergency Department

F 60~ 0.05 - 150 Hz 25 mm/sec 10 mm/mV

*** Auth (Verified) ***

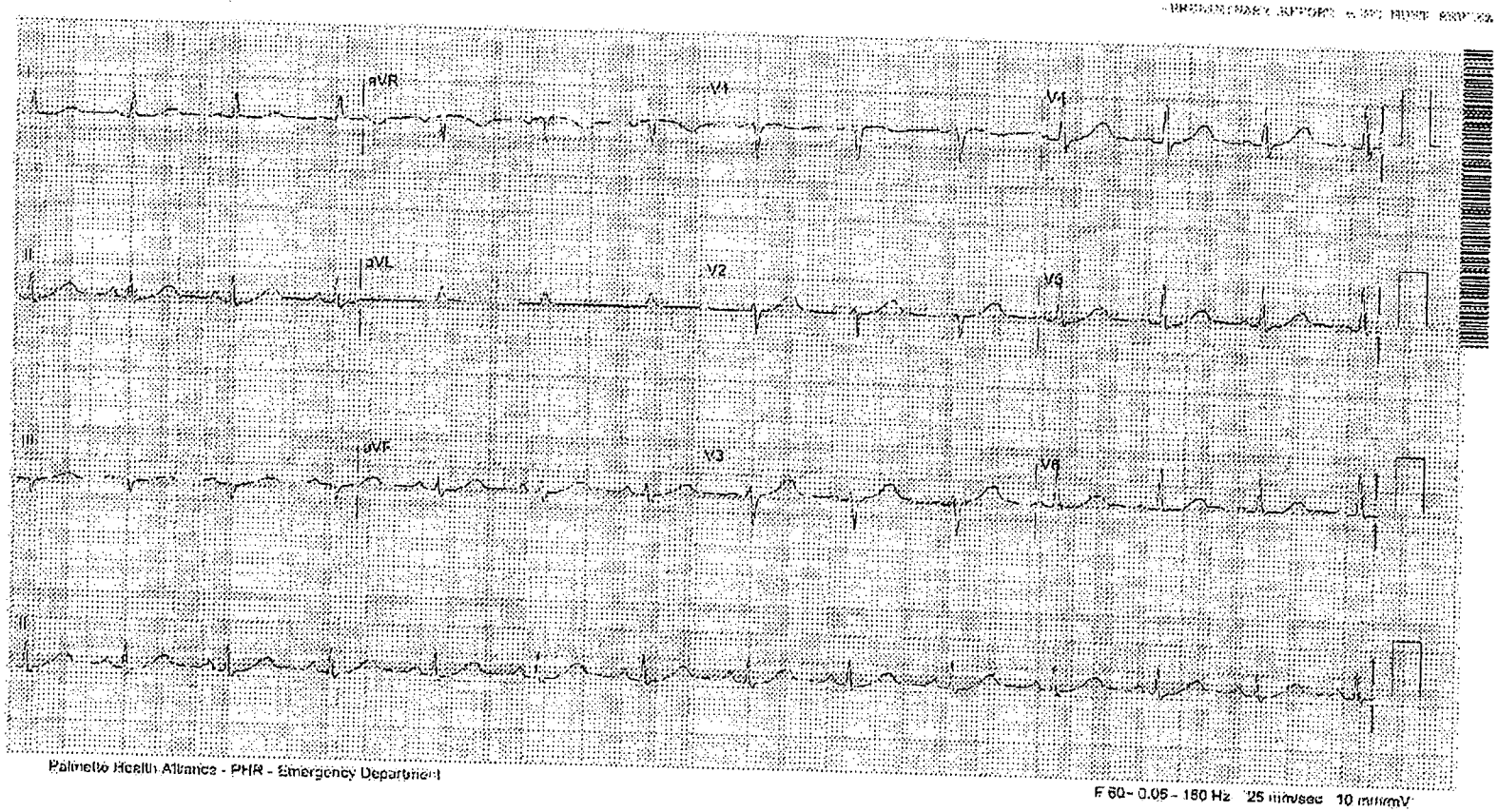
Name: DILLON, EDMUND MRN: R012719295 Age: 56 Yrs DOB: 10-[illegible]-1958 Gender: Male Race: Unknown Date: 07/23/2015 15:30:58

Height: Unknown	Weight: Unknown
Rx: [illegible]	P Axis: 67
SPO2 Data: 98	QRS Axis: 34
QT: 418	T Axis: 85
QTc: 441	HR: 79
VT Rate: 141	BP:
Requested By:	Tech ID: DBW
Accession #: 1005401814	PACS ID: 1005401231
Location:	Diagnosis:
DX:	
SX:	

SINUS RHYTHM
NONSPECIFIC LOW VOLTAGE IN PRECORDIAL LEADS
BORDERLINE PROLONGED QT INTERVAL

Unconfirmed ECG

PRELIMINARY REPORT - NOT TO BE SIGNED



Palmetto Health Alliance - PHR - Emergency Department

F 60~ 0.05 - 150 Hz 25 mm/sec 10 mm/mV

P522

D - 0276

Medication Administration

Medications

Admin Date/Time: 2/23/2015 13:45 EST
Medication Name: **Sodium Chloride 0.9% (NS 0.9% Bolus)**
Charted Date/Time: **2/23/2015 13:45 EST**
Ingredients: NS 0.9% Bolus 1000 mL
Admin Details: (Auth) IV, Left Arm
Action Details: Order: Mackie MD,Emily L 2/23/2015 13:42 EST; Perform: Grosse RN,Jennifer E 2/23/2015 13:45 EST; VERIFY: Grosse RN,Jennifer E 2/23/2015 13:45 EST

Admin Date/Time: 2/23/2015 14:26 EST
Medication Name: **lidocaine (Lidocaine Abbojject 2%)**
Charted Date/Time: **2/23/2015 14:53 EST**
Ingredients: Lidocaine Abbojject 2% 100 mg 5 mL
Admin Details: (Auth) IV, Left Arm
Action Details: Order: Ford MD,David T 2/23/2015 14:51 EST; Perform: Grosse RN,Jennifer E 2/23/2015 14:53 EST; VERIFY: Grosse RN,Jennifer E 2/23/2015 14:53 EST

Admin Date/Time: 2/23/2015 14:29 EST
Medication Name: **etomidate**
Charted Date/Time: **2/23/2015 14:53 EST**
Ingredients: etomidate 30 mg 15 mL
Admin Details: (Auth) IV, Left Arm
Action Details: Order: Ford MD,David T 2/23/2015 14:51 EST; Perform: Grosse RN,Jennifer E 2/23/2015 14:53 EST; VERIFY: Grosse RN,Jennifer E 2/23/2015 14:53 EST

Admin Date/Time: 2/23/2015 14:30 EST
Medication Name: **vecuronium (Norcuron)**
Charted Date/Time: **2/23/2015 14:53 EST**
Ingredients: Norcuron 1 mg
Admin Details: (Auth) IV, Left Arm
Action Details: Order: Ford MD,David T 2/23/2015 14:51 EST; Perform: Grosse RN,Jennifer E 2/23/2015 14:53 EST; VERIFY: Grosse RN,Jennifer E 2/23/2015 14:53 EST

Admin Date/Time: 2/23/2015 14:32 EST
Medication Name: **succinylcholine**
Charted Date/Time: **2/23/2015 14:53 EST**
Ingredients: succinylcholine 100 mg 5 mL
Admin Details: (Auth) IV, Left Arm
Action Details: Order: Ford MD,David T 2/23/2015 14:51 EST; Perform: Grosse RN,Jennifer E 2/23/2015 14:53 EST; VERIFY: Grosse RN,Jennifer E 2/23/2015 14:53 EST

Admin Date/Time: 2/23/2015 14:55 EST
Medication Name: **midazolam (Versed)**
Charted Date/Time: **2/23/2015 15:08 EST**
Ingredients: Versed 2 mg
Admin Details: (Auth) IV, Left Antecubital Fossa
Action Details: Order: Ford MD,David T 2/23/2015 15:06 EST; Perform: Grosse RN,Jennifer E 2/23/2015 15:08 EST; VERIFY: Grosse RN,Jennifer E 2/23/2015 15:08 EST

Medication Administration

Medications

Admin Date/Time: 2/23/2015 14:56 EST
Medication Name: **1 Rx Adult IV Electrolyte Replacement Guidelines, Critical Care**
Charted Date/Time: **2/23/2015 18:32 EST**
Ingredients: 1 Rx Adult IV Electrolyte Replacement Guidelines, Critical Care 1 ea
Admin Details: (Auth) MISC
Action Details: Order: Stachowiak PA,James R 2/23/2015 14:56 EST; Perform: Alexander RN,Ashley C 2/23/2015 18:32 EST; VERIFY: Alexander RN, Ashley C 2/23/2015 18:32 EST

Admin Date/Time: 2/23/2015 14:56 EST
Medication Name: **1 Rx Communication (Pharmacy Nursing Communication)**
Charted Date/Time: **2/23/2015 18:32 EST**
Ingredients: Pharmacy Nursing Communication 1 ea
Admin Details: (Auth) MISC
Action Details: Order: Stachowiak PA,James R 2/23/2015 14:56 EST; Perform: Alexander RN,Ashley C 2/23/2015 18:32 EST; VERIFY: Alexander RN, Ashley C 2/23/2015 18:32 EST

Admin Date/Time: 2/23/2015 14:56 EST
Medication Name: **bacitracin topical (bacitracin topical ointment)**
Charted Date/Time: **2/23/2015 19:44 EST**
Admin Details: (Not Given) in ed/or
Action Details: Order: Stachowiak PA,James R 2/23/2015 14:56 EST; Perform: Looney RN,Marisa A 2/23/2015 19:44 EST; VERIFY: Looney RN, Marisa A 2/23/2015 19:44 EST

Admin Date/Time: 2/23/2015 15:00 EST
Medication Name: **melatonin**
Charted Date/Time: **2/23/2015 18:32 EST**
Admin Details: (Not Done) Not Needed/PRN Not Needed
melatonin
Action Details: Perform: Alexander RN,Ashley C 2/23/2015 15:00 EST

Admin Date/Time: 2/23/2015 16:32 EST
Medication Name: **pantoprazole (Protonix)**
Charted Date/Time: **2/23/2015 16:32 EST**
Ingredients: Protonix 40 mg
Admin Details: (Auth) IV, Right Wrist
Action Details: Order: Stachowiak PA,James R 2/23/2015 14:56 EST; Perform: Grosse RN,Jennifer E 2/23/2015 16:01 EST; VERIFY: Grosse RN, Jennifer E 2/23/2015 16:01 EST

Admin Date/Time: 2/23/2015 16:32 EST
Medication Name: **diphtheria/pertussis, acel/tetanus adult (Tdap (tetanus-diphtheria-acellular pertussis))**
Charted Date/Time: **2/23/2015 16:32 EST**
Ingredients: Tdap (tetanus-diphtheria-acellular pertussis) 0.5 mL
Admin Details: (Auth) IM, Right Deltoid
Action Details: Order: Stachowiak PA,James R 2/23/2015 14:56 EST; Perform: Grosse RN,Jennifer E 2/23/2015 16:01 EST; VERIFY: Grosse RN, Jennifer E 2/23/2015 16:01 EST

Admin Date/Time: 2/23/2015 17:13 EST
Medication Name: **cefazolin (Ancef)**
Charted Date/Time: **2/23/2015 17:46 EST**
Ingredients: Ancef 2 gram 50 mL
Admin Details: (Auth) IV, Right Antecubital Fossa
Action Details: Order: Toussaint MD,Charles P 2/23/2015 17:45 EST; Perform: Kerns RN,Barry P as proxy for Kumar CRNA,Parshani 2/23/2015 17:46 EST; VERIFY: Kerns RN,Barry P 2/23/2015 17:46 EST

Medication Administration

Medications

Admin Date/Time: 2/23/2015 18:00 EST
Medication Name: **bacitracin topical (bacitracin topical ointment)**
Charted Date/Time: **2/23/2015 19:45 EST**
Admin Details: (Not Given) in or
Action Details: Order: Stachowiak PA,James R 2/23/2015 14:56 EST; Perform: Looney RN,Marisa A 2/23/2015 19:45 EST; VERIFY: Looney RN, Marisa A 2/23/2015 19:45 EST

Admin Date/Time: 2/23/2015 19:00 EST
Medication Name: **potassium chloride (KCl (IV additive))**
Charted Date/Time: **2/23/2015 22:24 EST**
Ingredients: 25447 40 mEq 20 mL; z21033 250 mL
Admin Details: (Auth) IV, Left Arm
Action Details: Order: Yates MD,Carl Douglas 2/23/2015 18:09 EST; Perform: Looney RN,Marisa A 2/23/2015 22:24 EST; VERIFY: Looney RN,Marisa A 2/23/2015 22:24 EST

Admin Date/Time: 2/23/2015 19:44 EST
Medication Name: **bisacodyl (Dulcolax Laxative)**
Charted Date/Time: **2/23/2015 19:44 EST**
Admin Details: (Not Given) not appropriate
Action Details: Order: Stachowiak PA,James R 2/23/2015 14:56 EST; Perform: Looney RN,Marisa A 2/23/2015 19:44 EST; VERIFY: Looney RN, Marisa A 2/23/2015 19:44 EST

Admin Date/Time: 2/23/2015 19:45 EST
Medication Name: **1 Rx Communication (Pharmacy Nursing Communication)**
Charted Date/Time: **2/23/2015 19:45 EST**
Ingredients: Pharmacy Nursing Communication 1 ea
Admin Details: (Auth) MISC
Action Details: Order: Stachowiak PA,James R 2/23/2015 14:56 EST; Perform: Looney RN,Marisa A 2/23/2015 19:45 EST; VERIFY: Looney RN, Marisa A 2/23/2015 19:45 EST

Admin Date/Time: 2/23/2015 19:45 EST
Medication Name: **levetiracetam (Keppra)**
Charted Date/Time: **2/23/2015 19:45 EST**
Ingredients: 21002 100 mL; 30320 500 mg 5 mL
Admin Details: (Auth) IV, Left Arm
Action Details: Order: Drawdy PA-C,Karen M 2/23/2015 14:50 EST; Perform: Looney RN,Marisa A 2/23/2015 19:45 EST; VERIFY: Looney RN,Marisa A 2/23/2015 19:45 EST

Admin Date/Time: 2/23/2015 20:47 EST
Medication Name: **phytonadione (Vitamin K)**
Charted Date/Time: **2/23/2015 20:47 EST**
Ingredients: Vitamin K 10 mg 1 mL
Admin Details: (Auth) IM, Left Deltoid
Action Details: Order: Berdel MD,Henrik O 2/23/2015 17:47 EST; Perform: Looney RN,Marisa A 2/23/2015 20:47 EST; VERIFY: Looney RN,Marisa A 2/23/2015 20:47 EST

Admin Date/Time: 2/23/2015 22:24 EST
Medication Name: **cefazolin (Ancef)**
Charted Date/Time: **2/23/2015 22:24 EST**
Ingredients: 23898 500 mg; 21001 50 mL
Admin Details: (Auth) IV, Left Arm
Action Details: Order: Drawdy PA-C,Karen M 2/23/2015 19:39 EST; Perform: Looney RN,Marisa A 2/23/2015 22:24 EST; VERIFY: Looney RN,Marisa A 2/23/2015 22:24 EST

Medication Administration

Continuous Infusions

Admin Date/Time: 2/23/2015 20:00 EST
Medication Name: **fentanyl (IV additive) 1,350 mcg + Premix 135 mL**
Charted Date/Time: **2/23/2015 21:02 EST**
Ingredients: fentanyl (IV additive) 1350 mcg 135 mL 50 mcg/hr; Premix 135 mL
Admin Details: (Begin Bag) (Auth) 135 mL, 5 mL/hr, Right Arm
Action Details: Order: Smith MD,Peter G 2/23/2015 15:16 EST; Perform: Looney RN,Marisa A 2/23/2015 21:02 EST; VERIFY: Looney RN,Marisa A 2/23/2015 21:02 EST

Admin Date/Time: 2/23/2015 22:00 EST to 2/23/2015 22:59 EST
Medication Name: **propofol (IV additive) 500 mg + Premix 50 mL**
Charted Date/Time: **2/23/2015 22:22 EST**
Admin Details: (Infuse) (Auth) 0 mL, 2.31 mL/hr, Left Antecubital Fossa
Action Details: Order: Jones MD,Mark A 2/23/2015 14:56 EST; Perform: Looney RN,Marisa A 2/23/2015 22:22 EST; VERIFY: Looney RN,Marisa A 2/23/2015 22:22 EST

Admin Date/Time: 2/23/2015 22:00 EST to 2/23/2015 22:59 EST
Medication Name: **Sodium Chloride 0.9% 1,000 mL**
Charted Date/Time: **2/23/2015 22:22 EST**
Ingredients: 21035 405 mL
Admin Details: (Infuse) (Auth) 405 mL, 125 mL/hr, Left Arm
Action Details: Order: Stachowiak PA,James R 2/23/2015 14:56 EST; Perform: Looney RN,Marisa A 2/23/2015 22:22 EST; VERIFY: Looney RN, Marisa A 2/23/2015 22:22 EST

Admin Date/Time: 2/23/2015 22:00 EST to 2/23/2015 22:59 EST
Medication Name: **fentanyl (IV additive) 1,350 mcg + Premix 135 mL**
Charted Date/Time: **2/23/2015 22:22 EST**
Ingredients: 32453 300 mcg; Premix 30 mL
Admin Details: (Infuse) (Auth) 30 mL, 5 mL/hr, Right Arm
Action Details: Order: Smith MD,Peter G 2/23/2015 15:16 EST; Perform: Looney RN,Marisa A 2/23/2015 22:22 EST; VERIFY: Looney RN,Marisa A 2/23/2015 22:22 EST

Admin Date/Time: 2/23/2015 23:00 EST
Medication Name: **fentanyl (IV additive) 1,350 mcg + Premix 135 mL**
Charted Date/Time: **2/23/2015 23:47 EST**
Admin Details: (Rate Change) (Auth) 0 mL/hr, Right Arm
Action Details: Order: Smith MD,Peter G 2/23/2015 15:16 EST; Perform: Looney RN,Marisa A 2/23/2015 23:47 EST; VERIFY: Looney RN,Marisa A 2/23/2015 23:47 EST

Admin Date/Time: 2/24/2015 02:30 EST
Medication Name: **Sodium Chloride 0.9% 1,000 mL**
Charted Date/Time: **2/24/2015 05:47 EST**
Ingredients: Sodium Chloride 0.9% 1000 mL
Admin Details: (Begin Bag) (Auth) 1000 mL, 125 mL/hr, Left Arm
Action Details: Order: Stachowiak PA,James R 2/23/2015 14:56 EST; Perform: Looney RN,Marisa A 2/24/2015 05:47 EST; VERIFY: Looney RN, Marisa A 2/24/2015 05:47 EST

Admin Date/Time: 2/24/2015 06:00 EST to 2/24/2015 06:59 EST
Medication Name: **fentanyl (IV additive) 1,350 mcg + Premix 135 mL**
Charted Date/Time: **2/24/2015 05:55 EST**
Ingredients: 32453 50 mcg; Premix 5 mL
Admin Details: (Infuse) (Auth) 5 mL, 0 mL/hr, Right Arm
Action Details: Order: Smith MD,Peter G 2/23/2015 15:16 EST; Perform: Looney RN,Marisa A 2/24/2015 05:55 EST; VERIFY: Looney RN,Marisa A 2/24/2015 05:55 EST

DOCUMENT NAME: Patient & Family Education
SERVICE DATE/TIME: 2/23/2015 20:05 EST
RESULT STATUS: Auth (Verified)
PERFORM INFORMATION: Looney RN,Marisa A (2/23/2015 20:05 EST)
ELECTRONICALLY SIGNED BY:

Patient & Family Education
02/23/15 08:05 pm Performed by Looney,RN, Marisa A
Entered on 02/24/15 01:58 am

Patient & Family Education

Charting Department	Nursing
Person Educated	Patient
Patient Learning Preferences	Verbal

Education

Patient Readiness to Learn	Cognitive/Sensory Impairment
Patient Outcomes-Participation	Unable to Teach
Education Method	Verbal
Patient Follow Up Needed	As Ordered, Before Discharge

Interdisciplinary Plans of Care Education

Information Provided-VTE	VTE Treatment Plan
Info Provided-PUP Prevention Activities	Positioning, Helps with Turning Schedule, Skin care
Info Provided-Pressure Ulcer/Wound	Positioning, Skin Assessment
Information Provided-High Fall Risk	Bed, Chair Exit Alarms
Info Provided-Falls-Injury Factors	Use Call Light, Wait for Assistance
Info Provided-Falls-Environmental Safety	Call Light Use, Conventional

Nursing-Nutrition-Surginet-L&D Pt-Fam Ed

Information Provided	Activities of Daily Living, Fall Prevention Education, Pain Control, Patient Responsibilites, Patient Safety, Plan of Care for the Shift, Procedures, Reality Orientation, Speak-up Instructions

CARE PLANS

(Expectations and goal outcomes are not a measurement of any standard of care. Quality measures are guidelines, not patient specific, and not to be replaced by Nursing or medical clinical judgement.)

Medical

Plan: Adult Urinary Management, 6771 Subphase
Status: Completed
History: Planned at 2/23/2015 14:50 EST electronically signed by Grosse RN,Jennifer E
Initiated at 2/23/2015 14:51 EST electronically signed by Grosse RN,Jennifer E
Completed at 2/28/2015 17:01 EST electronically signed by SYSTEM,SYSTEM

Plan: Critical Care Admission Orders for the Traumatically Injured Patient, 6354 PowerPlan
Status: Discontinued
History: Initiated at 2/23/2015 15:00 EST electronically signed by Stachowiak PA,James R
Discontinued at 2/28/2015 17:01 EST electronically signed by SYSTEM,SYSTEM

Sub-phase: VTE Advisor, 6263 SubPhase; **Status:** Completed
History: Initiated at 2/23/2015 15:00 EST electronically signed by Stachowiak PA,James R
Completed at 2/28/2015 17:01 EST electronically signed by SYSTEM,SYSTEM

Sub-phase: Adult Critical Care Treatment Guidelines, 6511 PowerPlan; **Status:** Completed
History: Initiated at 2/23/2015 15:00 EST electronically signed by Stachowiak PA,James R
Completed at 2/28/2015 17:01 EST electronically signed by SYSTEM,SYSTEM

Sub-phase: Adult Urinary Management, 6771 Subphase; **Status:** Completed
History: Initiated at 2/23/2015 15:00 EST electronically signed by Stachowiak PA,James R
Completed at 2/28/2015 17:01 EST electronically signed by SYSTEM,SYSTEM

Sub-phase: Mechanical Ventilation Orders Trauma, 6486 PowerPlan; **Status:** Completed
History: Initiated at 2/23/2015 15:00 EST electronically signed by Stachowiak PA,James R
Completed at 2/28/2015 17:01 EST electronically signed by SYSTEM,SYSTEM

Plan: Fresh Frozen Plasma, Stat, 6444 PowerPlan
Status: Completed
History: Initiated at 2/23/2015 15:00 EST electronically signed by Stachowiak PA,James R
Completed at 2/28/2015 17:01 EST electronically signed by SYSTEM,SYSTEM

Plan: Volume Based Enteral Nutrition Orders, 6796 Subphase
Status: Completed
History: Initiated at 2/24/2015 08:38 EST electronically signed by Justice RD,LD,Jessica A
Completed at 2/28/2015 17:01 EST electronically signed by SYSTEM,SYSTEM

Plan: Alcohol Withdrawal Regimen, Symptom Triggered Critical Care, 6017 PowerPlan
Status: Completed
History: Initiated at 2/24/2015 09:14 EST electronically signed by Maxey MD,Melissa
Completed at 2/28/2015 17:01 EST electronically signed by SYSTEM,SYSTEM

Plan: PICC Line Placement (Adult-Richland), 6765 Multiphase PowerPlan
Phase: PICC Line Placement (Adult), Phase 1; Status: Completed
History: Initiated at 2/25/2015 09:45 EST electronically signed by Maxey MD,Melissa
Completed at 2/28/2015 17:01 EST electronically signed by SYSTEM,SYSTEM
Phase: PICC Line Placement (Adult) Phase 2; Status: Completed
History: Planned at 2/25/2015 09:45 EST electronically signed by Maxey MD,Melissa
Initiated at 2/25/2015 14:58 EST electronically signed by Boatwright RN,Christine C
Completed at 2/28/2015 17:01 EST electronically signed by SYSTEM,SYSTEM
Phase: PICC Line Placement (Adult) Phase 3; Status: Completed
History: Planned at 2/25/2015 09:45 EST electronically signed by Maxey MD,Melissa
Initiated at 2/25/2015 16:11 EST electronically signed by Vaughan RN,Shannon L
Completed at 2/28/2015 17:01 EST electronically signed by SYSTEM,SYSTEM

CARE PLANS

(Expectations and goal outcomes are not a measurement of any standard of care. Quality measures are guidelines, not patient specific, and not to be replaced by Nursing or medical clinical judgement.)

Medical

Plan: End of Life-Hospice, 6085 PowerPlan
Status: Completed
History: Initiated at 2/27/2015 08:57 EST electronically signed by Depp MD,Timothy B
Completed at 2/28/2015 17:01 EST electronically signed by SYSTEM,SYSTEM

Nursing

Plan: Fall Prevention and Management EBN
Phase: Fall Risk Prevention; Status: Discontinued
History: Initiated at 2/23/2015 18:18 EST electronically signed by Alexander RN,Ashley C
Discontinued at 2/28/2015 17:01 EST electronically signed by SYSTEM,SYSTEM

Outcome: Verbalizes Understanding of Fall Risk/Precautions **Expectation:** Met

Result: Met (Charted at 2/27/2015 16:44 EST by Mitchell RN,Aramide)
Result: Not met (Charted at 2/27/2015 04:53 EST by Bracanovich RN,Lisa A)
Reason: Patient condition (Charted at 2/27/2015 04:54 EST by Bracanovich RN,Lisa A)
Result: Not met (Charted at 2/26/2015 19:56 EST by Blair RN,Larresha C)
Result: Not met (Charted at 2/26/2015 14:42 EST by Wallace RN,Teondra M)
Result: Not met (Charted at 2/25/2015 21:58 EST by Milunas RN,Kaitlyn C)
Result: Not met (Charted at 2/25/2015 09:42 EST by Matheson RN,Crisna M)
Result: Not met (Charted at 2/25/2015 00:55 EST by Kaelin RN,Kory F)
Reason: Intubated or sedated (Charted at 2/25/2015 01:00 EST by Kaelin RN,Kory F)
Result: Not met (Charted at 2/24/2015 14:55 EST by Sullivan RN,Michael D)
Result: Not met (Charted at 2/24/2015 01:56 EST by Looney RN,Marisa A)

Outcome: Information Provided-High Fall Risk **Expectation:** Adherence to Fall Risk Specific Precautions or Avoid Sedatives, Sleep Medication or Elimination Precautions or Bed, Chair Exit Alarms or Patient Specific Fall Risk Factors or Patient Specific Surveill

Result: Adherence to Fall Risk Specific Precautions, Bed, Chair Exit Alarms, Patient Specific Fall Risk Factors (Charted at 2/27/2015 01:00 EST by Bracanovich RN,Lisa A)
Result: Patient Specific Fall Risk Factors (Charted at 2/26/2015 19:58 EST by Blair RN,Larresha C)
Result: Bed, Chair Exit Alarms, Patient Specific Fall Risk Factors, Patient Specific Surveillance (Charted at 2/26/2015 08:00 EST by Wallace RN, Teondra M)
Result: Adherence to Fall Risk Specific Precautions, Bed, Chair Exit Alarms (Charted at 2/25/2015 22:03 EST by Milunas RN,Kaitlyn C)
Result: Bed, Chair Exit Alarms (Charted at 2/25/2015 09:42 EST by Matheson RN,Crisna M)
Result: Bed, Chair Exit Alarms (Charted at 2/25/2015 00:55 EST by Kaelin RN,Kory F)
Result: Adherence to Fall Risk Specific Precautions (Charted at 2/24/2015 14:57 EST by Sullivan RN,Michael D)
Result: Bed, Chair Exit Alarms (Charted at 2/23/2015 20:05 EST by Looney RN,Marisa A)

Outcome: Takes Action to Control Fall Related Risks **Expectation:** Met

Result: Met (Charted at 2/27/2015 16:44 EST by Mitchell RN,Aramide)
Result: Not met (Charted at 2/27/2015 04:54 EST by Bracanovich RN,Lisa A)
Reason: Patient condition (Charted at 2/27/2015 04:54 EST by Bracanovich RN,Lisa A)
Result: Not met (Charted at 2/26/2015 19:56 EST by Blair RN,Larresha C)
Result: Not met (Charted at 2/26/2015 14:42 EST by Wallace RN,Teondra M)
Result: Met (Charted at 2/25/2015 21:58 EST by Milunas RN,Kaitlyn C)
Result: Not met (Charted at 2/25/2015 09:58 EST by Matheson RN,Crisna M)
Result: Not met (Charted at 2/25/2015 00:57 EST by Kaelin RN,Kory F)
Result: Met (Charted at 2/24/2015 14:56 EST by Sullivan RN,Michael D)
Result: Met (Charted at 2/24/2015 01:56 EST by Looney RN,Marisa A)

CARE PLANS

(Expectations and goal outcomes are not a measurement of any standard of care. Quality measures are guidelines, not patient specific, and not to be replaced by Nursing or medical clinical judgement.)

Nursing

Outcome: Information Provided-High Fall Risk — **Expectation:** Adherence to Fall Risk Specific Precautions or Avoid Sedatives, Sleep Medication or Elimination Precautions or Bed, Chair Exit Alarms or Patient Specific Fall Risk Factors or Patient Specific Surveill

Result: Adherence to Fall Risk Specific Precautions, Bed, Chair Exit Alarms, Patient Specific Fall Risk Factors (Charted at 2/27/2015 01:00 EST by Bracanovich RN,Lisa A)
Result: Patient Specific Fall Risk Factors (Charted at 2/26/2015 19:58 EST by Blair RN,Larresha C)
Result: Bed, Chair Exit Alarms, Patient Specific Fall Risk Factors, Patient Specific Surveillance (Charted at 2/26/2015 08:00 EST by Wallace RN, Teondra M)
Result: Adherence to Fall Risk Specific Precautions, Bed, Chair Exit Alarms (Charted at 2/25/2015 22:03 EST by Milunas RN,Kaitlyn C)
Result: Bed, Chair Exit Alarms (Charted at 2/25/2015 09:42 EST by Matheson RN,Crisna M)
Result: Bed, Chair Exit Alarms (Charted at 2/25/2015 00:55 EST by Kaelin RN,Kory F)
Result: Adherence to Fall Risk Specific Precautions (Charted at 2/24/2015 14:57 EST by Sullivan RN,Michael D)
Result: Bed, Chair Exit Alarms (Charted at 2/23/2015 20:05 EST by Looney RN,Mansa A)

Intervention: Communicate Environmental Safety Plan — **Expectation:** Done
Result: Done (Charted at 2/27/2015 16:44 EST by Mitchell RN,Aramide)
Result: Not done (Charted at 2/27/2015 04:54 EST by Bracanovich RN,Lisa A)
Reason: Patient condition (Charted at 2/27/2015 04:54 EST by Bracanovich RN,Lisa A)
Result: Done (Charted at 2/26/2015 19:56 EST by Blair RN,Larresha C)
Result: Done (Charted at 2/26/2015 14:42 EST by Wallace RN,Teondra M)
Result: Done (Charted at 2/25/2015 21:58 EST by Milunas RN,Kaitlyn C)
Result: Done (Charted at 2/25/2015 09:58 EST by Matheson RN,Crisna M)
Result: Done (Charted at 2/25/2015 00:58 EST by Kaelin RN,Kory F)
Result: Done (Charted at 2/24/2015 14:56 EST by Sullivan RN,Michael D)
Result: Done (Charted at 2/24/2015 01:56 EST by Looney RN,Marisa A)

Intervention: Signage and Arm Bands in Place — **Expectation:** Done
Result: Done (Charted at 2/27/2015 16:44 EST by Mitchell RN,Aramide)
Result: Done (Charted at 2/27/2015 04:54 EST by Bracanovich RN,Lisa A)
Result: Done (Charted at 2/26/2015 19:56 EST by Blair RN,Larresha C)
Result: Done (Charted at 2/26/2015 14:42 EST by Wallace RN,Teondra M)
Result: Done (Charted at 2/25/2015 21:58 EST by Milunas RN,Kaitlyn C)
Result: Done (Charted at 2/25/2015 09:58 EST by Matheson RN,Crisna M)
Result: Done (Charted at 2/25/2015 00:58 EST by Kaelin RN,Kory F)
Result: Done (Charted at 2/24/2015 14:56 EST by Sullivan RN,Michael D)
Result: Done (Charted at 2/24/2015 01:56 EST by Looney RN,Marisa A)

Plan: Pressure Ulcer Prevention and Management EBN
Phase: Pressure Ulcer Prevention; Status: Discontinued
History: Initiated at 2/23/2015 18:18 EST electronically signed by Alexander RN,Ashley C
Discontinued at 2/28/2015 17:01 EST electronically signed by SYSTEM,SYSTEM

Outcome: Verbalizes Understanding Pressure Ulcer Risk Factors — **Expectation:** Met
Result: Met (Charted at 2/27/2015 16:44 EST by Mitchell RN,Aramide)
Result: Not met (Charted at 2/27/2015 04:54 EST by Bracanovich RN,Lisa A)
Reason: Patient condition (Charted at 2/27/2015 04:54 EST by Bracanovich RN,Lisa A)
Result: Not met (Charted at 2/26/2015 19:56 EST by Blair RN,Larresha C)
Result: Not met (Charted at 2/26/2015 14:42 EST by Wallace RN,Teondra M)
Result: Not met (Charted at 2/25/2015 21:58 EST by Milunas RN,Kaitlyn C)
Result: Not met (Charted at 2/25/2015 09:58 EST by Matheson RN,Crisna M)
Result: Not met (Charted at 2/25/2015 00:58 EST by Kaelin RN,Kory F)

CARE PLANS

(Expectations and goal outcomes are not a measurement of any standard of care. Quality measures are guidelines, not patient specific, and not to be replaced by Nursing or medical clinical judgement.)

Nursing

Reason: Intubated or sedated (Charted at 2/25/2015 01:00 EST by Kaelin RN,Kory F)
Result: Not met (Charted at 2/24/2015 14:56 EST by Sullivan RN,Michael D)
Result: Not met (Charted at 2/24/2015 01:56 EST by Looney RN,Marisa A)
Outcome: Participates in Pressure Ulcer Prevention Activities **Expectation:** Met
Result: Met (Charted at 2/27/2015 16:44 EST by Mitchell RN,Aramide)
Result: Not met (Charted at 2/27/2015 04:54 EST by Bracanovich RN,Lisa A)
Reason: Patient condition (Charted at 2/27/2015 04:54 EST by Bracanovich RN,Lisa A)
Result: Not met (Charted at 2/26/2015 19:56 EST by Blair RN,Larresha C)
Result: Not met (Charted at 2/26/2015 14:42 EST by Wallace RN,Teondra M)
Result: Not met (Charted at 2/25/2015 21:58 EST by Milunas RN,Kaitlyn C)
Result: Not met (Charted at 2/25/2015 09:58 EST by Matheson RN,Crisna M)
Result: Not met (Charted at 2/25/2015 00:58 EST by Kaelin RN,Kory F)
Reason: Clinician Decision (Charted at 2/25/2015 01:00 EST by Kaelin RN,Kory F)
Result: Not met (Charted at 2/24/2015 14:56 EST by Sullivan RN,Michael D)
Result: Not met (Charted at 2/24/2015 01:56 EST by Looney RN,Marisa A)
Outcome: Info Provided-PUP Prevention Activities **Expectation:** Positioning, Changes Independently or Positioning, Helps with Turning Schedule or Skin care
Result: Positioning, Helps with Turning Schedule, Skin care (Charted at 2/27/2015 01:00 EST by Bracanovich RN,Lisa A)
Result: Skin care (Charted at 2/26/2015 19:58 EST by Blair RN,Larresha C)
Result: Skin care (Charted at 2/26/2015 08:00 EST by Wallace RN,Teondra M)
Result: Positioning, Helps with Turning Schedule, Skin care (Charted at 2/25/2015 22:03 EST by Milunas RN,Kaitlyn C)
Result: Positioning, Helps with Turning Schedule (Charted at 2/25/2015 09:42 EST by Matheson RN,Crisna M)
Result: Skin care (Charted at 2/25/2015 00:55 EST by Kaelin RN,Kory F)
Result: Skin care (Charted at 2/24/2015 14:57 EST by Sullivan RN,Michael D)
Result: Positioning, Helps with Turning Schedule, Skin care (Charted at 2/23/2015 20:05 EST by Looney RN,Marisa A)
Outcome: Head of Bed **Expectation:** 30 Degrees or 15 Degrees or Flat or Unable to Elevate
Result: 15 Degrees (Charted at 2/27/2015 11:45 EST by Bush PST-NT,Joshua E)
Result: 15 Degrees (Charted at 2/27/2015 09:56 EST by Bush PST-NT,Joshua E)
Result: 15 Degrees (Charted at 2/27/2015 08:16 EST by Bush PST-NT,Joshua E)
Result: 30 Degrees (Charted at 2/27/2015 03:55 EST by Bracanovich RN,Lisa A)
Result: 30 Degrees (Charted at 2/27/2015 02:28 EST by Bracanovich RN,Lisa A)
Result: 35 Degrees (Charted at 2/27/2015 00:00 EST by Blair RN,Larresha C)
Result: 35 Degrees (Charted at 2/26/2015 22:00 EST by Blair RN,Larresha C)
Result: 35 Degrees (Charted at 2/26/2015 20:00 EST by Blair RN,Larresha C)
Result: 35 Degrees (Charted at 2/26/2015 18:00 EST by Wallace RN,Teondra M)
Result: 35 Degrees (Charted at 2/26/2015 16:00 EST by Wallace RN,Teondra M)
Result: 35 Degrees (Charted at 2/26/2015 15:43 EST by Wilson RCS,Lauren R)
Result: 35 Degrees (Charted at 2/26/2015 14:00 EST by Wallace RN,Teondra M)
Result: 30 Degrees (Charted at 2/26/2015 12:06 EST by Wilson RCS,Lauren R)
Result: 35 Degrees (Charted at 2/26/2015 12:00 EST by Wallace RN,Teondra M)
Result: 35 Degrees (Charted at 2/26/2015 10:00 EST by Wallace RN,Teondra M)
Result: 30 Degrees (Charted at 2/26/2015 09:33 EST by Wilson RCS,Lauren R)
Result: 35 Degrees (Charted at 2/26/2015 08:00 EST by Wallace RN,Teondra M)
Result: 30 Degrees (Charted at 2/26/2015 06:00 EST by Milunas RN,Kaitlyn C)
Result: 30 Degrees (Charted at 2/26/2015 04:40 EST by Anderson RCP,Benjamin A)
Result: 30 Degrees (Charted at 2/26/2015 04:00 EST by Milunas RN,Kaitlyn C)
Result: 30 Degrees (Charted at 2/26/2015 02:00 EST by Milunas RN,Kaitlyn C)

CARE PLANS — (Expectations and goal outcomes are not a measurement of any standard of care. Quality measures are guidelines, not patient specific, and not to be replaced by Nursing or medical clinical judgement.)

Nursing

Result: 30 Degrees (Charted at 2/26/2015 00:00 EST by Milunas RN,Kaitlyn C)
Result: 35 Degrees (Charted at 2/25/2015 23:13 EST by Anderson RCP,Benjamin A)
Result: 30 Degrees (Charted at 2/25/2015 22:00 EST by Milunas RN,Kaitlyn C)
Result: 35 Degrees (Charted at 2/25/2015 20:01 EST by Anderson RCP,Benjamin A)
Result: 30 Degrees (Charted at 2/25/2015 20:00 EST by Milunas RN,Kaitlyn C)
Result: 35 Degrees (Charted at 2/25/2015 18:00 EST by Matheson RN,Crisna M)
Result: 35 Degrees (Charted at 2/25/2015 16:00 EST by Matheson RN,Crisna M)
Result: 35 Degrees (Charted at 2/25/2015 15:49 EST by Yuhas RCP,Kimberly E)
Result: 35 Degrees (Charted at 2/25/2015 14:00 EST by Matheson RN,Crisna M)
Result: 35 Degrees (Charted at 2/25/2015 12:33 EST by Yuhas RCP,Kimberly E)
Result: 35 Degrees (Charted at 2/25/2015 12:00 EST by Matheson RN,Crisna M)
Result: 35 Degrees (Charted at 2/25/2015 10:00 EST by Matheson RN,Crisna M)
Result: 35 Degrees (Charted at 2/25/2015 09:16 EST by Yuhas RCP,Kimberly E)
Result: 35 Degrees (Charted at 2/25/2015 08:00 EST by Matheson RN,Crisna M)
Result: 35 Degrees (Charted at 2/25/2015 06:00 EST by Kaelin RN,Kory F)
Result: 35 Degrees (Charted at 2/25/2015 04:00 EST by Kaelin RN,Kory F)
Result: 35 Degrees (Charted at 2/25/2015 03:58 EST by Thomas RCP,Lashunda D)
Result: 35 Degrees (Charted at 2/25/2015 02:00 EST by Kaelin RN,Kory F)
Result: 35 Degrees (Charted at 2/25/2015 00:35 EST by Thomas RCP,Lashunda D)
Result: 35 Degrees (Charted at 2/25/2015 00:00 EST by Kaelin RN,Kory F)
Result: 35 Degrees (Charted at 2/24/2015 22:00 EST by Kaelin RN,Kory F)
Result: 35 Degrees (Charted at 2/24/2015 20:23 EST by Thomas RCP,Lashunda D)
Result: 35 Degrees (Charted at 2/24/2015 20:00 EST by Kaelin RN,Kory F)
Result: 30 Degrees (Charted at 2/24/2015 18:00 EST by Sullivan RN,Michael D)
Result: 30 Degrees (Charted at 2/24/2015 16:00 EST by Sullivan RN,Michael D)
Result: 35 Degrees (Charted at 2/24/2015 15:48 EST by Yuhas RCP,Kimberly E)
Result: 30 Degrees (Charted at 2/24/2015 14:00 EST by Sullivan RN,Michael D)
Result: 35 Degrees (Charted at 2/24/2015 13:02 EST by Yuhas RCP,Kimberly E)
Result: 30 Degrees (Charted at 2/24/2015 12:00 EST by Sullivan RN,Michael D)
Result: 30 Degrees (Charted at 2/24/2015 10:00 EST by Sullivan RN,Michael D)
Result: 35 Degrees (Charted at 2/24/2015 09:33 EST by Yuhas RCP,Kimberly E)
Result: 30 Degrees (Charted at 2/24/2015 08:00 EST by Sullivan RN,Michael D)
Result: 35 Degrees (Charted at 2/24/2015 06:00 EST by Looney RN,Marisa A)
Result: 35 Degrees (Charted at 2/24/2015 04:00 EST by Looney RN,Marisa A)
Result: 35 Degrees (Charted at 2/24/2015 03:07 EST by Solomon RCP,Angela C)
Result: 35 Degrees (Charted at 2/24/2015 02:00 EST by Looney RN,Marisa A)
Result: 35 Degrees (Charted at 2/24/2015 00:00 EST by Looney RN,Marisa A)
Result: 35 Degrees (Charted at 2/23/2015 23:40 EST by Solomon RCP,Angela C)
Result: 35 Degrees (Charted at 2/23/2015 22:00 EST by Looney RN,Marisa A)
Result: 35 Degrees (Charted at 2/23/2015 21:27 EST by Solomon RCP,Angela C)
Result: 35 Degrees (Charted at 2/23/2015 20:00 EST by Looney RN,Marisa A)
Result: 35 Degrees (Charted at 2/23/2015 19:15 EST by Looney RN,Marisa A)
Result: Unable to Elevate (Charted at 2/23/2015 18:59 EST by Yuhas RCP,Kimberly E)

Plan: VTE Prophylaxis and Management EBP Adult
Status: Discontinued
History: Initiated at 2/23/2015 18:18 EST electronically signed by Alexander RN,Ashley C

----------CARE PLANS---------- (Expectations and goal outcomes are not a measurement of any standard of care. Quality measures are guidelines, not patient specific, and not to be replaced by Nursing or medical clinical judgement.)

Nursing

Discontinued at 2/28/2015 17:01 EST electronically signed by SYSTEM,SYSTEM

Outcome: Verbalizes Understanding of VTE Education **Expectation:** Met

Result: Met (Charted at 2/27/2015 16:44 EST by Mitchell RN,Aramide)
Result: Not met (Charted at 2/27/2015 04:54 EST by Bracanovich RN,Lisa A)
Reason: Patient condition (Charted at 2/27/2015 04:54 EST by Bracanovich RN,Lisa A)
Result: Not met (Charted at 2/26/2015 19:56 EST by Blair RN,Larresha C)
Result: Not met (Charted at 2/26/2015 14:42 EST by Wallace RN,Teondra M)
Result: Not met (Charted at 2/25/2015 21:59 EST by Milunas RN,Kaitlyn C)
Result: Not met (Charted at 2/25/2015 09:59 EST by Matheson RN,Crisna M)
Result: Not met (Charted at 2/25/2015 00:58 EST by Kaelin RN,Kory F)
Reason: Intubated or sedated (Charted at 2/25/2015 01:00 EST by Kaelin RN,Kory F)
Result: Not met (Charted at 2/24/2015 14:56 EST by Sullivan RN,Michael D)
Result: Not met (Charted at 2/24/2015 01:56 EST by Looney RN,Marisa A)

Outcome: Information Provided-VTE **Expectation:** DVT Signs and Symptoms or PE Signs and Symptoms or VTE Treatment Plan or Complications of Anticoagulation or VTE Complications of Condition or Patient Specific VTE Risk Factors

Result: VTE Treatment Plan (Charted at 2/27/2015 01:00 EST by Bracanovich RN,Lisa A)
Result: Patient Specific VTE Risk Factors (Charted at 2/26/2015 19:58 EST by Blair RN,Larresha C)
Result: VTE Treatment Plan, Complications of Anticoagulation, VTE Complications of Condition (Charted at 2/26/2015 08:00 EST by Wallace RN, Teondra M)
Result: DVT Signs and Symptoms (Charted at 2/25/2015 22:03 EST by Milunas RN,Kaitlyn C)
Result: DVT Signs and Symptoms (Charted at 2/25/2015 09:42 EST by Matheson RN,Crisna M)
Result: VTE Treatment Plan (Charted at 2/25/2015 00:55 EST by Kaelin RN,Kory F)
Result: VTE Treatment Plan (Charted at 2/24/2015 14:57 EST by Sullivan RN,Michael D)
Result: VTE Treatment Plan (Charted at 2/23/2015 20:05 EST by Looney RN,Marisa A)

Intervention: Maintain Mechanical VTE Prophylaxis at All Times **Expectation:** Done

Result: Done (Charted at 2/27/2015 16:44 EST by Mitchell RN,Aramide)
Result: Done (Charted at 2/27/2015 04:54 EST by Bracanovich RN,Lisa A)
Result: Done (Charted at 2/26/2015 19:56 EST by Blair RN,Larresha C)
Result: Done (Charted at 2/26/2015 14:42 EST by Wallace RN,Teondra M)
Result: Done (Charted at 2/25/2015 21:59 EST by Milunas RN,Kaitlyn C)
Result: Done (Charted at 2/25/2015 09:59 EST by Matheson RN,Crisna M)
Result: Done (Charted at 2/25/2015 00:58 EST by Kaelin RN,Kory F)
Result: Done (Charted at 2/24/2015 14:56 EST by Sullivan RN,Michael D)
Result: Done (Charted at 2/24/2015 01:56 EST by Looney RN,Marisa A)

Intervention: Correct Size and Application of Mech **Expectation:** Done

Result: Done (Charted at 2/27/2015 16:44 EST by Mitchell RN,Aramide)
Result: Done (Charted at 2/27/2015 04:54 EST by Bracanovich RN,Lisa A)
Result: Done (Charted at 2/26/2015 19:56 EST by Blair RN,Larresha C)
Result: Done (Charted at 2/26/2015 14:42 EST by Wallace RN,Teondra M)
Result: Done (Charted at 2/25/2015 21:59 EST by Milunas RN,Kaitlyn C)
Result: Done (Charted at 2/25/2015 09:59 EST by Matheson RN,Crisna M)
Result: Done (Charted at 2/25/2015 00:58 EST by Kaelin RN,Kory F)
Result: Done (Charted at 2/24/2015 14:56 EST by Sullivan RN,Michael D)
Result: Done (Charted at 2/24/2015 01:56 EST by Looney RN,Marisa A)

CARE PLANS — (Expectations and goal outcomes are not a measurement of any standard of care. Quality measures are guidelines, not patient specific, and not to be replaced by Nursing or medical clinical judgement.)

Plan of Care

Plan: Nursing Outcomes - Pain-Sedation
Status: Completed
History: Initiated at 2/23/2015 18:18 EST electronically signed by Alexander RN,Ashley C
Completed at 2/28/2015 17:01 EST electronically signed by SYSTEM,SYSTEM

Outcome: Acceptable Pain at Rest **Expectation:** Met
Result: Met (Charted at 2/27/2015 16:44 EST by Mitchell RN,Aramide)
Result: Met (Charted at 2/27/2015 04:53 EST by Bracanovich RN,Lisa A)
Result: Met (Charted at 2/26/2015 19:57 EST by Blair RN,Larresha C)
Result: Met (Charted at 2/26/2015 14:43 EST by Wallace RN,Teondra M)
Result: Met (Charted at 2/25/2015 22:03 EST by Milunas RN,Kaitlyn C)
Result: Met (Charted at 2/25/2015 10:00 EST by Matheson RN,Crisna M)
Result: Met (Charted at 2/25/2015 01:00 EST by Kaelin RN,Kory F)
Result: Met (Charted at 2/24/2015 14:56 EST by Sullivan RN,Michael D)
Result: Met (Charted at 2/24/2015 01:55 EST by Looney RN,Marisa A)

Outcome: Acceptable Pain with Activity **Expectation:** Met
Result: Met (Charted at 2/27/2015 16:44 EST by Mitchell RN,Aramide)
Result: Met (Charted at 2/27/2015 04:53 EST by Bracanovich RN,Lisa A)
Result: Met (Charted at 2/26/2015 19:57 EST by Blair RN,Larresha C)
Result: Met (Charted at 2/26/2015 14:43 EST by Wallace RN,Teondra M)
Result: Not Met (Charted at 2/25/2015 22:03 EST by Milunas RN,Kaitlyn C)
Result: Not Met (Charted at 2/25/2015 10:00 EST by Matheson RN,Crisna M)
Result: Met (Charted at 2/25/2015 01:00 EST by Kaelin RN,Kory F)
Result: Met (Charted at 2/24/2015 14:56 EST by Sullivan RN,Michael D)
Result: Met (Charted at 2/24/2015 01:55 EST by Looney RN,Marisa A)

Outcome: Pain Associated Behaviors Reduced, Unable to Self Report **Expectation:** Met
Result: Met (Charted at 2/27/2015 16:44 EST by Mitchell RN,Aramide)
Result: Met (Charted at 2/27/2015 16:44 EST by Mitchell RN,Aramide)
Result: Met (Charted at 2/27/2015 04:53 EST by Bracanovich RN,Lisa A)
Result: Met (Charted at 2/27/2015 04:53 EST by Bracanovich RN,Lisa A)
Result: Met (Charted at 2/26/2015 19:57 EST by Blair RN,Larresha C)
Result: Met (Charted at 2/26/2015 19:57 EST by Blair RN,Larresha C)
Result: Met (Charted at 2/26/2015 14:43 EST by Wallace RN,Teondra M)
Result: Met (Charted at 2/26/2015 14:43 EST by Wallace RN,Teondra M)
Result: Met (Charted at 2/25/2015 22:03 EST by Milunas RN,Kaitlyn C)
Result: Met (Charted at 2/25/2015 22:03 EST by Milunas RN,Kaitlyn C)
Result: Met (Charted at 2/25/2015 10:00 EST by Matheson RN,Crisna M)
Result: Met (Charted at 2/25/2015 10:00 EST by Matheson RN,Crisna M)
Result: Met (Charted at 2/25/2015 01:00 EST by Kaelin RN,Kory F)
Result: Met (Charted at 2/25/2015 01:00 EST by Kaelin RN,Kory F)
Result: Met (Charted at 2/24/2015 14:56 EST by Sullivan RN,Michael D)
Result: Met (Charted at 2/24/2015 14:56 EST by Sullivan RN,Michael D)
Result: Met (Charted at 2/24/2015 01:55 EST by Looney RN,Marisa A)
Result: Met (Charted at 2/24/2015 01:55 EST by Looney RN,Marisa A)

Outcome: Acceptable Pain Intensity **Expectation:** Met
Result: Met (Charted at 2/27/2015 16:44 EST by Mitchell RN,Aramide)
Result: Met (Charted at 2/27/2015 04:53 EST by Bracanovich RN,Lisa A)
Result: Met (Charted at 2/26/2015 19:57 EST by Blair RN,Larresha C)

CARE PLANS (Expectations and goal outcomes are not a measurement of any standard of care. Quality measures are guidelines, not patient specific, and not to be replaced by Nursing or medical clinical judgement.)

Plan of Care

Result: Met (Charted at 2/26/2015 14:43 EST by Wallace RN,Teondra M)
Result: Met (Charted at 2/25/2015 22:03 EST by Milunas RN,Kaitlyn C)
Result: Met (Charted at 2/25/2015 10:00 EST by Matheson RN,Crisna M)
Result: Met (Charted at 2/25/2015 01:00 EST by Kaelin RN,Kory F)
Result: Met (Charted at 2/24/2015 14:56 EST by Sullivan RN,Michael D)
Result: Met (Charted at 2/24/2015 01:55 EST by Looney RN,Marisa A)
Outcome: Pain Associated Behaviors Reduced, Unable to Self Report **Expectation:** Met
Result: Met (Charted at 2/27/2015 16:44 EST by Mitchell RN,Aramide)
Result: Met (Charted at 2/27/2015 16:44 EST by Mitchell RN,Aramide)
Result: Met (Charted at 2/27/2015 04:53 EST by Bracanovich RN,Lisa A)
Result: Met (Charted at 2/27/2015 04:53 EST by Bracanovich RN,Lisa A)
Result: Met (Charted at 2/26/2015 19:57 EST by Blair RN,Larresha C)
Result: Met (Charted at 2/26/2015 19:57 EST by Blair RN,Larresha C)
Result: Met (Charted at 2/26/2015 14:43 EST by Wallace RN,Teondra M)
Result: Met (Charted at 2/26/2015 14:43 EST by Wallace RN,Teondra M)
Result: Met (Charted at 2/25/2015 22:03 EST by Milunas RN,Kaitlyn C)
Result: Met (Charted at 2/25/2015 22:03 EST by Milunas RN,Kaitlyn C)
Result: Met (Charted at 2/25/2015 10:00 EST by Matheson RN,Crisna M)
Result: Met (Charted at 2/25/2015 10:00 EST by Matheson RN,Crisna M)
Result: Met (Charted at 2/25/2015 01:00 EST by Kaelin RN,Kory F)
Result: Met (Charted at 2/25/2015 01:00 EST by Kaelin RN,Kory F)
Result: Met (Charted at 2/24/2015 14:56 EST by Sullivan RN,Michael D)
Result: Met (Charted at 2/24/2015 14:56 EST by Sullivan RN,Michael D)
Result: Met (Charted at 2/24/2015 01:55 EST by Looney RN,Marisa A)
Result: Met (Charted at 2/24/2015 01:55 EST by Looney RN,Marisa A)
Outcome: Patient Defined Goal **Expectation:** Met
Result: Met (Charted at 2/27/2015 16:44 EST by Mitchell RN,Aramide)
Result: Met (Charted at 2/27/2015 04:53 EST by Bracanovich RN,Lisa A)
Result: Met (Charted at 2/26/2015 19:57 EST by Blair RN,Larresha C)
Result: Met (Charted at 2/26/2015 14:43 EST by Wallace RN,Teondra M)
Result: Not Met (Charted at 2/25/2015 22:03 EST by Milunas RN,Kaitlyn C)
Result: Not Met (Charted at 2/25/2015 10:00 EST by Matheson RN,Crisna M)
Result: Met (Charted at 2/25/2015 01:00 EST by Kaelin RN,Kory F)
Result: Met (Charted at 2/24/2015 14:56 EST by Sullivan RN,Michael D)
Result: Met (Charted at 2/24/2015 01:55 EST by Looney RN,Marisa A)
Outcome: Patient Defined Goal **Expectation:** Met
Result: Met (Charted at 2/27/2015 16:44 EST by Mitchell RN,Aramide)
Result: Met (Charted at 2/27/2015 04:53 EST by Bracanovich RN,Lisa A)
Result: Met (Charted at 2/26/2015 19:57 EST by Blair RN,Larresha C)
Result: Met (Charted at 2/26/2015 14:43 EST by Wallace RN,Teondra M)
Result: Not Met (Charted at 2/25/2015 22:03 EST by Milunas RN,Kaitlyn C)
Result: Not Met (Charted at 2/25/2015 10:00 EST by Matheson RN,Crisna M)
Result: Met (Charted at 2/25/2015 01:00 EST by Kaelin RN,Kory F)
Result: Met (Charted at 2/24/2015 14:56 EST by Sullivan RN,Michael D)
Result: Met (Charted at 2/24/2015 01:55 EST by Looney RN,Marisa A)

CARE PLANS — (Expectations and goal outcomes are not a measurement of any standard of care. Quality measures are guidelines, not patient specific, and not to be replaced by Nursing or medical clinical judgement.)

Plan of Care

Plan: Nursing Outcomes - Critical Care
Status: Discontinued
History: Initiated at 2/23/2015 18:18 EST electronically signed by Alexander RN,Ashley C
Discontinued at 2/27/2015 02:00 EST electronically signed by Bracanovich RN,Lisa A

Outcome: Goals-Outcomes mutually set between caregivers, patient, and-or significant others — **Expectation:** Met
- **Result:** Met (Charted at 2/26/2015 19:56 EST by Blair RN,Larresha C)
- **Result:** Met (Charted at 2/26/2015 14:42 EST by Wallace RN,Teondra M)
- **Result:** Met (Charted at 2/25/2015 21:59 EST by Milunas RN,Kaitlyn C)
- **Result:** Met (Charted at 2/25/2015 09:59 EST by Matheson RN,Crisna M)
- **Result:** Met (Charted at 2/25/2015 00:58 EST by Kaelin RN,Kory F)
- **Result:** Met (Charted at 2/24/2015 14:56 EST by Sullivan RN,Michael D)
- **Result:** Met (Charted at 2/24/2015 01:56 EST by Looney RN,Marisa A)

Outcome: Absence of fluid deficit — **Expectation:** Met
- **Result:** Met (Charted at 2/26/2015 19:56 EST by Blair RN,Larresha C)
- **Result:** Met (Charted at 2/26/2015 14:42 EST by Wallace RN,Teondra M)
- **Result:** Met (Charted at 2/25/2015 21:59 EST by Milunas RN,Kaitlyn C)
- **Result:** Met (Charted at 2/25/2015 09:59 EST by Matheson RN,Crisna M)
- **Result:** Not Met (Charted at 2/25/2015 00:58 EST by Kaelin RN,Kory F)
  - **Reason:** Clinician Decision (Charted at 2/25/2015 01:00 EST by Kaelin RN,Kory F)
- **Result:** Not Met (Charted at 2/24/2015 14:56 EST by Sullivan RN,Michael D)
- **Result:** Met (Charted at 2/24/2015 01:56 EST by Looney RN,Marisa A)

Outcome: Absence of fluid overload — **Expectation:** Met
- **Result:** Met (Charted at 2/26/2015 19:56 EST by Blair RN,Larresha C)
- **Result:** Met (Charted at 2/26/2015 14:42 EST by Wallace RN,Teondra M)
- **Result:** Met (Charted at 2/25/2015 21:59 EST by Milunas RN,Kaitlyn C)
- **Result:** Met (Charted at 2/25/2015 09:59 EST by Matheson RN,Crisna M)
- **Result:** Not Met (Charted at 2/25/2015 00:58 EST by Kaelin RN,Kory F)
  - **Reason:** Clinician Decision (Charted at 2/25/2015 01:00 EST by Kaelin RN,Kory F)
- **Result:** Not Met (Charted at 2/24/2015 14:56 EST by Sullivan RN,Michael D)
- **Result:** Met (Charted at 2/24/2015 01:56 EST by Looney RN,Marisa A)

Outcome: Airway patent — **Expectation:** Met
- **Result:** Met (Charted at 2/26/2015 19:56 EST by Blair RN,Larresha C)
- **Result:** Met (Charted at 2/26/2015 14:42 EST by Wallace RN,Teondra M)
- **Result:** Met (Charted at 2/25/2015 22:01 EST by Milunas RN,Kaitlyn C)
- **Result:** Met (Charted at 2/25/2015 09:59 EST by Matheson RN,Crisna M)
- **Result:** Met (Charted at 2/25/2015 00:58 EST by Kaelin RN,Kory F)
- **Result:** Met (Charted at 2/24/2015 14:56 EST by Sullivan RN,Michael D)
- **Result:** Met (Charted at 2/24/2015 01:56 EST by Looney RN,Marisa A)

Outcome: Bleeding within acceptable range — **Expectation:** Met
- **Result:** Met (Charted at 2/26/2015 19:56 EST by Blair RN,Larresha C)
- **Result:** Met (Charted at 2/26/2015 14:42 EST by Wallace RN,Teondra M)
- **Result:** Met (Charted at 2/25/2015 22:01 EST by Milunas RN,Kaitlyn C)
- **Result:** Met (Charted at 2/25/2015 09:59 EST by Matheson RN,Crisna M)
- **Result:** Met (Charted at 2/25/2015 00:58 EST by Kaelin RN,Kory F)
- **Result:** Met (Charted at 2/24/2015 14:56 EST by Sullivan RN,Michael D)
- **Result:** Met (Charted at 2/24/2015 01:56 EST by Looney RN,Marisa A)

CARE PLANS ---- (Expectations and goal outcomes are not a measurement of any standard of care. Quality measures are guidelines, not patient specific, and not to be replaced by Nursing or medical clinical judgement.)

Plan of Care

Outcome: Cardiovascular status within normal limits for patient **Expectation:** Met
Result: Met (Charted at 2/26/2015 19:56 EST by Blair RN,Larresha C)
Result: Met (Charted at 2/26/2015 14:42 EST by Wallace RN,Teondra M)
Result: Met (Charted at 2/25/2015 22:01 EST by Milunas RN,Kaitlyn C)
Result: Met (Charted at 2/25/2015 09:59 EST by Matheson RN,Crisna M)
Result: Met (Charted at 2/25/2015 00:59 EST by Kaelin RN,Kory F)
Result: Met (Charted at 2/24/2015 14:56 EST by Sullivan RN,Michael D)
Result: Not Met (Charted at 2/24/2015 01:56 EST by Looney RN,Marisa A)
Outcome: Gastrointestinal status within normal limits for patient **Expectation:** Met
Result: Not Met (Charted at 2/26/2015 19:56 EST by Blair RN,Larresha C)
Result: Not Met (Charted at 2/26/2015 14:42 EST by Wallace RN,Teondra M)
Result: Not Met (Charted at 2/25/2015 22:01 EST by Milunas RN,Kaitlyn C)
Result: Not Met (Charted at 2/25/2015 09:59 EST by Matheson RN,Crisna M)
Result: Not Met (Charted at 2/25/2015 00:59 EST by Kaelin RN,Kory F)
Reason: Clinician Decision (Charted at 2/25/2015 01:00 EST by Kaelin RN,Kory F)
Result: Not Met (Charted at 2/24/2015 14:56 EST by Sullivan RN,Michael D)
Result: Not Met (Charted at 2/24/2015 01:56 EST by Looney RN,Marisa A)
Outcome: Hemodynamics within normal range for patient **Expectation:** Met
Result: Not Met (Charted at 2/26/2015 19:56 EST by Blair RN,Larresha C)
Result: Not Met (Charted at 2/26/2015 14:43 EST by Wallace RN,Teondra M)
Result: Met (Charted at 2/25/2015 22:01 EST by Milunas RN,Kaitlyn C)
Result: Met (Charted at 2/25/2015 09:59 EST by Matheson RN,Crisna M)
Result: Met (Charted at 2/25/2015 00:59 EST by Kaelin RN,Kory F)
Result: Met (Charted at 2/24/2015 14:56 EST by Sullivan RN,Michael D)
Result: Met (Charted at 2/24/2015 01:56 EST by Looney RN,Marisa A)
Outcome: Integumentary status within normal limits for patient **Expectation:** Met
Result: Not Met (Charted at 2/26/2015 19:56 EST by Blair RN,Larresha C)
Result: Not Met (Charted at 2/26/2015 14:43 EST by Wallace RN,Teondra M)
Result: Not Met (Charted at 2/25/2015 22:01 EST by Milunas RN,Kaitlyn C)
Result: Not Met (Charted at 2/25/2015 09:59 EST by Matheson RN,Crisna M)
Result: Not Met (Charted at 2/25/2015 00:59 EST by Kaelin RN,Kory F)
Reason: Clinician Decision (Charted at 2/25/2015 01:00 EST by Kaelin RN,Kory F)
Result: Not Met (Charted at 2/24/2015 14:56 EST by Sullivan RN,Michael D)
Result: Not Met (Charted at 2/24/2015 01:56 EST by Looney RN,Marisa A)
Outcome: Maintain safe environment during hospitalization **Expectation:** Met
Result: Met (Charted at 2/26/2015 19:56 EST by Blair RN,Larresha C)
Result: Met (Charted at 2/26/2015 14:43 EST by Wallace RN,Teondra M)
Result: Met (Charted at 2/25/2015 22:01 EST by Milunas RN,Kaitlyn C)
Result: Met (Charted at 2/25/2015 09:59 EST by Matheson RN,Crisna M)
Result: Met (Charted at 2/25/2015 00:59 EST by Kaelin RN,Kory F)
Result: Met (Charted at 2/24/2015 14:56 EST by Sullivan RN,Michael D)
Result: Met (Charted at 2/24/2015 01:56 EST by Looney RN,Marisa A)
Outcome: Musculoskeletal status within normal limits for patient **Expectation:** Met
Result: Met (Charted at 2/26/2015 19:56 EST by Blair RN,Larresha C)
Result: Met (Charted at 2/26/2015 14:43 EST by Wallace RN,Teondra M)
Result: Met (Charted at 2/25/2015 22:01 EST by Milunas RN,Kaitlyn C)
Result: Met (Charted at 2/25/2015 09:59 EST by Matheson RN,Crisna M)

----------CARE PLANS---------- (Expectations and goal outcomes are not a measurement of any standard of care. Quality measures are guidelines, not patient specific, and not to be replaced by Nursing or medical clinical judgement.)

Plan of Care

Result: Not Met (Charted at 2/25/2015 00:59 EST by Kaelin RN,Kory F)
Reason: Clinician Decision (Charted at 2/25/2015 01:00 EST by Kaelin RN,Kory F)
Result: Not Met (Charted at 2/24/2015 14:56 EST by Sullivan RN,Michael D)
Result: Not Met (Charted at 2/24/2015 01:55 EST by Looney RN,Marisa A)
Outcome: Neurological status within normal limits for patient **Expectation:** Met
Result: Not Met (Charted at 2/26/2015 19:56 EST by Blair RN,Larresha C)
Result: Not Met (Charted at 2/26/2015 14:43 EST by Wallace RN,Teondra M)
Result: Not Met (Charted at 2/25/2015 22:01 EST by Milunas RN,Kaitlyn C)
Result: Not Met (Charted at 2/25/2015 10:00 EST by Matheson RN,Crisna M)
Result: Not Met (Charted at 2/25/2015 00:59 EST by Kaelin RN,Kory F)
Reason: Clinician Decision (Charted at 2/25/2015 01:00 EST by Kaelin RN,Kory F)
Result: Not Met (Charted at 2/24/2015 14:56 EST by Sullivan RN,Michael D)
Result: Not Met (Charted at 2/24/2015 01:55 EST by Looney RN,Marisa A)
Outcome: Optimal tissue perfusion **Expectation:** Met
Result: Met (Charted at 2/26/2015 19:57 EST by Blair RN,Larresha C)
Result: Met (Charted at 2/26/2015 14:43 EST by Wallace RN,Teondra M)
Result: Met (Charted at 2/25/2015 22:02 EST by Milunas RN,Kaitlyn C)
Result: Met (Charted at 2/25/2015 10:00 EST by Matheson RN,Crisna M)
Result: Met (Charted at 2/25/2015 00:59 EST by Kaelin RN,Kory F)
Result: Met (Charted at 2/24/2015 14:56 EST by Sullivan RN,Michael D)
Result: Met (Charted at 2/24/2015 01:55 EST by Looney RN,Marisa A)
Outcome: Renal-Urinary status within normal limits for patient **Expectation:** Met
Result: Not Met (Charted at 2/26/2015 19:57 EST by Blair RN,Larresha C)
Result: Not Met (Charted at 2/26/2015 14:43 EST by Wallace RN,Teondra M)
Result: Not Met (Charted at 2/25/2015 22:03 EST by Milunas RN,Kaitlyn C)
Result: Not Met (Charted at 2/25/2015 10:00 EST by Matheson RN,Crisna M)
Result: Not Met (Charted at 2/25/2015 00:59 EST by Kaelin RN,Kory F)
Reason: Clinician Decision (Charted at 2/25/2015 01:00 EST by Kaelin RN,Kory F)
Result: Not Met (Charted at 2/24/2015 14:56 EST by Sullivan RN,Michael D)
Result: Not Met (Charted at 2/24/2015 01:55 EST by Looney RN,Marisa A)
Outcome: Respiratory status within normal limits for patient **Expectation:** Met
Result: Not Met (Charted at 2/26/2015 19:57 EST by Blair RN,Larresha C)
Result: Not Met (Charted at 2/26/2015 14:43 EST by Wallace RN,Teondra M)
Result: Not Met (Charted at 2/25/2015 22:03 EST by Milunas RN,Kaitlyn C)
Result: Not Met (Charted at 2/25/2015 10:00 EST by Matheson RN,Crisna M)
Result: Not Met (Charted at 2/25/2015 00:59 EST by Kaelin RN,Kory F)
Reason: Clinician Decision (Charted at 2/25/2015 01:00 EST by Kaelin RN,Kory F)
Result: Not Met (Charted at 2/24/2015 14:56 EST by Sullivan RN,Michael D)
Result: Not Met (Charted at 2/24/2015 01:55 EST by Looney RN,Marisa A)
Outcome: Thermoregulation maintained **Expectation:** Met
Result: Met (Charted at 2/26/2015 19:57 EST by Blair RN,Larresha C)
Result: Met (Charted at 2/26/2015 14:43 EST by Wallace RN,Teondra M)
Result: Met (Charted at 2/25/2015 22:03 EST by Milunas RN,Kaitlyn C)
Result: Met (Charted at 2/25/2015 10:00 EST by Matheson RN,Crisna M)
Result: Met (Charted at 2/25/2015 00:59 EST by Kaelin RN,Kory F)
Result: Met (Charted at 2/24/2015 14:56 EST by Sullivan RN,Michael D)
Result: Met (Charted at 2/24/2015 01:55 EST by Looney RN,Marisa A)

----------CARE PLANS---------- (Expectations and goal outcomes are not a measurement of any standard of care. Quality measures are guidelines, not patient specific, and not to be replaced by Nursing or medical clinical judgement.)

Plan of Care

Outcome: Urinary output within acceptable range **Expectation:** Met
Result: Met (Charted at 2/26/2015 19:57 EST by Blair RN,Larresha C)
Result: Met (Charted at 2/26/2015 14:43 EST by Wallace RN,Teondra M)
Result: Not Met (Charted at 2/25/2015 22:03 EST by Milunas RN,Kaitlyn C)
Result: Not Met (Charted at 2/25/2015 10:00 EST by Matheson RN,Crisna M)
Result: Not Met (Charted at 2/25/2015 00:59 EST by Kaelin RN,Kory F)
Reason: Clinician Decision (Charted at 2/25/2015 01:00 EST by Kaelin RN,Kory F)
Result: Not Met (Charted at 2/24/2015 14:56 EST by Sullivan RN,Michael D)
Result: Not Met (Charted at 2/24/2015 01:55 EST by Looney RN,Marisa A)

Outcome: Ventilation adequate **Expectation:** Met
Result: Met (Charted at 2/26/2015 19:57 EST by Blair RN,Larresha C)
Result: Met (Charted at 2/26/2015 14:43 EST by Wallace RN,Teondra M)
Result: Met (Charted at 2/25/2015 22:03 EST by Milunas RN,Kaitlyn C)
Result: Met (Charted at 2/25/2015 10:00 EST by Matheson RN,Crisna M)
Result: Met (Charted at 2/25/2015 01:00 EST by Kaelin RN,Kory F)
Result: Met (Charted at 2/24/2015 14:56 EST by Sullivan RN,Michael D)
Result: Met (Charted at 2/24/2015 01:55 EST by Looney RN,Marisa A)

Outcome: Patient Defined Goal **Expectation:** Met
Result: Met (Charted at 2/26/2015 19:57 EST by Blair RN,Larresha C)
Result: Met (Charted at 2/26/2015 14:43 EST by Wallace RN,Teondra M)
Result: Not Met (Charted at 2/25/2015 22:03 EST by Milunas RN,Kaitlyn C)
Result: Not Met (Charted at 2/25/2015 10:00 EST by Matheson RN,Crisna M)
Result: Not Met (Charted at 2/25/2015 01:00 EST by Kaelin RN,Kory F)
Reason: Clinician Decision (Charted at 2/25/2015 01:00 EST by Kaelin RN,Kory F)
Result: Not Met (Charted at 2/24/2015 14:56 EST by Sullivan RN,Michael D)
Result: Not Met (Charted at 2/24/2015 01:55 EST by Looney RN,Marisa A)

Outcome: Patient Defined Goal **Expectation:** Met
Result: Met (Charted at 2/26/2015 19:57 EST by Blair RN,Larresha C)
Result: Met (Charted at 2/26/2015 14:43 EST by Wallace RN,Teondra M)
Result: Not Met (Charted at 2/25/2015 22:03 EST by Milunas RN,Kaitlyn C)
Result: Not Met (Charted at 2/25/2015 10:00 EST by Matheson RN,Crisna M)
Result: Not Met (Charted at 2/25/2015 01:00 EST by Kaelin RN,Kory F)
Reason: Clinician Decision (Charted at 2/25/2015 01:00 EST by Kaelin RN,Kory F)
Result: Not Met (Charted at 2/24/2015 14:56 EST by Sullivan RN,Michael D)
Result: Not Met (Charted at 2/24/2015 01:55 EST by Looney RN,Marisa A)

Intake and Output

INTAKE		2/23/2015 - 2/24/2015				2/24/2015 - 2/25/2015			
All time in EST		7a.m. - 3p.m.	3p.m. - 11p.m.	11p.m. - 7a.m.	Total	7a.m. - 3p.m.	3p.m. - 11p.m.	11p.m. - 7a.m.	Total
fentanyl (IV additive) 1,350 mcg + Premix 135 mL(135 mL Premix + 1350 mcg fentanyl)	mL	-	30	5	35	7.6	-	-	7.6
NaCl 0.9% 1,000 mL + multivitamin adult injection 10 mL + thiamine (IV Additive) 250 mg + folic acid (IV Additive) 1 mg(1 mg folic acid + 250 mg thiamine + 10 mL multivitamin + 1000 mL Sodium Chloride 0.9%)	mL	-	-	-	-	350	-	-	350
propofol (IV additive) 500 mg + Premix 50 mL(50 mL Premix + 500 mg propofol)	mL	-	0	0	0	-	-	-	-
Sodium Chloride 0.9% 1,000 mL(1000 mL Sodium Chloride 0.9%)	mL	-	405	719	1124	320	980	1025	2325
calcium gluconate + Sodium Chloride 0.9%	mL	-	-	16	16	64	80	-	144
cefazolin	mL	-	50	-	50	-	-	-	-
cefazolin + Dextrose 5% in Water	mL	-	30	25	55	90	40	65	195
etomidate	mL	15	-	-	15	-	-	-	-
levetiracetam + Dextrose 5% in Water	mL	-	105	105	210	-	105	105	210
lidocaine	mL	5	-	-	5	-	-	-	-
magnesium sulfate	mL	-	-	5.83	5.83	94.17	-	-	94.17
potassium chloride + Sodium Chloride 0.9%	mL	-	270	6.75	276.75	499.5	303.76	-	803.26
Sodium Chloride 0.9%	mL	1000	-	2000	3000	-	-	-	-
sodium phosphate + Sodium Chloride 0.9%	mL	-	-	-	-	184.04	80.98	-	265.02
succinylcholine	mL	5	-	-	5	-	-	-	-
FFP	mL	-	626	-	626	-	-	-	-
Free Water	mL	-	-	-	-	15	-	-	15
Oral Intake	mL	0	-	-	0	-	-	-	-
Other Intake	mL	-	600	-	600	-	-	-	-
PRBC's	mL	0	-	-	0	-	-	-	-
Tube Feed	mL	-	-	-	-	-	60	88	148
8 Hour Total	mL	**1025**	**2116**	**2882.58**		**1624.31**	**1649.74**	**1283**	
24 Hour Total	mL		**6023.58**				**4557.05**		

OUTPUT		2/23/2015 - 2/24/2015				2/24/2015 - 2/25/2015			
All time in EST		7a.m. - 3p.m.	3p.m. - 11p.m.	11p.m. - 7a.m.	Total	7a.m. - 3p.m.	3p.m. - 11p.m.	11p.m. - 7a.m.	Total
Blood Loss mL	mL	-	150	-	150	-	-	-	-
Emesis mL	mL	0	-	-	0	-	-	-	-
Hemovac #1	mL	-	-	70	70	-	45	25	70
Indwelling Catheter	mL	-	485	150	635	140	270	335	745
NG-OG Output	mL	-	50	0	50	-	-	-	-
Urine Voided	mL	0	-	-	0	-	-	-	-
Stool - O		1	0	0	1	-	-	-	-
8 Hour Total	mL	**0**	**685**	**220**		**140**	**315**	**360**	
24 Hour Total	mL		**905**				**815**		

INTAKE		2/25/2015 - 2/26/2015				2/26/2015 - 2/27/2015			
All time in EST		7a.m. - 3p.m.	3p.m. - 11p.m.	11p.m. - 7a.m.	Total	7a.m. - 3p.m.	3p.m. - 11p.m.	11p.m. - 7a.m.	Total
fentanyl (IV additive) 1,350 mcg + Premix 135 mL(135 mL Premix + 1350 mcg fentanyl)	mL	-	35	25	60	-	-	-	-
NaCl 0.9% 1,000 mL + multivitamin adult injection 10 mL + thiamine (IV Additive) 250 mg + folic acid (IV	mL	500	-	-	500	-	-	-	-

* Auth (Verified) *

Dillon
LON, EDMUND
R1505401814
MR 012719295 EMS, EMS
56Y M

GUARANTY AND ASSIGNMENT OF INSURANCE BENEFITS

I hereby guaranty payment to Palmetto Health d/b/a Palmetto Health Richland, d/b/a Palmetto Health Baptist, d/b/a Baptist Easley Hospital and my attending and consulting physician(s) (including, but not limited to, pathologists, radiologists and anesthesiologists), for all charges and services incurred for the account(s) of the patient from date of admission until discharge. I do hereby assign to Palmetto Health and /or Baptist Easley Hospital and/or my attending and consulting physician(s) (including, but not limited to, pathologists, radiologists, and anesthesiologists), any and all medical insurance, health benefits, hospital benefits, sick benefits, injury benefits and settlement proceeds due or payable because of liability of a third party, payable by any party, organization or insurance company, or other sources of payment, unless I pay the account(s) in full upon discharge, (the "Assignment").

If I fail to pay all charges when due I agree to pay all costs of collection, including attorneys fees, collection costs and court costs.

I hereby authorize and request Palmetto Health and/or Baptist Easley Hospital and/or my attending and consulting physician(s) (including, but not limited to, pathologists, radiologists and anesthesiologists) to release and furnish medical information, necessary to support claims submitted, to any entities for payment, pursuant to the above Assignment.

In the event the undersigned is entitled to health care or medical benefits of any type whatsoever, arising out of any policy of insurance insuring the patient or any party liable to the patient, said benefits are hereby assigned to Palmetto Health and/or Baptist Easley Hospital and/or my attending and consulting physician(s) (including, but not limited to, pathologists, radiologists, and anesthesiologists), for application to the patient account(s) for services rendered.

I do hereby appoint and assign to Palmetto Health and /or Baptist Easley Hospital and/or my attending and consulting physician(s) (including, but not limited to, pathologists, radiologists, and anesthesiologists) as my true and lawful attorneys in fact, to act on my behalf, with the full power and authority to collect any and all charges incurred for the benefit of the patient pursuant to the assignment of benefits set forth above. I further authorize and appoint Palmetto Health / Baptist Easley Hospital as my agent to appeal any denial of insurance coverage by a third party. I understand that Palmetto Health / Baptist Easley Hospital does not accept responsibility for collecting any insurance proceeds or negotiating a settlement on a disputed claim nor is Palmetto Health / Baptist Easley Hospital required to appeal any denial of insurance benefits.

ACKNOWLEDGEMENT OF RECEIPT OF MEDICARE/TRICARE MEDICAL INFORMATION

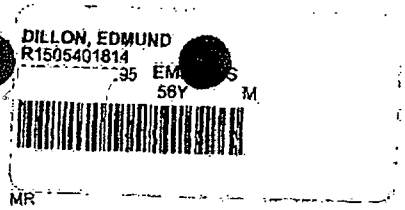
2/23/15 — Date

Robin D. Dillon — Patient (Parent or Guardian in case of minor)

Michelle Brewer — Witness Signature

Spouse or Insured if other than Patient

* Auth (Verified) *



Palmetto Health General Consent

All Patients I consent to and authorize Palmetto Health to perform as applicable:

Blood Draws	Medications	Tissues Disposal/Donation
Examinations	Procedures	Treatments
Lab Tests	Therapy	Transportation

These activities may be performed by authorized Palmetto Health or affiliated physicians and/or clinicians, including appropriately supervised students and residents.

DO YOU WANT TO DESIGNATE A FAMILY MEMBER OR OTHER INDIVIDUAL WITH WHOM THE PROVIDER MAY DISCUSS YOUR MEDICAL CONDITION?

My photograph may be taken for identification purposes and is the property of Palmetto Health unless I withdrew my consent in writing. If I have provided my e-mail address, I am requesting the ability to access my medical information through the Palmetto Health on-line Patient Portal.

I give permission to share my electronic medical record among my health providers and obtain medication history through a Provider Health Information Exchange (HIE). Palmetto Health will not provide sensitive information such as behavioral health, substance abuse treatment, sexual abuse, genetic test results, HIV/STD status and adoption records unless mandatory disclosure is required by state or federal law. I may opt out of the HIE and continue to receive care.

I provided the following information:

I have requested to not be listed in the Palmetto Health Patient Directory	NO
I am an organ donor	NO
I have an Advance Directive	NO
I would like information about Advance Directives	NO
I was given a Privacy Practices Notice on	2/23/15

Hospital Patients Only

If I signed a general consent form at my physician's office today, it is not necessary to sign another copy.

I understand video cameras may be used in some hospital rooms for observation purposes and additional photographs may be taken for medical purposes.

If I bring money and valuables to the hospital, I am responsible for any loss or damage for items not sent home or deposited with Palmetto Health.

I was shown/provided a copy of the Lewis Blackman Hospital Patient Safety Act Letter. I understand that the Patient Bill of Rights notice is posted in the public lobbies, printed in Patient Guides and available through the hospital's website @ www.PalmettoHealth.org.

If applicable, I consent to the disposal by Palmetto Health authorities of any tissue or body part which may be removed during the course of my treatment. I further understand if my tissue is used rather than destroyed, it will not be linked to my name or any other identifier that could be traced to me. To protect myself and others, I also give permission to have blood drawn and tested for infectious diseases including, but not limited to, HIV (AIDS virus) and Hepatitis. I further understand that certain circumstances require mandatory disclosure to organizations such as the state health department.

Robin D. Dillon — 2/23/15 — 2:12

Patient or Patient Designee Representative — Date — Time

Michelle Brewer

Witness Signature

* Auth (Verified) *

DILLON, EDMUND
R1505401814
MR 012719295 EMS, EMS
56Y M

Palmetto Health
Informed Consent for Transfusion of Blood Products

Dr. Toussant has explained to me that my permission is needed for the hospital to give me blood products. I understand that the blood products are from the local blood supply, and are from healthy volunteers. The blood is tested to screen for diseases, such as HIV. Before blood is given it is tested again to make sure it is the right type for me.

Benefits:
My provider has told me that there are possible benefits from getting a blood product. Red blood cells may be needed to bring enough oxygen to my organs. Other blood products are important in helping blood clot to prevent or stop bleeding.

Risks:
My provider has explained that getting blood products could cause me harm even though they have done everything that can be done to keep me safe. No guarantees have been made about the result of getting blood products. I have been told that some of the risks include: chills, fever, back pain, kidney problems, itching, rash, trouble breathing, headache, heart rate problems, and staying in the hospital longer. The risk of getting blood that is the wrong type for me, diseases such as HIV (1 chance in 2 million) or other infections, as well as fluid in my lungs is possible but rare. My provider has also explained the risks of not getting blood products.

Choices:
My provider has explained that sometimes there are other choices besides getting blood. These choices include drugs that may help stop bleeding, iron, methods used during and after surgery to save my own blood cells, drugs to cause my body to make new blood cells faster, and that my family or I can give blood to be used only for me (this must be done 1-2 weeks before my surgery). My provider has answered any questions.
Comments if any:

PERMISSION
The information above has been explained to me and I am satisfied with what I was told. All of my questions have been answered. I know that I can ask more questions, but do not have any more at this time.
I give the hospital permission to give me blood products as ordered by my provider at this time.

Edmund P Dillon Patient's Signature or Legally Qualified Representative	April P. Dillon Patient/Guardian Print Name	2/23/15 Date	4:08 PM Time
Spouse Relationship to Patient			
Jennifer Gossett Witness Signature	Jennifer Gossett Witness Print Name	2/23/15 Date	1609 Time

This consent remains effective for sixty days, however it may be withdrawn at anytime by the patient informing the hospital

65005EMR10 r9/05 r5/06 r10/06 r9/09 r6/12 r2/14

PHID

D - 0298

* Auth (Verified) *

[redacted]

LON, EDMUND
054C1814
012719295 EMS S
58Y M

CONSENT FOR OPERATION, DIAGNOSTIC AND/OR TREATMENT PROCEDURES

I hereby consent to and authorize Palmetto Health and the designated physician, Dr. Tousign such assistants as may be selected by the physician to perform or have performed the following procedures(s) on:

Patient Name: Edmond Dillon

List Procedure(s): right sided craniectomy for subdural

Dillon, Edmund 1505401814

The Physician has explained the following:

1. the nature and purpose of the proposed procedures
2. risk, benefits and consequences of the procedures,
3. risks and prognosis if no treatment is rendered,
4. the probability that the proposed procedures will be successful and
5. alternative methods of treatment (if any) and their associated risks and benefits.
6. other practitioners may be assisting him/her in performing this procedure on me, including (but not limited to) MDs, Nurses

They may perform tasks such as opening and closing the incision, dissecting tissue, removing tissue, altering tissue, harvesting grafts and/or implanting devices.

02/23/15 1713 BN

I understand that all surgery involves general risks such as severe loss of blood, infection and severe life threatening situations. No guarantees have been made to me that this operation will improve my condition. The Physician has explained to me that sometimes during surgery it is determined that additional surgery is needed immediately. If I need such additional surgery during my operation, I permit the Physician to proceed.

Informed Consent for Disposal
I consent to the disposal by hospital authorities of any blood, tissue, body parts/limbs, prostheses or foreign objects as may be removed during the course of the procedure. I also consent to hospital authorities, at their discretion, saving for research or educational purposes all or part of the blood and/or tissue normally discarded. I understand that saved blood and/or tissue will not identify me in any way.

Informed Consent for Observation
I consent to allowing medical personnel and trainees to observe my operation or procedure for the purposes of advancing medical education, subject to the consent and approval of my Physician and only under such conditions and at such times as may be approved by my Physician.

Informed Consent for Presence of Vendors:
I consent to allowing technical representatives and/or vendors requested by my physician to be present during my procedure to provide support services including those involving their product. These technical representatives and vendors are necessary for their knowledge of medical products and/or equipment.

Informed Consent for Photography:
I consent to allowing personnel approved by Palmetto Health and/or my physician to photograph, film and/or videotape some or all of my procedure (hereinafter referred to collectively as "photographs"). I understand the photographs may be used for my treatment and may become part of my medical record. I further understand such photographs may be used for educational purposes.

If you do not give permission for any of the above, strike through the sentence(s) and initial to the left of the paragraph.

April P Dillon — Patient's Signature or Legally Qualified Representative
April P. Dillon — Patient / Guardian Print Name
2/23/15 — Date
4:07 PM — Time

spouse — Relation to Patient
Jennifer Grosser RN — Witness
Jennifer Grosser RN — Witness Print Name

I have discussed with the patient and/or patient's representative the risks, benefits, potential complications, and alternative options associated with the planned procedure to include not having the procedure; possible use of blood and sedation/analgesic if appropriate; answered the patient's questions; and obtained his/her permission to proceed.

PHYSICIAN SIGNATURE: _____ DATE _____

65005C10mu 10/05 r 4/05r 5/06 r 10/06

D - 0299

* Auth (Verified) *

PALMETTO HEALTH
CONSENT FOR OPERATION, DIAGNOSTIC AND/OR TREATMENT PROCEDURES

DILLON, EDMUND
R1505401814
JONES, MARK A
56Y M

I hereby consent to and authorize Palmetto Health and the designated physician, Dr. _____ and/or such assistants as may be selected by the physician to perform or have performed the following procedures(s) on:

Patient Name: Edmund Dillon

List Procedure(s): Central line placement

The Physician has explained the following:

1. the nature and purpose of the proposed procedures
2. risk, benefits and consequences of the procedures,
3. risks and prognosis if no treatment is rendered,
4. the probability that the proposed procedures will be successful and
5. alternative methods of treatment (if any) and their associated risks and benefits.
6. other practitioners may be assisting him/her in performing this procedure on me, including (but not limited to)

They may perform tasks such as opening and closing the incision, dissecting tissue, removing tissue, altering tissue, harvesting grafts and/or implanting devices.

I understand that all surgery involves general risks such as severe loss of blood, infection and severe life threatening situations. No guarantees have been made to me that this operation will improve my condition. The Physician has explained to me that sometimes during surgery it is determined that additional surgery is needed immediately. If I need such additional surgery during my operation, I permit the Physician to proceed.

Informed Consent for Disposal of Tissues and/or Blood: I consent to the disposal by hospital authorities of any tissues, blood, body parts/limbs, prostheses, or foreign objects that may be removed during the course of the procedure.

Informed Consent for Retention and Use of Tissues and/or Blood: I consent to hospital authorities, at their discretion, saving for research or for educational purposes the tissues or blood normally discarded. I understand that saved tissues and/or blood will not identify me in any way.

Informed Consent for Observation: I consent to allowing medical personnel and trainees to observe my operation or procedure for the purposes of advancing medical education, subject to the consent and approval of my Physician and only under such conditions and at such times as may be approved by my Physician.

Informed Consent for Presence of Vendors: I consent to allowing technical representatives and/or vendors requested by my physician to be present during my procedure to provide support services including those involving their product. These technical representatives and vendors are necessary for their knowledge of medical products and/or equipment.

Informed Consent for Photography: I consent to allowing personnel approved by Palmetto Health and/or my physician to photograph, video, record and/or produce and other image of some or all of my procedure (hereinafter referred to collectively as "photographs"). I understand the photographs may be used for my treatment and may become part of my medical record. I further understand such photographs may be used for educational purposes.

If you do not give permission for any of the above, strike through the sentence(s) and initial to the left of the paragraph.

Patient's Signature or Legally Qualified Representative	Patient / Guardian Print Name	Date	Time
April P Dillon	April P. Dillon	2/23/15	9:11 PM

Relation to Patient: wife

Witness	Witness Print Name	Date	Time
Marisa Looney RN	Marisa Looney RN	2/23/15	2111

65005C10mr
10/05 r4/05 r5/06 r10/06 r2/11 r5/11 r6/12 r7/14

PH10

Laboratory Results

Hematology

Procedure	Collected Date 2/23/2015 Collected Time 12:06 EST	2/24/2015 04:00 EST	2/25/2015 03:00 EST	2/26/2015 03:07 EST	Units	Reference Range
WBC Count	10.7 *1	9.4 *1	14.4 H *1	17.7 H *1	K/uL	[3.7-10.9]
RBC Count	3.37 L *1	2.57 L *1	2.86 L *1	2.88 L *1	M/uL	[3.71-5.77]
Hemoglobin	11.6 L *1	9.0 L *1	10.0 L *1	10.0 L *1	g/dL	[13.7-17.5]
Hematocrit	37.5 L R12 *1	28.4 L R13 *1	27.5 L *1	27.7 L *1	%	[40.1-51.0]
MCV	92.6 *1	93.4 *1	96.2 *1	96.2 *1	fL	[79.0-96.2]
MCH	35.0 H *1	35.0 H *1	35.0 H *1	34.7 H *1	pg	[25.7-32.2]
MCHC	31.5 L R12 *1	31.7 L *1	36.4 *1	36.1 *1	g/dL	[32.2-36.5]
RDW-SD	54.0 H *1	55.7 H *1	60.0 H *1	52.1 H *1	fL	[35.1-43.9]
RDW-CV	16.0 H *1	16.5 H *1	17.1 H *1	17.6 H *1	%	[11.6-14.4]
Platelet Count	127 L *1	107 L *1	127 L *1	144 L *1	K/uL	[150-400]
MPV	11.5 *1	11.6 *1	11.4 *1	12.0 *1	fL	[9.4-12.4]
Diff Type?	Manual+Morph *1	Manual+Morph *1	Manual+Morph *1	Manual+Morph *1		
Auto Nucleated RBC's	0.0 *1	0.0 *1	0.0 *1	0.0 *1	/100WBC	[0.0-0.0]
Band Neutrophil	2 *1	3 *1	3 *1	8 *1	%	[0-10]
Auto Neutrophil	-	-	-	79 H *1	%	[37-78]
Polynuc Neutrophil	69 H *1	83 H *1	91 H *1	82 H *1	%	[40-70]
Auto Lymph	-	-	-	2 L *1	%	[15-45]
Lymphocyte	6 L *1	6 L *1	6 L *1	2 L *1	%	[15-45]
Auto Monocyte	-	-	-	14 H *1	%	[4-13]
Monocyte	2 *1	7 *1	9 *1	7 *1	%	[0-10]
Auto Eos	-	-	-	0 *1	%	[0-7]
Eosinophil	-	-	-	1 *1	%	[0-6]
Auto Basophil	-	-	-	0 *1	%	[0-2]
Basophil	-	-	1 *1	-	%	[0-2]
Auto Immature Grans	-	-	-	5.0 H *1	%	[0.0-0.5]
Metamyelocyte	1 H *1	1 H *1	-	-	%	[<=0]
Absolute Neutrophil	-	-	-	13.94 H *1	K/uL	[1.78-5.38]
Absolute Neut	9.74 H *1	8.08 H *1	-	-	K/uL	[1.78-5.38]
Absolute Lymph	-	-	-	0.37 L *1	K/uL	[1.32-3.57]
Absolute Monocytes	-	-	-	2.46 H *1	K/uL	[0.30-0.82]
Absolute Eosinophils	-	-	-	0.01 L *1	K/uL	[0.04-0.54]
Absolute Baso	-	-	-	0.06 *1	K/uL	[0.01-0.08]
Absolute Immature Grans	-	-	-	0.89 H *1	K/uL	[0.00-0.03]
RBC Morph	Present *1	Present *1	Present *1	Present *1		
Hypochromia	Present *1	Present *1	Present *1	-		
Target Cells	1+ *1	1+ *1	1+ *1	1+ *1		
Ovalocytes	1+ *1	-	1+ *1	-		
Non-Distinctive Form	-	-	1+ *1	-		
Toxic Granulation	Present *1	Present *1	Present *1	Present *1		
Vacuolization	-	-	Present *1	-		
PLT Morphology	Present *1	Present *1	Present *1	Present *1		
Plt Estimate	Decreased *1	Decreased *1	-	Decreased *1		
Large Platelets	Present *1	Present *1	Present *1	Present *1		
Platelets clumped	-	-	Present *1	Appears Adeq *1		

Result Comments
R12: Hematocrit
SPUN HCT - 100198
R13: Hematocrit
SPUN HCT

Laboratory Results

Hematology

Result Comments
R14: MCHC
CHECKED MANUALLY - 100198

Coagulation

Collected Date	2/23/2015	2/23/2015	2/23/2015	2/24/2015	2/25/2015		
Collected Time	12:06 EST	15:00 EST	17:44 EST	04:00 EST	08:20 EST		
Procedure						Units	Reference Range
PT	20.2^#^1	-	19.7^#^1	-	22.9^#^1	Sec	[12.8-14.9]
INR	1.7^^1^1	-	1.6^^1^1	-	2.0^^1^1		
PTT	39.9^#^2^1	-	33.9^#^2^1	37.3^#^2^1	-	Sec	[23.9-36.6]
R Rapid Plain	-	0.7^1	-	-	-	min	[0.4-0.7]
K Rapid Plain	-	1.3^1	-	-	-	min	[0.6-2.3]
Angle Rapid Plain	-	75.8^1	-	-	-	deg	[64.0-80.0]
MA Rapid Plain	-	57.7^1	-	-	-	mm	[52.0-71.0]
LY30 Rapid Plain	-	0.3^1	-	-	-	%	[0.0-8.0]
TEG ACT Plain	-	113.0^1	-	-	-	Sec	[86.0-118.0]
TEG Specimen Type	-	Baseline^1	-	-	-		
Heparinized Sample?	-	No^1	-	-	-		
TEG Interpretation	-	See Comment^3^1	-	-	-		

Interpretive Data
^1: INR
INR value is valid only for stabilized anticoagulated patients Therapeutic range
Lo Dose: 2.0-3.0
Hi Dose: 2.5-3.5

Reference range valid for age 6 months and older.
^2: PTT
Heparin Therapeutic Range 71-102
seconds (0.3-0.7 heparin
anti-Xa IU/mL)

Reference range valid for age 6 months and older. High
Intensity Therapeutic Range PTT 71-102s
Low Intensity Therapeutic Range PTT 50-70s
^3: TEG Interpretation
See Progress Notes for physician's interpretation

POC

Collected Date	2/24/2015	2/24/2015	2/24/2015	2/25/2015	2/25/2015	2/26/2015		
Collected Time	00:19 EST	17:08 EST	23:43 EST	10:15 EST	16:12 EST	06:36 EST		
Procedure							Units	Reference Range
POC Glucose Screen	103^H	102^H	126^H	115^H	99	83	mg/dL	[70-99]

Facility Info: Palmetto Health Richland
5 Richland Medical Park
Columbia, SC 29203-

Attending Physician: Jones MD,Mark A
Admitting Physician: Jones MD,Mark A

Patient Info: DILLON, EDMUND
D
Pt. Age
Date of Birth:
CMRN: 001376880

MRN: R012719295
FIN: R1505401814

Laboratory Results

Urinalysis

Collected Date	2/23/2015		
Collected Time	20:30 EST		
Procedure		Units	Reference Range
Color	Amber ^1		
Clarity	Clear ^1		
Specific Gravity,Urine	1.042 H ^1		[1.002-1.035]
Urine pH	6.0 ^1		[5.0-9.0]
Urine Protein	30 ^4 ^1		[Negative]
Urine Glucose	Negative ^5 ^1		[Negative]
Urine Ketone	Trace ^1		[Negative]
Urine Bilirubin	Moderate ^6 ^1		[Negative]
Urine Blood	Large ^7 ^1		[Negative]
Urine Nitrite	Negative ^5 ^1		[Negative]
Urine Urobilinogen	4.0 H ^1	mg/dL	[0.1-1.9]
Leukocyte Esterase	Moderate ^9 ^1		[Negative]
UA reflex to culture	Yes ^1		
Urine RBC's	>180 H R15 ^1	/hpf	[0-3]
Urine WBC's	43 H ^1	/hpf	[0-5]
Urine EPI	Few ^1		[Few]
Urine Bacteria	None ^1		[None]
Mucus Strands	Rare ^1		

Result Comments
R15: Urine RBC's
Result Checked

Interpretive Data
^4: Urine Protein
This is a Screening test. All POSITIVE results should be confirmed by an alternate method.
^5: Urine Glucose, Urine Nitrite
Ascorbic Acid may interfere with this test's result.
^6: Urine Bilirubin
Ascorbic Acid may interfere with this test's result. This is a Screening test. All POSITIVE results should be confirmed by an alternate method.
^7: Urine Blood
Ascorbic Acid may interfere with this test's result.

Chemistry

Collected Date	2/23/2015	2/23/2015	2/23/2015	2/23/2015	2/24/2015		
Collected Time	12:00 EST	12:06 EST	15:00 EST	20:45 EST	04:00 EST		
Procedure						Units	Reference Range
Sodium	-	118 LL R15 ^1	-	136 ^1	126 L ^1	mmol/L	[136-145]
Potassium	-	3.1 L ^1	-	-	2.6 L ^1	mmol/L	[3.5-5.1]
Chloride	-	82 L ^1	-	-	98 ^1	mmol/L	[98-107]
CO2	-	25 ^1	-	-	18 L ^1	mmol/L	[21-32]
Anion Gap	-	11 ^1	-	-	12 ^1		[5-15]
Glucose Level	-	118 H ^5 ^1	-	-	85 ^5 ^1	mg/dL	[70-99]
BUN	-	26 H ^1	-	-	21 H ^1	mg/dL	[7-18]
Creatinine	-	1.2 R17 ^1	-	-	0.7 R17 ^1	mg/dL	[0.6-1.3]
GFR Non-African American	-	61 ^9 ^1	-	-	117 ^9 ^1	ml/min/1.73 sq meter	[>=60]
GFR African American	-	74 ^9 ^1	-	-	141 ^9 ^1	ml/min/1.73 sq meter	[>=60]

PCL XL Error

Subsystem:	I/O
Error:	InputReadError
Operator:	EndPage
Position:	19632

Non Medication Orders

Order: Vital Signs			
Order Start Date/Time: 2/24/2015 06:00 EST			
Order Date/Time: 2/23/2015 14:56 EST			
Order Status: Discontinued	Department Status: Discontinued	Catalog Type: Patient Care	Activity Type: Asmt/Tx/Monitoring
End-state Date/Time: 2/27/2015 22:02 EST		End-state Reason:	
Ordered and Electronically Signed By: Stachowiak PA,James R		Consulting Physician:	
Entered By: SYSTEM,SYSTEM on 2/27/2015 22:02 EST			
Order Details: 02/24/15 6:00:00			
Order Comment:			
Action Type: Order	Action Date/Time: 2/23/2015 15:00 EST	Action Personnel: Stachowiak PA,James R	
Responsible Provider: Stachowiak PA,James R	Supervising Provider:	Communication Type: CPOE	
Order Details: 02/24/15 6:00:00			
Review Information:			
Doctor Cosign: Not Required			
Order Comment:			
Action Type: Discontinue	Action Date/Time: 2/27/2015 22:02 EST	Action Personnel: SYSTEM,SYSTEM	
Responsible Provider: Stachowiak PA,James R	Supervising Provider:	Communication Type:	
Order Details: 02/24/15 6:00:00			
Review Information:			
Doctor Cosign: Not Required			
Order Comment:			

Order: Vital Signs			
Order Start Date/Time: 2/24/2015 07:00 EST			
Order Date/Time: 2/23/2015 14:56 EST			
Order Status: Discontinued	Department Status: Discontinued	Catalog Type: Patient Care	Activity Type: Asmt/Tx/Monitoring
End-state Date/Time: 2/27/2015 22:02 EST		End-state Reason:	
Ordered and Electronically Signed By: Stachowiak PA,James R		Consulting Physician:	
Entered By: SYSTEM,SYSTEM on 2/27/2015 22:02 EST			
Order Details: 02/24/15 7:00:00			
Order Comment:			
Action Type: Order	Action Date/Time: 2/23/2015 15:00 EST	Action Personnel: Stachowiak PA,James R	
Responsible Provider: Stachowiak PA,James R	Supervising Provider:	Communication Type: CPOE	
Order Details: 02/24/15 7:00:00			
Review Information:			
Doctor Cosign: Not Required			
Order Comment:			
Action Type: Discontinue	Action Date/Time: 2/27/2015 22:02 EST	Action Personnel: SYSTEM,SYSTEM	
Responsible Provider: Stachowiak PA,James R	Supervising Provider:	Communication Type:	
Order Details: 02/24/15 7:00:00			
Review Information:			
Doctor Cosign: Not Required			
Order Comment:			

Non Medication Orders

Order: Vital Signs
Order Start Date/Time: 2/24/2015 08:00 EST
Order Date/Time: 2/23/2015 14:56 EST
Order Status: Discontinued | Department Status: Discontinued | Catalog Type: Patient Care | Activity Type: Asmt/Tx/Monitoring
End-state Date/Time: 2/27/2015 22:02 EST | End-state Reason:
Ordered and Electronically Signed By: Stachowiak PA,James R | Consulting Physician:
Entered By: SYSTEM,SYSTEM on 2/27/2015 22:02 EST
Order Details: 02/24/15 8:00:00
Order Comment:

Action Type: Order	Action Date/Time: 2/23/2015 15:00 EST	Action Personnel: Stachowiak PA,James R
Responsible Provider: Stachowiak PA,James R	Supervising Provider:	Communication Type: CPOE

Order Details: 02/24/15 8:00:00
Review Information:
Doctor Cosign: Not Required
Order Comment:

Action Type: Discontinue	Action Date/Time: 2/27/2015 22:02 EST	Action Personnel: SYSTEM,SYSTEM
Responsible Provider: Stachowiak PA,James R	Supervising Provider:	Communication Type:

Order Details: 02/24/15 8:00:00
Review Information:
Doctor Cosign: Not Required
Order Comment:

Order: Vital Signs
Order Start Date/Time: 2/24/2015 09:00 EST
Order Date/Time: 2/23/2015 14:56 EST
Order Status: Discontinued | Department Status: Discontinued | Catalog Type: Patient Care | Activity Type: Asmt/Tx/Monitoring
End-state Date/Time: 2/27/2015 22:02 EST | End-state Reason:
Ordered and Electronically Signed By: Stachowiak PA,James R | Consulting Physician:
Entered By: SYSTEM,SYSTEM on 2/27/2015 22:02 EST
Order Details: 02/24/15 9:00:00
Order Comment:

Action Type: Order	Action Date/Time: 2/23/2015 15:00 EST	Action Personnel: Stachowiak PA,James R
Responsible Provider: Stachowiak PA,James R	Supervising Provider:	Communication Type: CPOE

Order Details: 02/24/15 9:00:00
Review Information:
Doctor Cosign: Not Required
Order Comment:

Action Type: Discontinue	Action Date/Time: 2/27/2015 22:02 EST	Action Personnel: SYSTEM,SYSTEM
Responsible Provider: Stachowiak PA,James R	Supervising Provider:	Communication Type:

Order Details: 02/24/15 9:00:00
Review Information:
Doctor Cosign: Not Required
Order Comment:

Non Medication Orders

Order: Vital Signs
Order Start Date/Time: 2/24/2015 09:14 EST
Order Date/Time: 2/24/2015 09:14 EST

Order Status: Discontinued	Department Status: Discontinued	Catalog Type: Patient Care	Activity Type: Asmt/Tx/Monitoring
End-state Date/Time: 2/27/2015 03:43 EST		End-state Reason:	
Ordered and Electronically Signed By: Guidelines of Care,*		Consulting Physician:	

Entered By: Bracanovich RN,Lisa A on 2/27/2015 03:43 EST
Order Details: 02/24/15 9:14:00, with every assessment of withdrawal symptoms and 1 hour after every dose of withdrawal medication.
Order Comment:

Action Type: Order	Action Date/Time: 2/24/2015 09:14 EST	Action Personnel: Maxey MD,Melissa
Responsible Provider: Maxey MD,Melissa	Supervising Provider:	Communication Type: CPOE

Order Details: 02/24/15 9:14:00, with every assessment of withdrawal symptoms and 1 hour after every dose of withdrawal medication.
Review Information:
Nurse Review: Electronically Signed, Sullivan RN,Michael D on 2/24/2015 09:25 EST
Doctor Cosign: Not Required
Order Comment:

Action Type: Discontinue	Action Date/Time: 2/27/2015 03:43 EST	Action Personnel: Bracanovich RN,Lisa A
Responsible Provider: Guidelines of Care,*	Supervising Provider:	Communication Type: Sig Not Required

Order Details: 02/24/15 9:14:00, with every assessment of withdrawal symptoms and 1 hour after every dose of withdrawal medication.
Review Information:
Doctor Cosign: Not Required
Order Comment:

Order: Vital Signs
Order Start Date/Time: 2/24/2015 10:00 EST
Order Date/Time: 2/23/2015 14:56 EST

Order Status: Discontinued	Department Status: Discontinued	Catalog Type: Patient Care	Activity Type: Asmt/Tx/Monitoring
End-state Date/Time: 2/27/2015 22:02 EST		End-state Reason:	
Ordered and Electronically Signed By: Stachowiak PA,James R		Consulting Physician:	

Entered By: SYSTEM,SYSTEM on 2/27/2015 22:02 EST
Order Details: 02/24/15 10:00:00
Order Comment:

Action Type: Order	Action Date/Time: 2/23/2015 15:00 EST	Action Personnel: Stachowiak PA,James R
Responsible Provider: Stachowiak PA,James R	Supervising Provider:	Communication Type: CPOE

Order Details: 02/24/15 10:00:00
Review Information:
Doctor Cosign: Not Required
Order Comment:

Action Type: Discontinue	Action Date/Time: 2/27/2015 22:02 EST	Action Personnel: SYSTEM,SYSTEM
Responsible Provider: Stachowiak PA,James R	Supervising Provider:	Communication Type:

Order Details: 02/24/15 10:00:00
Review Information:
Doctor Cosign: Not Required
Order Comment:

Non Medication Orders

Order: Vital Signs

Order Start Date/Time: 2/24/2015 11:00 EST
Order Date/Time: 2/23/2015 14:56 EST

Order Status: Discontinued	Department Status: Discontinued	Catalog Type: Patient Care	Activity Type: Asmt/Tx/Monitoring
End-state Date/Time: 2/27/2015 22:02 EST		End-state Reason:	
Ordered and Electronically Signed By: Stachowiak PA,James R		Consulting Physician:	

Entered By: SYSTEM,SYSTEM on 2/27/2015 22:02 EST
Order Details: 02/24/15 11:00:00
Order Comment:

Action Type: Order	Action Date/Time: 2/23/2015 15:00 EST	Action Personnel: Stachowiak PA,James R
Responsible Provider: Stachowiak PA,James R	Supervising Provider:	Communication Type: CPOE

Order Details: 02/24/15 11:00:00
Review Information:
Doctor Cosign: Not Required
Order Comment:

Action Type: Discontinue	Action Date/Time: 2/27/2015 22:02 EST	Action Personnel: SYSTEM,SYSTEM
Responsible Provider: Stachowiak PA,James R	Supervising Provider:	Communication Type:

Order Details: 02/24/15 11:00:00
Review Information:
Doctor Cosign: Not Required
Order Comment:

Order: Vital Signs

Order Start Date/Time: 2/24/2015 12:00 EST
Order Date/Time: 2/23/2015 14:56 EST

Order Status: Discontinued	Department Status: Discontinued	Catalog Type: Patient Care	Activity Type: Asmt/Tx/Monitoring
End-state Date/Time: 2/27/2015 22:02 EST		End-state Reason:	
Ordered and Electronically Signed By: Stachowiak PA,James R		Consulting Physician:	

Entered By: SYSTEM,SYSTEM on 2/27/2015 22:02 EST
Order Details: 02/24/15 12:00:00
Order Comment:

Action Type: Order	Action Date/Time: 2/23/2015 15:00 EST	Action Personnel: Stachowiak PA,James R
Responsible Provider: Stachowiak PA,James R	Supervising Provider:	Communication Type: CPOE

Order Details: 02/24/15 12:00:00
Review Information:
Doctor Cosign: Not Required
Order Comment:

Action Type: Discontinue	Action Date/Time: 2/27/2015 22:02 EST	Action Personnel: SYSTEM,SYSTEM
Responsible Provider: Stachowiak PA,James R	Supervising Provider:	Communication Type:

Order Details: 02/24/15 12:00:00
Review Information:
Doctor Cosign: Not Required
Order Comment:

Non Medication Orders

Order: Vital Signs
Order Start Date/Time: 2/24/2015 13:00 EST
Order Date/Time: 2/23/2015 14:56 EST

Order Status: Discontinued	Department Status: Discontinued	Catalog Type: Patient Care	Activity Type: Asmt/Tx/Monitoring
End-state Date/Time: 2/27/2015 22:02 EST		End-state Reason:	
Ordered and Electronically Signed By: Stachowiak PA,James R		Consulting Physician:	

Entered By: SYSTEM,SYSTEM on 2/27/2015 22:02 EST
Order Details: 02/24/15 13:00:00
Order Comment:

Action Type: Order	Action Date/Time: 2/23/2015 15:00 EST	Action Personnel: Stachowiak PA,James R
Responsible Provider: Stachowiak PA,James R	Supervising Provider:	Communication Type: CPOE

Order Details: 02/24/15 13:00:00
Review Information:
Doctor Cosign: Not Required
Order Comment:

Action Type: Discontinue	Action Date/Time: 2/27/2015 22:02 EST	Action Personnel: SYSTEM,SYSTEM
Responsible Provider: Stachowiak PA,James R	Supervising Provider:	Communication Type:

Order Details: 02/24/15 13:00:00
Review Information:
Doctor Cosign: Not Required
Order Comment:

Order: Vital Signs
Order Start Date/Time: 2/24/2015 14:00 EST
Order Date/Time: 2/23/2015 14:56 EST

Order Status: Discontinued	Department Status: Discontinued	Catalog Type: Patient Care	Activity Type: Asmt/Tx/Monitoring
End-state Date/Time: 2/27/2015 22:02 EST		End-state Reason:	
Ordered and Electronically Signed By: Stachowiak PA,James R		Consulting Physician:	

Entered By: SYSTEM,SYSTEM on 2/27/2015 22:02 EST
Order Details: 02/24/15 14:00:00
Order Comment:

Action Type: Order	Action Date/Time: 2/23/2015 15:00 EST	Action Personnel: Stachowiak PA,James R
Responsible Provider: Stachowiak PA,James R	Supervising Provider:	Communication Type: CPOE

Order Details: 02/24/15 14:00:00
Review Information:
Doctor Cosign: Not Required
Order Comment:

Action Type: Discontinue	Action Date/Time: 2/27/2015 22:02 EST	Action Personnel: SYSTEM,SYSTEM
Responsible Provider: Stachowiak PA,James R	Supervising Provider:	Communication Type:

Order Details: 02/24/15 14:00:00
Review Information:
Doctor Cosign: Not Required
Order Comment:

Non Medication Orders

Order: Vital Signs
Order Start Date/Time: 2/24/2015 15:00 EST
Order Date/Time: 2/23/2015 14:56 EST
Order Status: Discontinued | Department Status: Discontinued | Catalog Type: Patient Care | Activity Type: Asmt/Tx/Monitoring
End-state Date/Time: 2/27/2015 22:02 EST | End-state Reason:
Ordered and Electronically Signed By: Stachowiak PA,James R | Consulting Physician:
Entered By: SYSTEM,SYSTEM on 2/27/2015 22:02 EST
Order Details: 02/24/15 15:00:00
Order Comment:

Action Type: Order	Action Date/Time: 2/23/2015 15:00 EST	Action Personnel: Stachowiak PA,James R
Responsible Provider: Stachowiak PA,James R	Supervising Provider:	Communication Type: CPOE

Order Details: 02/24/15 15:00:00
Review Information:
Doctor Cosign: Not Required
Order Comment:

Action Type: Discontinue	Action Date/Time: 2/27/2015 22:02 EST	Action Personnel: SYSTEM,SYSTEM
Responsible Provider: Stachowiak PA,James R	Supervising Provider:	Communication Type:

Order Details: 02/24/15 15:00:00
Review Information:
Doctor Cosign: Not Required
Order Comment:

Order: Vital Signs
Order Start Date/Time: 2/24/2015 16:00 EST
Order Date/Time: 2/23/2015 14:56 EST
Order Status: Discontinued | Department Status: Discontinued | Catalog Type: Patient Care | Activity Type: Asmt/Tx/Monitoring
End-state Date/Time: 2/27/2015 22:02 EST | End-state Reason:
Ordered and Electronically Signed By: Stachowiak PA,James R | Consulting Physician:
Entered By: SYSTEM,SYSTEM on 2/27/2015 22:02 EST
Order Details: 02/24/15 16:00:00
Order Comment:

Action Type: Order	Action Date/Time: 2/23/2015 16:27 EST	Action Personnel: Stachowiak PA,James R
Responsible Provider: Stachowiak PA,James R	Supervising Provider:	Communication Type: CPOE

Order Details: 02/24/15 16:00:00
Review Information:
Doctor Cosign: Not Required
Order Comment:

Action Type: Discontinue	Action Date/Time: 2/27/2015 22:02 EST	Action Personnel: SYSTEM,SYSTEM
Responsible Provider: Stachowiak PA,James R	Supervising Provider:	Communication Type:

Order Details: 02/24/15 16:00:00
Review Information:
Doctor Cosign: Not Required
Order Comment:

Non Medication Orders

Order: Vital Signs

Order Start Date/Time: 2/24/2015 17:00 EST
Order Date/Time: 2/23/2015 14:56 EST
Order Status: Discontinued | Department Status: Discontinued | Catalog Type: Patient Care | Activity Type: Asmt/Tx/Monitoring
End-state Date/Time: 2/27/2015 22:02 EST | End-state Reason:
Ordered and Electronically Signed By: Stachowiak PA,James R | Consulting Physician:
Entered By: SYSTEM,SYSTEM on 2/27/2015 22:02 EST
Order Details: 02/24/15 17:00:00
Order Comment:

Action Type: Order	Action Date/Time: 2/23/2015 22:44 EST	Action Personnel: Stachowiak PA,James R
Responsible Provider: Stachowiak PA,James R	Supervising Provider:	Communication Type: CPOE

Order Details: 02/24/15 17:00:00
Review Information:
Doctor Cosign: Not Required
Order Comment:

Action Type: Discontinue	Action Date/Time: 2/27/2015 22:02 EST	Action Personnel: SYSTEM,SYSTEM
Responsible Provider: Stachowiak PA,James R	Supervising Provider:	Communication Type:

Order Details: 02/24/15 17:00:00
Review Information:
Doctor Cosign: Not Required
Order Comment:

Order: Vital Signs

Order Start Date/Time: 2/24/2015 18:00 EST
Order Date/Time: 2/23/2015 14:56 EST
Order Status: Discontinued | Department Status: Discontinued | Catalog Type: Patient Care | Activity Type: Asmt/Tx/Monitoring
End-state Date/Time: 2/27/2015 22:02 EST | End-state Reason:
Ordered and Electronically Signed By: Stachowiak PA,James R | Consulting Physician:
Entered By: SYSTEM,SYSTEM on 2/27/2015 22:02 EST
Order Details: 02/24/15 18:00:00
Order Comment:

Action Type: Order	Action Date/Time: 2/23/2015 22:44 EST	Action Personnel: Stachowiak PA,James R
Responsible Provider: Stachowiak PA,James R	Supervising Provider:	Communication Type: CPOE

Order Details: 02/24/15 18:00:00
Review Information:
Doctor Cosign: Not Required
Order Comment:

Action Type: Discontinue	Action Date/Time: 2/27/2015 22:02 EST	Action Personnel: SYSTEM,SYSTEM
Responsible Provider: Stachowiak PA,James R	Supervising Provider:	Communication Type:

Order Details: 02/24/15 18:00:00
Review Information:
Doctor Cosign: Not Required
Order Comment:

Non Medication Orders

Order: Vital Signs

Order Start Date/Time: 2/24/2015 19:00 EST
Order Date/Time: 2/23/2015 14:56 EST

Order Status: Discontinued	Department Status: Discontinued	Catalog Type: Patient Care	Activity Type: Asmt/Tx/Monitoring
End-state Date/Time: 2/27/2015 22:02 EST		End-state Reason:	
Ordered and Electronically Signed By: Stachowiak PA,James R		Consulting Physician:	

Entered By: SYSTEM,SYSTEM on 2/27/2015 22:02 EST
Order Details: 02/24/15 19:00:00
Order Comment:

Action Type: Order	Action Date/Time: 2/23/2015 22:44 EST	Action Personnel: Stachowiak PA,James R
Responsible Provider: Stachowiak PA,James R	Supervising Provider:	Communication Type: CPOE

Order Details: 02/24/15 19:00:00
Review Information:
Doctor Cosign: Not Required
Order Comment:

Action Type: Discontinue	Action Date/Time: 2/27/2015 22:02 EST	Action Personnel: SYSTEM,SYSTEM
Responsible Provider: Stachowiak PA,James R	Supervising Provider:	Communication Type:

Order Details: 02/24/15 19:00:00
Review Information:
Doctor Cosign: Not Required
Order Comment:

Order: Vital Signs

Order Start Date/Time: 2/24/2015 20:00 EST
Order Date/Time: 2/23/2015 14:56 EST

Order Status: Discontinued	Department Status: Discontinued	Catalog Type: Patient Care	Activity Type: Asmt/Tx/Monitoring
End-state Date/Time: 2/27/2015 22:02 EST		End-state Reason:	
Ordered and Electronically Signed By: Stachowiak PA,James R		Consulting Physician:	

Entered By: SYSTEM,SYSTEM on 2/27/2015 22:02 EST
Order Details: 02/24/15 20:00:00
Order Comment:

Action Type: Order	Action Date/Time: 2/23/2015 22:44 EST	Action Personnel: Stachowiak PA,James R
Responsible Provider: Stachowiak PA,James R	Supervising Provider:	Communication Type: CPOE

Order Details: 02/24/15 20:00:00
Review Information:
Doctor Cosign: Not Required
Order Comment:

Action Type: Discontinue	Action Date/Time: 2/27/2015 22:02 EST	Action Personnel: SYSTEM,SYSTEM
Responsible Provider: Stachowiak PA,James R	Supervising Provider:	Communication Type:

Order Details: 02/24/15 20:00:00
Review Information:
Doctor Cosign: Not Required
Order Comment:

Non Medication Orders

Order: Vital Signs			
Order Start Date/Time: 2/24/2015 21:00 EST			
Order Date/Time: 2/23/2015 14:56 EST			
Order Status: Discontinued	Department Status: Discontinued	Catalog Type: Patient Care	Activity Type: Asmt/Tx/Monitoring
End-state Date/Time: 2/27/2015 22:02 EST		End-state Reason:	
Ordered and Electronically Signed By: Stachowiak PA,James R		Consulting Physician:	
Entered By: SYSTEM,SYSTEM on 2/27/2015 22:02 EST			
Order Details: 02/24/15 21:00:00			
Order Comment:			
Action Type: Order	Action Date/Time: 2/23/2015 22:44 EST	Action Personnel: Stachowiak PA,James R	
Responsible Provider: Stachowiak PA,James R	Supervising Provider:	Communication Type: CPOE	
Order Details: 02/24/15 21:00:00			
Review Information:			
Doctor Cosign: Not Required			
Order Comment:			
Action Type: Discontinue	Action Date/Time: 2/27/2015 22:02 EST	Action Personnel: SYSTEM,SYSTEM	
Responsible Provider: Stachowiak PA,James R	Supervising Provider:	Communication Type:	
Order Details: 02/24/15 21:00:00			
Review Information:			
Doctor Cosign: Not Required			
Order Comment:			

Order: Vital Signs			
Order Start Date/Time: 2/24/2015 22:00 EST			
Order Date/Time: 2/23/2015 14:56 EST			
Order Status: Discontinued	Department Status: Discontinued	Catalog Type: Patient Care	Activity Type: Asmt/Tx/Monitoring
End-state Date/Time: 2/27/2015 22:02 EST		End-state Reason:	
Ordered and Electronically Signed By: Stachowiak PA,James R		Consulting Physician:	
Entered By: SYSTEM,SYSTEM on 2/27/2015 22:02 EST			
Order Details: 02/24/15 22:00:00			
Order Comment:			
Action Type: Order	Action Date/Time: 2/23/2015 22:44 EST	Action Personnel: Stachowiak PA,James R	
Responsible Provider: Stachowiak PA,James R	Supervising Provider:	Communication Type: CPOE	
Order Details: 02/24/15 22:00:00			
Review Information:			
Doctor Cosign: Not Required			
Order Comment:			
Action Type: Discontinue	Action Date/Time: 2/27/2015 22:02 EST	Action Personnel: SYSTEM,SYSTEM	
Responsible Provider: Stachowiak PA,James R	Supervising Provider:	Communication Type:	
Order Details: 02/24/15 22:00:00			
Review Information:			
Doctor Cosign: Not Required			
Order Comment:			

Non Medication Orders

Order: Vital Signs

Order Start Date/Time: 2/24/2015 23:00 EST			
Order Date/Time: 2/23/2015 14:56 EST			
Order Status: Discontinued	Department Status: Discontinued	Catalog Type: Patient Care	Activity Type: Asmt/Tx/Monitoring
End-state Date/Time: 2/27/2015 22:02 EST		End-state Reason:	
Ordered and Electronically Signed By: Stachowiak PA,James R		Consulting Physician:	
Entered By: SYSTEM,SYSTEM on 2/27/2015 22:02 EST			
Order Details: 02/24/15 23:00:00			
Order Comment:			
Action Type: Order	Action Date/Time: 2/24/2015 04:27 EST	Action Personnel: Stachowiak PA,James R	
Responsible Provider: Stachowiak PA,James R	Supervising Provider:	Communication Type: CPOE	
Order Details: 02/24/15 23:00:00			
Review Information:			
Doctor Cosign: Not Required			
Order Comment:			
Action Type: Discontinue	Action Date/Time: 2/27/2015 22:02 EST	Action Personnel: SYSTEM,SYSTEM	
Responsible Provider: Stachowiak PA,James R	Supervising Provider:	Communication Type:	
Order Details: 02/24/15 23:00:00			
Review Information:			
Doctor Cosign: Not Required			
Order Comment:			

Order: Vital Signs

Order Start Date/Time: 2/25/2015 00:00 EST			
Order Date/Time: 2/23/2015 14:56 EST			
Order Status: Discontinued	Department Status: Discontinued	Catalog Type: Patient Care	Activity Type: Asmt/Tx/Monitoring
End-state Date/Time: 2/27/2015 22:02 EST		End-state Reason:	
Ordered and Electronically Signed By: Stachowiak PA,James R		Consulting Physician:	
Entered By: SYSTEM,SYSTEM on 2/27/2015 22:02 EST			
Order Details: 02/25/15 0:00:00			
Order Comment:			
Action Type: Order	Action Date/Time: 2/24/2015 04:27 EST	Action Personnel: Stachowiak PA,James R	
Responsible Provider: Stachowiak PA,James R	Supervising Provider:	Communication Type: CPOE	
Order Details: 02/25/15 0:00:00			
Review Information:			
Doctor Cosign: Not Required			
Order Comment:			
Action Type: Discontinue	Action Date/Time: 2/27/2015 22:02 EST	Action Personnel: SYSTEM,SYSTEM	
Responsible Provider: Stachowiak PA,James R	Supervising Provider:	Communication Type:	
Order Details: 02/25/15 0:00:00			
Review Information:			
Doctor Cosign: Not Required			
Order Comment:			

Non Medication Orders

Order: Weight			
Order Start Date/Time: 2/24/2015 09:00 EST			
Order Date/Time: 2/23/2015 18:52 EST			
Order Status: Discontinued	Department Status: Discontinued	Catalog Type: Patient Care	Activity Type: Asmt/Tx/Monitoring
End-state Date/Time: 2/27/2015 22:02 EST		End-state Reason:	
Ordered and Electronically Signed By:		Consulting Physician:	
Entered By: SYSTEM,SYSTEM on 2/27/2015 22:02 EST			
Order Details: 02/24/15 9:00:00			
Order Comment:			
Action Type: Order	Action Date/Time: 2/23/2015 18:55 EST	Action Personnel: Javis,Cheryl J	
Responsible Provider:	Supervising Provider:	Communication Type:	
Order Details: 02/24/15 9:00:00			
Review Information:			
Doctor Cosign: Not Required			
Order Comment:			
Action Type: Discontinue	Action Date/Time: 2/27/2015 22:02 EST	Action Personnel: SYSTEM,SYSTEM	
Responsible Provider:	Supervising Provider:	Communication Type:	
Order Details: 02/24/15 9:00:00			
Review Information:			
Doctor Cosign: Not Required			
Order Comment:			

Order: Weight			
Order Start Date/Time: 2/25/2015 09:00 EST			
Order Date/Time: 2/23/2015 18:52 EST			
Order Status: Discontinued	Department Status: Discontinued	Catalog Type: Patient Care	Activity Type: Asmt/Tx/Monitoring
End-state Date/Time: 2/27/2015 22:02 EST		End-state Reason:	
Ordered and Electronically Signed By:		Consulting Physician:	
Entered By: SYSTEM,SYSTEM on 2/27/2015 22:02 EST			
Order Details: 02/25/15 9:00:00			
Order Comment:			
Action Type: Order	Action Date/Time: 2/24/2015 11:06 EST	Action Personnel: Javis,Cheryl J	
Responsible Provider:	Supervising Provider:	Communication Type:	
Order Details: 02/25/15 9:00:00			
Review Information:			
Doctor Cosign: Not Required			
Order Comment:			
Action Type: Discontinue	Action Date/Time: 2/27/2015 22:02 EST	Action Personnel: SYSTEM,SYSTEM	
Responsible Provider:	Supervising Provider:	Communication Type:	
Order Details: 02/25/15 9:00:00			
Review Information:			
Doctor Cosign: Not Required			
Order Comment:			

Non Medication Orders

Order: Wound Care

Order Start Date/Time: 2/24/2015 22:53 EST
Order Date/Time: 2/24/2015 22:53 EST

Order Status: Discontinued	Department Status: Discontinued	Catalog Type: Patient Care	Activity Type: Wound Care
End-state Date/Time: 2/27/2015 17:54 EST		End-state Reason:	
Ordered and Electronically Signed By: Guidelines of Care,*		Consulting Physician:	

Entered By: SYSTEM,SYSTEM on 2/27/2015 17:54 EST
Order Details: 02/24/15 22:53:00, Other–See Special Instructions, Left side of head of penis-small superficial open area(with dried yellow exudate),etiology unknown-Leave open to air.
Order Comment:

Action Type: Order	Action Date/Time: 2/24/2015 22:55 EST	Action Personnel: Beckham WOCN,Dallas K
Responsible Provider: Guidelines of Care,*	Supervising Provider:	Communication Type: Sig Not Required

Order Details: 02/24/15 22:53:00, Other–See Special Instructions, Left side of head of penis-small superficial open area(with dried yellow exudate),etiology unknown-Leave open to air.
Review Information:
Nurse Review: Electronically Signed, Kaelin RN,Kory F on 2/24/2015 23:15 EST
Doctor Cosign: Not Required
Order Comment:

Action Type: Discontinue	Action Date/Time: 2/27/2015 17:54 EST	Action Personnel: SYSTEM,SYSTEM
Responsible Provider: Guidelines of Care,*	Supervising Provider:	Communication Type:

Order Details: 02/24/15 22:53:00, Other–See Special Instructions, Left side of head of penis-small superficial open area(with dried yellow exudate),etiology unknown-Leave open to air.
Review Information:
Doctor Cosign: Not Required
Order Comment:

Order: Wound Care

Order Start Date/Time: 2/24/2015 22:55 EST
Order Date/Time: 2/24/2015 22:55 EST

Order Status: Discontinued	Department Status: Discontinued	Catalog Type: Patient Care	Activity Type: Wound Care
End-state Date/Time: 2/27/2015 17:54 EST		End-state Reason:	
Ordered and Electronically Signed By: Guidelines of Care,*		Consulting Physician:	

Entered By: SYSTEM,SYSTEM on 2/27/2015 17:54 EST
Order Details: 02/24/15 22:55:00, Other–See Special Instructions, Can continue to use Sacral Mepilex to sacral area(skin intact,no redness) as preventative. *MUST peel back DAILY to assess.*
Order Comment:

Action Type: Order	Action Date/Time: 2/24/2015 22:56 EST	Action Personnel: Beckham WOCN,Dallas K
Responsible Provider: Guidelines of Care,*	Supervising Provider:	Communication Type: Sig Not Required

Order Details: 02/24/15 22:55:00, Other–See Special Instructions, Can continue to use Sacral Mepilex to sacral area(skin intact,no redness) as preventative. *MUST peel back DAILY to assess.*
Review Information:
Nurse Review: Electronically Signed, Kaelin RN,Kory F on 2/24/2015 23:15 EST
Doctor Cosign: Not Required
Order Comment:

Action Type: Discontinue	Action Date/Time: 2/27/2015 17:54 EST	Action Personnel: SYSTEM,SYSTEM
Responsible Provider: Guidelines of Care,*	Supervising Provider:	Communication Type:

Order Details: 02/24/15 22:55:00, Other–See Special Instructions, Can continue to use Sacral Mepilex to sacral area(skin intact,no redness) as preventative. *MUST peel back DAILY to assess.*
Review Information:
Doctor Cosign: Not Required
Order Comment:

Medication Orders

Order: Sodium Chloride 0.8% (Sodium Chloride 0.9% Bolus)
Order Start Date/Time: 2/24/2015 01:02 EST
Order Date/Time: 2/24/2015 01:02 EST
Order Status: Completed | Clinical Category: Continuous Solutions | Medication Type: Inpatient
End-state Date/Time: 2/24/2015 01:51 EST | End-state Reason:
Ordered and Electronically Signed By: Berdel MD,Henrik O | Consulting Physician:
Entered By: Looney RN,Marisa A on 2/24/2015 01:51 EST
Order Details: 1,000 mL, Inj, IV, OT, ***BOLUS OVER***, NOW, Start Date: 02/24/15 1:02:00, Stop date 02/24/15 1:02:00, 999 mL/hr, mL 1,000
Order Comment:

Order: magnesium sulfate (magnesium sulfate 4grams/100mL (premix))
Order Start Date/Time: 2/24/2015 05:41 EST
Order Date/Time: 2/24/2015 05:42 EST
Order Status: Completed | Clinical Category: Medications | Medication Type: Inpatient
End-state Date/Time: 2/24/2015 06:55 EST | End-state Reason:
Ordered and Electronically Signed By: Guidelines of Care,* | Consulting Physician:
Entered By: Looney RN,Marisa A on 2/24/2015 06:55 EST
Order Details: 4 gram, = 100 mL, Inj, IV, Start Date: 02/24/15 5:41:00, Stop date 02/24/15 5:41:00
Order Comment: Give for serum magnesium less than 1.2 mg/dL. Infuse over 2 hours X 2 doses. Repeat lab 4 hours after replacement and notify physician on call if level is abnormal.

Order: magnesium sulfate (magnesium sulfate 4grams/100mL (premix))
Order Start Date/Time: 2/24/2015 05:41 EST
Order Date/Time: 2/24/2015 05:42 EST
Order Status: Completed | Clinical Category: Medications | Medication Type: Inpatient
End-state Date/Time: 2/24/2015 07:00 EST | End-state Reason:
Ordered and Electronically Signed By: Guidelines of Care,* | Consulting Physician:
Entered By: Sullivan RN,Michael D on 2/24/2015 14:59 EST
Order Details: 4 gram, = 100 mL, Inj, IV, q2hr(s), Start Date: 02/24/15 5:41:00, 2 doses, Stop date 02/24/15 7:00:00
Order Comment: Give for serum magnesium less than 1.2 mg/dL. Infuse over 2 hours X 2 doses. Repeat lab 4 hours after replacement and notify physician on call if level is abnormal.

Order: potassium chloride (KCl (IV additive))
Order Start Date/Time: 2/24/2015 05:41 EST
Order Date/Time: 2/24/2015 05:42 EST
Order Status: Completed | Clinical Category: Medications | Medication Type: Inpatient
End-state Date/Time: 2/24/2015 06:55 EST | End-state Reason:
Ordered and Electronically Signed By: Guidelines of Care,* | Consulting Physician:
Entered By: Looney RN,Marisa A on 2/24/2015 06:55 EST
Order Details: 40 mEq, = 20 mL, IV, Start Date: 02/24/15 5:41:00, Stop date 02/24/15 5:41:00
Order Comment: Give for serum potassium less than 2.7 mmol/L. Infuse over 4 hours X 3 doses and notify physician on call. Repeat lab 4 hours after replacement and notify physician on call if repeat level is abnormal.

Order: potassium chloride (KCl (IV additive))
Order Start Date/Time: 2/24/2015 05:41 EST
Order Date/Time: 2/24/2015 05:42 EST
Order Status: Completed | Clinical Category: Medications | Medication Type: Inpatient
End-state Date/Time: 2/24/2015 13:00 EST | End-state Reason:
Ordered and Electronically Signed By: Guidelines of Care,* | Consulting Physician:
Entered By: Sullivan RN,Michael D on 2/24/2015 16:27 EST
Order Details: 40 mEq, = 20 mL, IV, q4hr(s), Start Date: 02/24/15 5:41:00, 3 doses, Stop date 02/24/15 13:00:00
Order Comment: Give for serum potassium less than 2.7 mmol/L. Infuse over 4 hours X 3 doses and notify physician on call. Repeat lab 4 hours after replacement and notify physician on call if repeat level is abnormal.

Medication Orders

Order: Sodium Chloride 0.9% (Sodium Chloride 0.9% Bolus)
Order Start Date/Time: 2/24/2015 05:54 EST
Order Date/Time: 2/24/2015 05:54 EST
Order Status: Completed | Clinical Category: Continuous Solutions | Medication Type: Inpatient
End-state Date/Time: 2/24/2015 05:54 EST | End-state Reason:
Ordered and Electronically Signed By: Berdel MD,Henrik O | Consulting Physician:
Entered By: Looney RN,Marisa A on 2/24/2015 05:54 EST
Order Details: 1,000 mL, Inj, IV, OT, ***BOLUS OVER***, NOW, Start Date: 02/24/15 5:54:00, Stop date 02/24/15 5:54:00, 999 mL/hr, mL 1,000
Order Comment:

Order: calcium gluconate
Order Start Date/Time: 2/24/2015 06:00 EST
Order Date/Time: 2/24/2015 05:42 EST
Order Status: Completed | Clinical Category: Medications | Medication Type: Inpatient
End-state Date/Time: 2/24/2015 06:55 EST | End-state Reason:
Ordered and Electronically Signed By: Guidelines of Care,* | Consulting Physician:
Entered By: Looney RN,Marisa A on 2/24/2015 06:55 EST
Order Details: 13.95 mEq, = 30 mL, IV, OT, Start Date: 02/24/15 6:00:00, Stop date 02/24/15 6:00:00
Order Comment: Give for ionized calcium level 0.9-1.09 mmol/L. Infuse over 30 minutes X 1 dose. Repeat lab 4 hours after replacement and notify physician on call if level is abnormal. Separate calcium and phosphorus infusions by 1 hour.

Order: cefazolin (Ancef)
Order Start Date/Time: 2/24/2015 06:00 EST
Order Date/Time: 2/23/2015 19:39 EST
Order Status: Completed | Clinical Category: Medications | Medication Type: Inpatient
End-state Date/Time: 2/24/2015 06:55 EST | End-state Reason:
Ordered and Electronically Signed By: Drawdy PA-C,Karen M | Consulting Physician:
Entered By: Looney RN,Marisa A on 2/24/2015 06:55 EST
Order Details: 500 mg, IV, Start Date: 02/24/15 6:00:00
Order Comment: Diluted in 50mL. ok to d/c once drain is pulled

Order: levetiracetam (Keppra)
Order Start Date/Time: 2/24/2015 06:00 EST
Order Date/Time: 2/23/2015 14:50 EST
Order Status: Completed | Clinical Category: Medications | Medication Type: Inpatient
End-state Date/Time: 2/24/2015 05:47 EST | End-state Reason:
Ordered and Electronically Signed By: Drawdy PA-C,Karen M | Consulting Physician:
Entered By: Looney RN,Marisa A on 2/24/2015 05:47 EST
Order Details: 500 mg, = 5 mL, IV, Start Date: 02/24/15 6:00:00
Order Comment: Please tube to ED RED Zone Diluted in 100mL.may convert to po when clinically indicated at same dose

Order: sodium phosphate
Order Start Date/Time: 2/24/2015 06:00 EST
Order Date/Time: 2/24/2015 05:42 EST
Order Status: Completed | Clinical Category: Medications | Medication Type: Inpatient
End-state Date/Time: 2/24/2015 12:36 EST | End-state Reason:
Ordered and Electronically Signed By: Guidelines of Care,* | Consulting Physician:
Entered By: Sullivan RN,Michael D on 2/24/2015 12:36 EST
Order Details: 45 mmol, = 15 mL, IV, OT, Start Date: 02/24/15 6:00:00, Stop date 02/24/15 6:00:00
Order Comment: Give for serum phosphate level less than or equal to 1.7 mg/dL. Infuse over 6 hours X 1 dose. Repeat lab 4 hours after replacement and notify physician on call if repeat level is abnormal. Separate calcium and phosphorus infusions by 1 hour.

Medication Orders

Order: norepinephrine 4 mg + Sodium Chloride 0.9% 250 mL
Order Start Date/Time: 2/24/2015 08:37 EST
Order Date/Time: 2/24/2015 08:37 EST
Order Status: Discontinued | Clinical Category: Continuous Solutions | Medication Type: Inpatient
End-state Date/Time: 2/25/2015 17:04 EST | End-state Reason:
Ordered and Electronically Signed By: Maxey MD,Melissa | Consulting Physician:
Entered By: Maxey MD,Melissa on 2/25/2015 17:04 EST
Order Details: 250 mL, 250 mL = Total Volume, IV, Routine, Start Date: 02/24/15 8:37:00, MAP 60 goal, 74.8, kg
Order Comment: Usual Starting Dose: Initiate at 2mcg/min. Usual Max Dose: 35mcg/min. Max dose for sepsis/septic shock 100mcg/min. Contact MD for dosing > 35mcg/min. Preferred Standard Concentration. Conc=16 mcg/mL. Central line preferred.

Order: potassium chloride (KCl (IV additive))
Order Start Date/Time: 2/24/2015 09:00 EST
Order Date/Time: 2/24/2015 05:42 EST
Order Status: Completed | Clinical Category: Medications | Medication Type: Inpatient
End-state Date/Time: 2/24/2015 12:37 EST | End-state Reason:
Ordered and Electronically Signed By: Guidelines of Care,* | Consulting Physician:
Entered By: Sullivan RN,Michael D on 2/24/2015 12:37 EST
Order Details: 40 mEq, = 20 mL, IV, Start Date: 02/24/15 9:00:00, Stop date 02/24/15 9:00:00
Order Comment: Give for serum potassium less than 2.7 mmol/L. Infuse over 4 hours X 3 doses and notify physician on call. Repeat lab 4 hours after replacement and notify physician on call if repeat level is abnormal.

Order: 1 RX Alcohol Withdrawal Regimen,Sympton Triggered Guideline,6017
Order Start Date/Time: 2/24/2015 09:14 EST
Order Date/Time: 2/24/2015 09:14 EST
Order Status: Discontinued | Clinical Category: Medications | Medication Type: Inpatient
End-state Date/Time: 2/27/2015 17:54 EST | End-state Reason:
Ordered and Electronically Signed By: Maxey MD,Melissa | Consulting Physician:
Entered By: SYSTEM,SYSTEM on 2/27/2015 17:54 EST
Order Details: Follow guidelines, daily, Start Date: 02/24/15 9:14:00
Order Comment:

Order: Sodium Chloride 0.9% 1,000 mL + magnesium sulfate 2 gram + thiamine 100 mg + folic acid 1 mg + multivitamin adult injection 10 mL
Order Start Date/Time: 2/24/2015 09:14 EST
Order Date/Time: 2/24/2015 09:14 EST
Order Status: Discontinued | Clinical Category: Continuous Solutions | Medication Type: Inpatient
End-state Date/Time: 2/24/2015 09:28 EST | End-state Reason:
Ordered and Electronically Signed By: Guidelines of Care,* | Consulting Physician:
Entered By: Sullivan RN,Michael D on 2/24/2015 09:28 EST
Order Details: 1,000 mL, 1,000 mL = Total Volume, IV, Routine, Start Date: 02/24/15 9:14:00, 1 doses, Stop date 02/24/15 17:13:00, @ 125 mL/hr, 8 hr, 74.8, kg
Order Comment:

Order: thiamine
Order Start Date/Time: 2/24/2015 09:14 EST
Order Date/Time: 2/24/2015 09:14 EST
Order Status: Discontinued | Clinical Category: Medications | Medication Type: Inpatient
End-state Date/Time: 2/24/2015 09:28 EST | End-state Reason:
Ordered and Electronically Signed By: Guidelines of Care,* | Consulting Physician:
Entered By: Sullivan RN,Michael D on 2/24/2015 09:28 EST
Order Details: 250 mg, = 2.5 mL, Inj, IV, daily, Routine, Start Date: 02/24/15 9:14:00
Order Comment:

Medication Orders

Order: NaCl 0.9% 1,000 mL + multivitamin adult injection 10 mL + thiamine (IV Additive) 250 mg + folic acid (IV Additive) 1 mg

Order Start Date/Time: 2/24/2015 10:00 EST
Order Date/Time: 2/24/2015 09:30 EST
Order Status: Completed | Clinical Category: Continuous Solutions | Medication Type: Inpatient
End-state Date/Time: 2/24/2015 12:35 EST | End-state Reason:
Ordered and Electronically Signed By: Maxey MD,Melissa | Consulting Physician:
Entered By: Sullivan RN,Michael D on 2/24/2015 12:35 EST
Order Details: 1,000 mL, 1,000 mL = Total Volume, IV, Routine, Start Date: 02/24/15 10:00:00, 1 doses, Stop date 02/24/15 17:59:00, @ 125 mL/hr, 8 hr, 74.8, kg
Order Comment: x 1 bag. Restart plain normal saline once banana bag is complete.

Order: lorazepam (Ativan)

Order Start Date/Time: 2/24/2015 10:14 EST
Order Date/Time: 2/24/2015 09:14 EST
Order Status: Discontinued | Clinical Category: Medications | Medication Type: Inpatient
End-state Date/Time: 2/24/2015 14:36 EST | End-state Reason:
Ordered and Electronically Signed By: Maxey MD,Melissa | Consulting Physician:
Entered By: Alford RPh,Bebbyn S on 2/24/2015 14:36 EST
Order Details: 2 mg, = 1 mL, Inj, IV, q1hr(s), PRN, Withdrawal, for 3 or more symptoms. Obtain VS and monitor patient for symptoms 1 hour after each dose., Routine, Start Date: 02/24/15 10:14:00, 48 hr, Stop date 02/26/15 10:13:00
Order Comment:

Order: potassium chloride (KCl (IV additive))

Order Start Date/Time: 2/24/2015 13:00 EST
Order Date/Time: 2/24/2015 05:42 EST
Order Status: Completed | Clinical Category: Medications | Medication Type: Inpatient
End-state Date/Time: 2/24/2015 16:27 EST | End-state Reason:
Ordered and Electronically Signed By: Guidelines of Care,* | Consulting Physician:
Entered By: Sullivan RN,Michael D on 2/24/2015 16:27 EST
Order Details: 40 mEq, = 20 mL, IV, Start Date: 02/24/15 13:00:00, Stop date 02/24/15 13:00:00
Order Comment: Give for serum potassium less than 2.7 mmol/L. Infuse over 4 hours X 3 doses and notify physician on call. Repeat lab 4 hours after replacement and notify physician on call if repeat level is abnormal.

Order: cefazolin (Ancef)

Order Start Date/Time: 2/24/2015 14:00 EST
Order Date/Time: 2/23/2015 19:39 EST
Order Status: Completed | Clinical Category: Medications | Medication Type: Inpatient
End-state Date/Time: 2/24/2015 14:09 EST | End-state Reason:
Ordered and Electronically Signed By: Drawdy PA-C,Karen M | Consulting Physician:
Entered By: Sullivan RN,Michael D on 2/24/2015 14:09 EST
Order Details: 500 mg, IV, Start Date: 02/24/15 14:00:00
Order Comment: Diluted in 50mL. ok to d/c once drain is pulled

Order: fentanyl (fentanyl)

Order Start Date/Time: 2/24/2015 14:18 EST
Order Date/Time: 2/24/2015 14:17 EST
Order Status: Discontinued | Clinical Category: Medications | Medication Type: Inpatient
End-state Date/Time: 2/25/2015 17:11 EST | End-state Reason: Duplicate Order
Ordered and Electronically Signed By: Maxey MD,Melissa | Consulting Physician:
Entered By: Kemp RPh,Santyonne S on 2/25/2015 17:11 EST
Order Details: 50 mcg, = 1 mL, Inj, IV, q4hr(s), PRN, Pain - Moderate, Routine, Start Date: 02/24/15 14:18:00
Order Comment: Double Check Sound-Alike-Look-Alike-Drug.

Medication Orders

Order: levetiracetam (Keppra)
Order Start Date/Time: 2/24/2015 18:00 EST
Order Date/Time: 2/24/2015 09:04 EST
Order Status: Completed | Clinical Category: Medications | Medication Type: Inpatient
End-state Date/Time: 2/24/2015 17:21 EST | End-state Reason:
Ordered and Electronically Signed By: Drawdy PA-C,Karen M | Consulting Physician:
Entered By: Sullivan RN,Michael D on 2/24/2015 17:21 EST
Order Details: 500 mg, = 5 mL, IV, Start Date: 02/24/15 18:00:00, Stop date 02/24/15 18:00:00
Order Comment: Diluted in 100mL.may convert to po when clinically indicated at same dose. Duration = 7 days.

Order: calcium gluconate
Order Start Date/Time: 2/24/2015 19:00 EST
Order Date/Time: 2/24/2015 18:57 EST
Order Status: Completed | Clinical Category: Medications | Medication Type: Inpatient
End-state Date/Time: 2/24/2015 20:23 EST | End-state Reason:
Ordered and Electronically Signed By: Guidelines of Care,* | Consulting Physician:
Entered By: Kaelin RN,Kory F on 2/24/2015 20:23 EST
Order Details: 13.95 mEq, = 30 mL, IV, OT, Start Date: 02/24/15 19:00:00, Stop date 02/24/15 19:00:00
Order Comment: Give for ionized calcium level 0.9-1.09 mmol/L. Infuse over 30 minutes X 1 dose. Repeat lab 4 hours after replacement and notify physician on call if level is abnormal. Separate calcium and phosphorus infusions by 1 hour.

Order: melatonin
Order Start Date/Time: 2/24/2015 21:00 EST
Order Date/Time: 2/23/2015 14:56 EST
Order Status: Discontinued | Clinical Category: Medications | Medication Type: Inpatient
End-state Date/Time: 2/24/2015 14:36 EST | End-state Reason:
Ordered and Electronically Signed By: Maxey MD,Melissa | Consulting Physician:
Entered By: Alford RPh,Bebbyn S on 2/24/2015 14:36 EST
Order Details: 3 mg, = 1 tab, Tab, PO, HS, May give PO/NG, Routine, Start Date: 02/24/15 21:00:00
Order Comment:

Order: cefazolin (Ancef)
Order Start Date/Time: 2/24/2015 22:00 EST
Order Date/Time: 2/23/2015 19:39 EST
Order Status: Completed | Clinical Category: Medications | Medication Type: Inpatient
End-state Date/Time: 2/24/2015 22:18 EST | End-state Reason:
Ordered and Electronically Signed By: Drawdy PA-C,Karen M | Consulting Physician:
Entered By: Kaelin RN,Kory F on 2/24/2015 22:18 EST
Order Details: 500 mg, IV, Start Date: 02/24/15 22:00:00
Order Comment: Diluted in 50mL. ok to d/c once drain is pulled

Order: calcium gluconate
Order Start Date/Time: 2/25/2015 06:00 EST
Order Date/Time: 2/25/2015 05:41 EST
Order Status: Completed | Clinical Category: Medications | Medication Type: Inpatient
End-state Date/Time: 2/25/2015 08:35 EST | End-state Reason:
Ordered and Electronically Signed By: Guidelines of Care,* | Consulting Physician:
Entered By: Matheson RN,Crisna M on 2/25/2015 08:35 EST
Order Details: 13.95 mEq, = 30 mL, IV, OT, Start Date: 02/25/15 6:00:00, Stop date 02/25/15 6:00:00
Order Comment: Give for ionized calcium level 0.9-1.09 mmol/L. Infuse over 30 minutes X 1 dose. Repeat lab 4 hours after replacement and notify physician on call if level is abnormal. Separate calcium and phosphorus infusions by 1 hour.

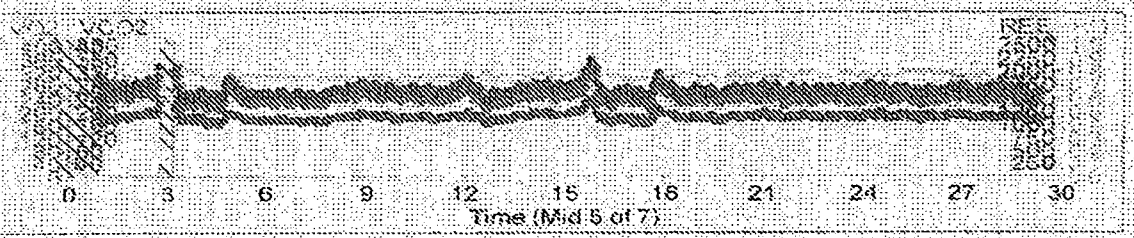
* Auth (Verified) *

Palmetto H[illegible] Richland
5 Medical Park Drive
Columbia, SC, 29202

Name:	Dillon, Edmund	ID:		BSA:	1.92	Date:	02/24/2015
Tech:	Dunlap, David	Height:	70.00	Age:	56	Room:	
Doctor:	Luis, Alejandro	Weight:	165.00	Sex:	Male	Race:	Caucasian

Diagnosis:
Dyspnea: Cough
Thera Prod: Yrs Smk. Pks/Day:
Medications:
Pre Test Comments:
Post Test Comments: Patient is on SIMV 420 Rate 18 40% Peep 5 PS 10

DILLON, EDMUND
R1505401814
MRN: R012719295 JONES, MARK A
597 M



	Mean Value	Pred
Time (min)	29.17	
FIO2 (%)	39.74	
REE (Kcal/day)	1662	1607
RQ	0.77	
REE/Pred (%)	103	
RR (br/min)	28	
Vt BTPS (mL)	512	
VE BTPS (L/min)	14.3	
VCO2 (mL/min)	186	
VO2 (mL/min)	243	
Urinary N2 (g/day)		
CHO/REE (%)	24	
Fat/REE (%)	76	
Prot/REE (%)		
REE_Covar (%)	7	

Post-Test Comments: Patient is on SIMV 420 Rate 18 40% Peep 5 PS 10

D - 0418

Respiratory Therapy Direct Charting

Arterial Blood Gas

Recorded Date	Procedure / Units / Reference Range / Recorded By	pH Arterial [7.36-7.44]	PaCO2 Arterial mmHg [36-44]	PaO2 Arterial mmHg [81-99]	HCO3 Arterial mmol/L [22-26]	Base Arterial mmol/L	O2 Sat Arterial % [96-99]
2/23/2015	Gary RCP,Cheryl A	7.39 [c]	35.5 [L]	265 [H]	21.0 [L]	-2.9	100 [H,c12]
2/24/2015	Wilkins RCP,Andrew S	7.39	39	187 [H]	22.7	-1.5	100 [H,c13]
2/24/2015	Solomon RCP,Angela C	7.51 [H]	27 [L]	152 [H]	20.9 [L]	-1.0	99
2/25/2015	Thomas RCP,Lashunda D	7.46 [H]	22.4 [L]	136 [H]	15.6 [L]	-6.6	97
2/26/2015	Anderson RCP,Benjamin A	7.43	21 [L]	108 [H]	13.6 [L]	-8.8	98

Corrected Results
c11: pH Arterial
Corrected from 7.60 on 2/24/2015 10:22 EST by Myers RCP, Tammy W
Corrected from 7.26 on 2/24/2015 10:22 EST by Myers RCP, Tammy W
Corrected from 7.25 on 2/24/2015 10:21 EST by Myers RCP, Tammy W
Corrected from 7.39 on 2/24/2015 10:21 EST by Myers RCP, Tammy W
c12: O2 Sat Arterial
Corrected from 86 % on 2/24/2015 10:21 EST by Myers RCP, Tammy W
Corrected from 85 % on 2/24/2015 10:21 EST by Myers RCP, Tammy W
Corrected from 100 % on 2/24/2015 10:20 EST by Myers RCP, Tammy W
c13: O2 Sat Arterial
Corrected from 99 % on 2/24/2015 10:43 EST by Myers RCP, Tammy W

Recorded Date	Procedure / Units / Reference Range / Recorded By	Pox Sat Arterial %	PF Ratio FiO2	P/F Ratio	THgb Arterial g/dL [10.1-17.5]	Lactate Arterial mmol/L [0-2.1]
2/23/2015	Gary RCP,Cheryl A	100	0.60	441.67	-	1.4
2/23/2015	Wilkins RCP,Andrew S	-	-	-	9.6 [L]	-
2/24/2015	Solomon RCP,Angela C	100	0.40	405	-	-
2/25/2015	Thomas RCP,Lashunda D	100	0.40	340	-	-
2/26/2015	Anderson RCP,Benjamin A	100	0.40	270	-	-

Recorded Date	Procedure / Units / Reference Range / Recorded By	Lab Number Arterial	Sample Number Arterial	Non Critical Notification Arterial
2/23/2015	Gary RCP,Cheryl A	13	79507	MD Notified
2/23/2015	Wilkins RCP,Andrew S	6	98355	-
2/24/2015	Solomon RCP,Angela C	15	76088	-
2/25/2015	Thomas RCP,Lashunda D	15	76116	See Below [T254]
2/26/2015	Anderson RCP,Benjamin A	15	76153	MD Notified

Textual Results
T254: 2/25/2015 03:58 EST (Non Critical Notification Arterial)
Nurse Notified, Read Back and Verified

Recorded Date	Procedure / Units / Reference Range / Recorded By	Practitioner Name Arterial	Critical Value Arterial
2/23/2015	Gary RCP,Cheryl A	-	No
2/23/2015	Wilkins RCP,Andrew S	-	No
2/24/2015	Solomon RCP,Angela C	-	No

Respiratory Therapy Direct Charting

Arterial Blood Gas

Recorded Date	Procedure / Units / Reference Range / Recorded By	Practitioner Name Arterial	Critical Value Arterial
2/25/2015	Thomas RCP,Lashunda D	-	No
2/26/2015	Anderson RCP,Benjamin A	Luis MD, Alejandro J	No

Blood Gas Assessment- Charges

Recorded Date	Procedure / Units / Reference Range / Recorded By	ABG Obtain Site	ABG Collection Time	ABG Analyzed Time	ABG Site Condition
2/23/2015	Gary RCP,Cheryl A	Left Radial	2/23/2015 15:04 EST	2/23/2015 15:09 EST	No Hematoma
2/23/2015	Wilkins RCP,Andrew S	OR	[illegible]	[illegible]	-
2/24/2015	Solomon RCP,Angela C	Line	2/24/2015 03:07 EST	2/24/2015 03:14 EST	-
2/25/2015	Thomas RCP,Lashunda D	Line	2/25/2015 03:50 EST	2/25/2015 03:58 EST	-
2/26/2015	Anderson RCP,Benjamin A	Right Radial	2/26/2015 04:35 EST	2/26/2015 04:40 EST	-

Corrected Results
c14: ABG Collection Time
Corrected from 2/24/2015 17:55 EST on 2/24/2015 10:43 EST by Myers RCP, Tammy W
c15: ABG Analyzed Time
Corrected from 2/24/2015 18:00 EST on 2/24/2015 10:43 EST by Myers RCP, Tammy W

Recorded Date	Procedure / Units / Reference Range / Recorded By	Blood Gas Charge ARC
2/23/2015	Gary RCP,Cheryl A	See Below T255
2/23/2015	Wilkins RCP,Andrew S	See Below T256
2/24/2015	Solomon RCP,Angela C	See Below T257
2/25/2015	Thomas RCP,Lashunda D	See Below T258
2/26/2015	Anderson RCP,Benjamin A	See Below T259

Textual Results
T255: 2/23/2015 15:09 EST (Blood Gas Charge ARC)
Analysis with Measured SaO2, Arterial Puncture, Lactate
T256: 2/23/2015 18:00 EST (Blood Gas Charge ARC)
Analysis with Measured SaO2, Total Hgb
T257: 2/24/2015 03:14 EST (Blood Gas Charge ARC)
Analysis with Measured SaO2, A-line Draw
T258: 2/25/2015 03:58 EST (Blood Gas Charge ARC)
Analysis with Measured SaO2, A-line Draw
T259: 2/26/2015 04:40 EST (Blood Gas Charge ARC)
Analysis with Measured SaO2, Arterial Puncture

Ventilation

Recorded Date	Procedure / Units / Reference Range / Recorded By	Type of Ventilator	Mode of Ventilation	Patient Synchrony	Sensitivity	Set Tidal Volume mL mL
2/23/2015	Gary RCP,Cheryl A	Servo I	PRVC/ SIMV + PS	-	-	500

Respiratory Therapy Direct Charting

Ventilation

Recorded Date	Procedure / Units / Reference Range / Recorded By	Type of Ventilator	Mode of Ventilation	Patient Synchrony	Sensitivity	Set Tidal Volume mL mL
2/23/2015	Gary RCP,Cheryl A	Servo I	PRVC/ SIMV + PS	Pressure Trigger	-2	500
2/23/2015	Yuhas RCP,Kimberly E	Servo I	PRVC/ SIMV + PS	Pressure Trigger	2	480
2/23/2015	Solomon RCP,Angela C	Servo I	PRVC/ SIMV + PS	Pressure Trigger	-2	480
2/23/2015	Solomon RCP,Angela C	-	-	-	-	480
2/24/2015	Solomon RCP,Angela C	-	-	-	-	480
2/24/2015	Solomon RCP,Angela C	-	-	-	-	480
2/24/2015	Solomon RCP,Angela C	-	-	-	-	420
2/24/2015	Yuhas RCP,Kimberly E	Servo I	PRVC/ SIMV + PS	Pressure Trigger	-2	420
2/24/2015	Yuhas RCP,Kimberly E	Servo I	PRVC/ SIMV + PS	-	-	420
2/24/2015	Yuhas RCP,Kimberly E	Servo I	PRVC/ SIMV + PS	-	-	420
2/24/2015	Thomas RCP,Lashunda D	Servo I	PRVC/ SIMV + PS	Pressure Trigger	-2.0	420
2/25/2015	Thomas RCP,Lashunda D	Servo I	PRVC/ SIMV + PS	-	-	420
2/25/2015	Thomas RCP,Lashunda D	Servo I	PRVC/ SIMV + PS	-	-	420
2/25/2015	Yuhas RCP,Kimberly E	Servo I	PRVC/ SIMV + PS	Pressure Trigger	2	420
2/25/2015	Yuhas RCP,Kimberly E	-	-	-	-	420
2/25/2015	Yuhas RCP,Kimberly E	Servo I	PRVC/ SIMV + PS	-	-	450
2/25/2015	Yuhas RCP,Kimberly E	Servo I	PRVC/ SIMV + PS	-	-	470
2/25/2015	Yuhas RCP,Kimberly E	Servo I	PRVC/ SIMV + PS	-	-	470
2/25/2015	Anderson RCP,Benjamin A	Servo I	PRVC (VC + PS)	Pressure Trigger	-2	500
2/25/2015	Anderson RCP,Benjamin A	-	-	-	-	500
2/26/2015	Anderson RCP,Benjamin A	Drager	SIMV (VC + PS)	-	-	500
2/26/2015	Anderson RCP,Benjamin A	Drager	CPAP + PS	-	-	-
2/26/2015	Wilson RCS,Lauren R	Drager	CPAP	-	-	-
2/26/2015	Wilson RCS,Lauren R	Drager	CPAP + PS	-	-	-
2/26/2015	Wilson RCS,Lauren R	Drager	CPAP + PS	-	-	-

Recorded Date	Procedure / Units / Reference Range / Recorded By	Mechanical Rate br/min	FiO2 RT %	Pressure Support cmH20	PEEP-CPAP cmH20	Insp Time sec	BP on Vent
2/23/2015	Gary RCP,Cheryl A	18	60	10	5	-	-
2/23/2015	Gary RCP,Cheryl A	18	60	10	5	1.0	119/76
2/23/2015	Gary RCP,Cheryl A	-	40	-	-	-	-
2/23/2015	Yuhas RCP,Kimberly E	18	40	10	5	1.0	138/65
2/23/2015	Solomon RCP,Angela C	18	40	10	5	1	116/45
2/23/2015	Solomon RCP,Angela C	18	40	10	5	1	110/54
2/24/2015	Solomon RCP,Angela C	18	40	10	5	1	104/48
2/24/2015	Solomon RCP,Angela C	18	40	10	5	1	-
2/24/2015	Solomon RCP,Angela C	18	40	10	5	1	-
2/24/2015	Yuhas RCP,Kimberly E	18	40	10	5	1	115/44
2/24/2015	Yuhas RCP,Kimberly E	18	40	10	5	1	108/50
2/24/2015	Yuhas RCP,Kimberly E	18	40	10	5	1	109/65
2/24/2015	Thomas RCP,Lashunda D	18	40	10	5	1	109/47
2/25/2015	Thomas RCP,Lashunda D	18	40	10	5	1	113/56
2/25/2015	Thomas RCP,Lashunda D	18	40	10	5	-	115/58
2/25/2015	Yuhas RCP,Kimberly E	18	40	10	5	1	101/46
2/25/2015	Yuhas RCP,Kimberly E	18	40	10	5	1	-
2/25/2015	Yuhas RCP,Kimberly E	18	40	10	5	1	-

Respiratory Therapy Direct Charting

Ventilation

Recorded Date	Procedure / Units / Reference Range / Recorded By	Mechanical Rate br/min	FiO2 RT %	Pressure Support cmH20	PEEP-CPAP cmH20	Insp Time sec	BP on Vent
2/25/2015	Yuhas RCP,Kimberly E	18	40	10	5	1	128/65
2/25/2015	Yuhas RCP,Kimberly E	18	40	10	5	0.8	-
2/25/2015	Anderson RCP,Benjamin A	18	40	10	5	0.8	93/52
2/25/2015	Anderson RCP,Benjamin A	18	40	10	5	0.8	106/56
2/26/2015	Anderson RCP,Benjamin A	18	40	10	5	0.8	94/58
2/26/2015	Anderson RCP,Benjamin A	-	40	5	5	-	-
2/26/2015	Wilson RCS,Lauren R	-	40	5	5	-	86/54
2/26/2015	Wilson RCS,Lauren R	-	40	5	5	-	90/54
2/26/2015	Wilson RCS,Lauren R	-	40	5	5	-	84/50

Recorded Date	Procedure / Units / Reference Range / Recorded By	Measured Peak Inspiratory Pressure cmH20	Measured Mean Airway Pressure cmH20	Plateau Pressure
2/23/2015	Gary RCP,Cheryl A	20	9	-
2/23/2015	Yuhas RCP,Kimberly E	17	8	-
2/23/2015	Solomon RCP,Angela C	19	9	-
2/23/2015	Solomon RCP,Angela C	18	8	-
2/24/2015	Solomon RCP,Angela C	17	9	-
2/24/2015	Yuhas RCP,Kimberly E	16	8.3	-
2/24/2015	Yuhas RCP,Kimberly E	17	6.2	8
2/24/2015	Yuhas RCP,Kimberly E	16	7.4	-
2/24/2015	Thomas RCP,Lashunda D	14	7.6	-
2/25/2015	Thomas RCP,Lashunda D	16	8.8	-
2/25/2015	Thomas RCP,Lashunda D	14	8	-
2/25/2015	Yuhas RCP,Kimberly E	17	9	-
2/25/2015	Yuhas RCP,Kimberly E	10	6.4	-
2/25/2015	Yuhas RCP,Kimberly E	17	9	-
2/25/2015	Yuhas RCP,Kimberly E	17	8.6	-
2/25/2015	Yuhas RCP,Kimberly E	15	9.3	-
2/25/2015	Anderson RCP,Benjamin A	10	5.6	-
2/25/2015	Anderson RCP,Benjamin A	17	8.4	-
2/26/2015	Anderson RCP,Benjamin A	11	6.3	-
2/26/2015	Anderson RCP,Benjamin A	12	6.8	-
2/26/2015	Wilson RCS,Lauren R	12	7.0	-
2/26/2015	Wilson RCS,Lauren R	12	7	-
2/26/2015	Wilson RCS,Lauren R	12	7.0	-

Recorded Date	Procedure / Units / Reference Range / Recorded By	Dynamic Compliance	Static Compliance	Spontaneous TV on Vent mL mL
2/23/2015	Yuhas RCP,Kimberly E	-	-	925
2/23/2015	Solomon RCP,Angela C	47	59	-
2/23/2015	Solomon RCP,Angela C	-	-	560
2/24/2015	Solomon RCP,Angela C	-	-	500
2/24/2015	Solomon RCP,Angela C	-	-	500

Respiratory Therapy Direct Charting

Ventilation

Recorded Date	Recorded By	Procedure Units Reference Range	Dynamic Compliance	Static Compliance	Spontaneous TV on Vent mL mL
2/24/2015	Yuhas RCP,Kimberly E		-	-	507
2/24/2015	Yuhas RCP,Kimberly E		-	-	607
2/24/2015	Yuhas RCP,Kimberly E		-	-	529
2/24/2015	Thomas RCP,Lashunda D		-	-	706
2/25/2015	Thomas RCP,Lashunda D		-	-	501
2/25/2015	Thomas RCP,Lashunda D		-	-	516
2/25/2015	Yuhas RCP,Kimberly E		-	-	620
2/25/2015	Yuhas RCP,Kimberly E		-	-	314
2/25/2015	Yuhas RCP,Kimberly E		-	-	448
2/25/2015	Anderson RCP,Benjamin A		-	-	700

Recorded Date	Recorded By	Procedure Units Reference Range	Spontaneous RR on Vent br/min	Spontaneous Minute Volume mL	Total Minute Volume L
2/23/2015	Gary RCP,Cheryl A		0	0	-
2/23/2015	Gary RCP,Cheryl A		0	0	9.2
2/23/2015	Yuhas RCP,Kimberly E		4	3700	12.2
2/23/2015	Solomon RCP,Angela C		0	0	9.36
2/23/2015	Solomon RCP,Angela C		3	1680	11.04
2/24/2015	Solomon RCP,Angela C		6	3000	11.82
2/24/2015	Solomon RCP,Angela C		6	3000	11.82
2/24/2015	Yuhas RCP,Kimberly E		7	3549	11.6
2/24/2015	Yuhas RCP,Kimberly E		6	3642	11.4
2/24/2015	Yuhas RCP,Kimberly E		7	3703	11.8
2/24/2015	Thomas RCP,Lashunda D		12	8472	13.1
2/25/2015	Thomas RCP,Lashunda D		13	6513	13.6
2/25/2015	Thomas RCP,Lashunda D		12	6192	14.7
2/25/2015	Yuhas RCP,Kimberly E		8	4960	12.7
2/25/2015	Yuhas RCP,Kimberly E		-	-	16.8
2/25/2015	Yuhas RCP,Kimberly E		22	6908	15.1
2/25/2015	Yuhas RCP,Kimberly E		21	9408	17.7
2/25/2015	Anderson RCP,Benjamin A		12	8400	19.9
2/25/2015	Anderson RCP,Benjamin A		-	-	17.6
2/26/2015	Anderson RCP,Benjamin A		11	0	17.05
2/26/2015	Anderson RCP,Benjamin A		-	-	18.2
2/26/2015	Wilson RCS,Lauren R		-	-	18.2
2/26/2015	Wilson RCS,Lauren R		-	-	18.8
2/26/2015	Wilson RCS,Lauren R		-	-	19.2

Recorded Date	Recorded By	Procedure Units Reference Range	Exhaled Tidal Volume on Vent mL mL	Trachea Midline	Chest Expansion RT
2/23/2015	Gary RCP,Cheryl A		510	Yes	Symmetrical
2/23/2015	Yuhas RCP,Kimberly E		470	-	-

Respiratory Therapy Direct Charting

Ventilation

Procedure Units Reference Range		Exhaled Tidal Volume on Vent mL mL	Trachea Midline	Chest Expansion RT
Recorded Date	Recorded By			
2/23/2015	Solomon RCP,Angela C	520	-	-
2/23/2015	Solomon RCP,Angela C	520	-	-
2/24/2015	Solomon RCP,Angela C	490	-	-
2/24/2015	Solomon RCP,Angela C	490	-	-
2/24/2015	Yuhas RCP,Kimberly E	448	-	-
2/24/2015	Yuhas RCP,Kimberly E	431	-	-
2/24/2015	Yuhas RCP,Kimberly E	447	-	-
2/24/2015	Thomas RCP,Lashunda D	416	Yes	Symmetrical
2/25/2015	Thomas RCP,Lashunda D	405	Yes	Symmetrical
2/25/2015	Thomas RCP,Lashunda D	416	Yes	Symmetrical
2/25/2015	Yuhas RCP,Kimberly E	430	-	-
2/25/2015	Yuhas RCP,Kimberly E	455	-	-
2/25/2015	Yuhas RCP,Kimberly E	461	-	-
2/25/2015	Anderson RCP,Benjamin A	640	Yes	Symmetrical
2/25/2015	Anderson RCP,Benjamin A	639	Yes	Symmetrical
2/26/2015	Anderson RCP,Benjamin A	588	Yes	Symmetrical
2/26/2015	Anderson RCP,Benjamin A	660	-	-
2/26/2015	Wilson RCS,Lauren R	533	-	-
2/26/2015	Wilson RCS,Lauren R	583	Yes	Symmetrical
2/26/2015	Wilson RCS,Lauren R	582	Yes	Symmetrical

Procedure Units Reference Range		All Lobes Breath Sounds Vent	Upper Lobes Breath Sounds Vent	Suction Type Vent ARC
Recorded Date	Recorded By			
2/23/2015	Gary RCP,Cheryl A	Clear	-	ET
2/23/2015	Yuhas RCP,Kimberly E	Coarse	-	ET
2/23/2015	Solomon RCP,Angela C	Coarse	-	ET
2/23/2015	Solomon RCP,Angela C	Clear, Coarse	-	ET
2/24/2015	Solomon RCP,Angela C	Coarse	-	ET
2/24/2015	Yuhas RCP,Kimberly E	Coarse	-	ET
2/24/2015	Yuhas RCP,Kimberly E	Clear	-	ET
2/24/2015	Yuhas RCP,Kimberly E	Clear	-	ET
2/24/2015	Thomas RCP,Lashunda D	Clear	-	Oral, ET
2/25/2015	Thomas RCP,Lashunda D	Coarse	-	Oral, ET
2/25/2015	Thomas RCP,Lashunda D	Coarse	-	-
2/25/2015	Yuhas RCP,Kimberly E	-	Coarse	ET
2/25/2015	Yuhas RCP,Kimberly E	Coarse, Rhonchi	-	ET
2/25/2015	Yuhas RCP,Kimberly E	Coarse	-	ET
2/25/2015	Anderson RCP,Benjamin A	Coarse	-	ET
2/25/2015	Anderson RCP,Benjamin A	Coarse	-	ET
2/26/2015	Anderson RCP,Benjamin A	Coarse	-	ET
2/26/2015	Wilson RCS,Lauren R	-	-	ET
2/26/2015	Wilson RCS,Lauren R	Clear, Diminished	-	ET
2/26/2015	Wilson RCS,Lauren R	Clear, Diminished	-	ET

Respiratory Therapy Direct Charting

Ventilation

Recorded Date	Recorded By	Procedure Units Reference Range	Suction Amount Vent	Sputum Color Vent	Sputum Consistency Vent
2/23/2015	Gary RCP,Cheryl A		Small	Tan/Beige, Light	Thick, Moderate
2/23/2015	Yuhas RCP,Kimberly E		Moderate	White	Thick
2/23/2015	Solomon RCP,Angela C		Small	Yellow	Thick
2/23/2015	Solomon RCP,Angela C		Small	Yellow, Light	Moderate
2/24/2015	Solomon RCP,Angela C		Small	Tan/Beige	Thick
2/24/2015	Yuhas RCP,Kimberly E		Moderate	Yellow, Tan/Beige	Moderate
2/24/2015	Yuhas RCP,Kimberly E		Moderate	Tan/Beige	Thick, Moderate
2/24/2015	Yuhas RCP,Kimberly E		Small	Yellow	Thin
2/24/2015	Thomas RCP,Lashunda D		Moderate	Tan/Beige	Moderate
2/25/2015	Thomas RCP,Lashunda D		Small	Tan/Beige	Moderate
2/25/2015	Thomas RCP,Lashunda D		Small	Clear, Tan/Beige	Moderate
2/25/2015	Yuhas RCP,Kimberly E		Small	Yellow	Moderate
2/25/2015	Yuhas RCP,Kimberly E		Large	Yellow	Thick
2/25/2015	Yuhas RCP,Kimberly E		Small	Yellow	Moderate
2/25/2015	Anderson RCP,Benjamin A		Small	Yellow, Light	Moderate
2/25/2015	Anderson RCP,Benjamin A		Small	Yellow, Light	Moderate
2/26/2015	Anderson RCP,Benjamin A		Small	Tan/Beige	Moderate
2/26/2015	Wilson RCS,Lauren R		Small	Tan/Beige	Moderate
2/26/2015	Wilson RCS,Lauren R		Small	Tan/Beige	Moderate
2/26/2015	Wilson RCS,Lauren R		Small	White, Tan/Beige	Moderate

Recorded Date	Recorded By	Procedure Units Reference Range	Subglottic Suction Type Vent ARC	Subglottic Suction Amount Vent
2/23/2015	Gary RCP,Cheryl A		Subglottic Via ET Tube Channel	Large
2/23/2015	Yuhas RCP,Kimberly E		See Below T260	Large
2/23/2015	Solomon RCP,Angela C		See Below T262	Small
2/23/2015	Solomon RCP,Angela C		See Below T263	Scant
2/24/2015	Solomon RCP,Angela C		See Below T264	Small
2/24/2015	Yuhas RCP,Kimberly E		See Below T265	Large
2/24/2015	Yuhas RCP,Kimberly E		See Below T268	Moderate
2/24/2015	Yuhas RCP,Kimberly E		See Below T267	Moderate
2/24/2015	Thomas RCP,Lashunda D		Subglottic Via ET Tube Channel	Small
2/25/2015	Thomas RCP,Lashunda D		Subglottic Via ET Tube Channel	Small
2/25/2015	Thomas RCP,Lashunda D		Subglottic Via ET Tube Channel	Small
2/25/2015	Yuhas RCP,Kimberly E		See Below T268	Large
2/25/2015	Yuhas RCP,Kimberly E		Subglottic Via Catheter	Small
2/25/2015	Yuhas RCP,Kimberly E		See Below T269	Small
2/25/2015	Anderson RCP,Benjamin A		Subglottic Via Catheter	Small
2/25/2015	Anderson RCP,Benjamin A		Subglottic Via Catheter	Small
2/26/2015	Anderson RCP,Benjamin A		Subglottic Via Catheter	Small
2/26/2015	Wilson RCS,Lauren R		See Below T270	Moderate
2/26/2015	Wilson RCS,Lauren R		Subglottic Via ET Tube Channel	Small
2/26/2015	Wilson RCS,Lauren R		Subglottic Via ET Tube Channel	Scant

Respiratory Therapy Direct Charting

Ventilation

Textual Results

T260: 2/23/2015 18:59 EST (Subglottic Suction Type Vent ARC)
Subglottic Via ET Tube Channel, Subglottic Via Catheter

T262: 2/23/2015 21:27 EST (Subglottic Suction Type Vent ARC)
Subglottic Via ET Tube Channel, Subglottic Via Catheter

T263: 2/23/2015 23:40 EST (Subglottic Suction Type Vent ARC)
Subglottic Via ET Tube Channel, Subglottic Via Catheter

T264: 2/24/2015 03:07 EST (Subglottic Suction Type Vent ARC)
Subglottic Via ET Tube Channel, Subglottic Via Catheter

T265: 2/24/2015 09:33 EST (Subglottic Suction Type Vent ARC)
Subglottic Via ET Tube Channel, Subglottic Via Catheter

T266: 2/24/2015 13:02 EST (Subglottic Suction Type Vent ARC)
Subglottic Via ET Tube Channel, Subglottic Via Catheter

T267: 2/24/2015 15:48 EST (Subglottic Suction Type Vent ARC)
Subglottic Via ET Tube Channel, Subglottic Via Catheter

T268: 2/25/2015 09:16 EST (Subglottic Suction Type Vent ARC)
Subglottic Via ET Tube Channel, Subglottic Via Catheter

T269: 2/25/2015 15:49 EST (Subglottic Suction Type Vent ARC)
Subglottic Via ET Tube Channel, Subglottic Via Catheter

T270: 2/26/2015 09:33 EST (Subglottic Suction Type Vent ARC)
Subglottic Via ET Tube Channel, Subglottic Via Catheter

Recorded Date	Procedure Units Reference Range Recorded By	Subglottic Sputum Consistency Vent	Subglottic Sputum Color Vent
2/23/2015	Gary RCP,Cheryl A	Moderate	Clear
2/23/2015	Yuhas RCP,Kimberly E	Moderate	Clear, Yellow
2/23/2015	Solomon RCP,Angela C	Thin	Clear
2/23/2015	Solomon RCP,Angela C	Thin	Clear
2/24/2015	Solomon RCP,Angela C	Moderate	Clear, Tan/Beige
2/24/2015	Yuhas RCP,Kimberly E	Moderate	Yellow, Tan/Beige
2/24/2015	Yuhas RCP,Kimberly E	Moderate	White, Tan/Beige
2/24/2015	Yuhas RCP,Kimberly E	Moderate	Yellow
2/24/2015	Thomas RCP,Lashunda D	Thin, Moderate	Yellow, Tan/Beige
2/25/2015	Thomas RCP,Lashunda D	Moderate	Tan/Beige
2/25/2015	Thomas RCP,Lashunda D	Thin, Moderate	Clear, Yellow
2/25/2015	Yuhas RCP,Kimberly E	Moderate	Yellow
2/25/2015	Yuhas RCP,Kimberly E	Moderate	Clear, Yellow
2/25/2015	Yuhas RCP,Kimberly E	Moderate	Yellow
2/25/2015	Anderson RCP,Benjamin A	Thin	Clear
2/25/2015	Anderson RCP,Benjamin A	Moderate	Tan/Beige, Light
2/26/2015	Anderson RCP,Benjamin A	Moderate	Tan/Beige, Light
2/26/2015	Wilson RCS,Lauren R	Moderate	Tan/Beige
2/26/2015	Wilson RCS,Lauren R	Moderate	Tan/Beige
2/26/2015	Wilson RCS,Lauren R	Moderate	Tan/Beige

Recorded Date	Procedure Units Reference Range Recorded By	Subglottic Lumen Patent Vent	Oral Care ARC	Number Catheter Passes Vent
2/23/2015	Gary RCP,Cheryl A	Yes	Done	2

Respiratory Therapy Direct Charting

Ventilation

Recorded Date	Recorded By	Procedure Units Reference Range	Subglottic Lumen Patent Vent	Oral Care ARC	Number Catheter Passes Vent
2/23/2015	Yuhas RCP,Kimberly E		Yes	Done	1
2/23/2015	Solomon RCP,Angela C		Yes	Done	2
2/23/2015	Solomon RCP,Angela C		Yes	Done	1
2/24/2015	Solomon RCP,Angela C		Yes	Done	2
2/24/2015	Yuhas RCP,Kimberly E		Yes	Done	1
2/24/2015	Yuhas RCP,Kimberly E		Yes	Done	1
2/24/2015	Yuhas RCP,Kimberly E		Yes	Done	1
2/24/2015	Thomas RCP,Lashunda D		Yes	Done	3
2/25/2015	Thomas RCP,Lashunda D		Yes	Done	2
2/25/2015	Thomas RCP,Lashunda D		Yes	Done	2
2/25/2015	Yuhas RCP,Kimberly E		Yes	Done	1
2/25/2015	Yuhas RCP,Kimberly E		Yes	Done	2
2/25/2015	Yuhas RCP,Kimberly E		Yes	Done	1
2/25/2015	Anderson RCP,Benjamin A		Yes	Done	1
2/25/2015	Anderson RCP,Benjamin A		Yes	Done	1
2/26/2015	Anderson RCP,Benjamin A		Yes	Done	1
2/26/2015	Wilson RCS,Lauren R		Yes	Done	-
2/26/2015	Wilson RCS,Lauren R		Yes	Done	2
2/26/2015	Wilson RCS,Lauren R		Yes	Done	2

Recorded Date	Recorded By	Procedure Units Reference Range	Lavaged With -Vent	High PIP Alarm cmH20	Low Exhaled MV Alarm L	High Minute Ventilation Alarm L
2/23/2015	Gary RCP,Cheryl A		Saline	50	4.5	20
2/23/2015	Yuhas RCP,Kimberly E		-	50	6.0	30
2/23/2015	Solomon RCP,Angela C		Saline	50	6	30
2/23/2015	Solomon RCP,Angela C		Saline	50	-	30
2/24/2015	Solomon RCP,Angela C		Saline	-	-	-
2/24/2015	Yuhas RCP,Kimberly E		-	50	5.5	30
2/24/2015	Thomas RCP,Lashunda D		Saline	50	7.5	30
2/25/2015	Thomas RCP,Lashunda D		Saline	-	-	-
2/25/2015	Thomas RCP,Lashunda D		Saline	-	-	-
2/25/2015	Yuhas RCP,Kimberly E		-	50	6.0	30
2/25/2015	Yuhas RCP,Kimberly E		Saline	50	7.5	30
2/25/2015	Anderson RCP,Benjamin A		Saline	50	10.0	30
2/25/2015	Anderson RCP,Benjamin A		Saline	-	-	-
2/26/2015	Anderson RCP,Benjamin A		Saline	-	-	-
2/26/2015	Wilson RCS,Lauren R		-	50	-	30
2/26/2015	Wilson RCS,Lauren R		-	50	-	30
2/26/2015	Wilson RCS,Lauren R		-	50	-	30

Respiratory Therapy Direct Charting

Ventilation

Recorded Date	Recorded By	Procedure Low PEEP Alarm Units cmH20 Reference Range	Low Sat Vents Alarm %	High Sat Vents Alarm	Low Heart Rate Vents Alarm bpm
2/23/2015	Gary RCP,Cheryl A	3	90	-	40
2/23/2015	Yuhas RCP,Kimberly E	2	92	-	-
2/23/2015	Solomon RCP,Angela C	2	92	-	50
2/23/2015	Solomon RCP,Angela C	2	-	-	-
2/24/2015	Yuhas RCP,Kimberly E	2	92	-	-
2/24/2015	Thomas RCP,Lashunda D	2	92	100	50
2/25/2015	Yuhas RCP,Kimberly E	2	92	-	-
2/25/2015	Yuhas RCP,Kimberly E	2	-	-	-
2/25/2015	Anderson RCP,Benjamin A	2	92	-	-
2/26/2015	Wilson RCS,Lauren R	2	92	-	50
2/26/2015	Wilson RCS,Lauren R	2	92	-	50
2/26/2015	Wilson RCS,Lauren R	2	92	-	50

Recorded Date	Recorded By	Procedure High Heart Rate Vents Alarm Units bpm Reference Range	Apnea Interval Alarm sec	Tracking Number Ventilator
2/23/2015	Gary RCP,Cheryl A	135	20	-
2/23/2015	Yuhas RCP,Kimberly E	-	20	112382
2/23/2015	Solomon RCP,Angela C	130	20	112382
2/23/2015	Solomon RCP,Angela C	-	20	112382
2/24/2015	Yuhas RCP,Kimberly E	-	20	112382
2/24/2015	Thomas RCP,Lashunda D	130	20	112382
2/25/2015	Thomas RCP,Lashunda D	-	-	112382
2/25/2015	Yuhas RCP,Kimberly E	-	20	112382
2/25/2015	Yuhas RCP,Kimberly E	-	20	-
2/25/2015	Anderson RCP,Benjamin A	-	20	112382
2/26/2015	Wilson RCS,Lauren R	130	20	112382
2/26/2015	Wilson RCS,Lauren R	130	20	112382
2/26/2015	Wilson RCS,Lauren R	130	20	112382

Recorded Date	Recorded By	Procedure Device Number Ventilator Units Reference Range	Resuscitation Bag at Bedside	Resuscitation Mask at Bedside
2/23/2015	Gary RCP,Cheryl A	-	Present	Present
2/23/2015	Yuhas RCP,Kimberly E	112382	Present	Present
2/23/2015	Solomon RCP,Angela C	112382	Present	Present
2/23/2015	Solomon RCP,Angela C	112382	-	-
2/24/2015	Yuhas RCP,Kimberly E	112382	Present	Present
2/24/2015	Thomas RCP,Lashunda D	112382	Present	Present
2/25/2015	Thomas RCP,Lashunda D	112382	-	-
2/25/2015	Yuhas RCP,Kimberly E	112382	Present	Present
2/25/2015	Anderson RCP,Benjamin A	112382	Present	Present
2/26/2015	Wilson RCS,Lauren R	112382	Present	Present
2/26/2015	Wilson RCS,Lauren R	112382	Present	Present

Respiratory Therapy Direct Charting

Ventilation

Recorded Date	Recorded By	Procedure Device Number Ventilator Units Reference Range	Resuscitation Bag at Bedside	Resuscitation Mask at Bedside
2/26/2015	Wilson RCS,Lauren R	112382	Present	Present

Recorded Date	Recorded By	Procedure PEEP Adapter Present Units Reference Range	Ventilator Circuit Change Due	HME Changed	Emergency Outlet
2/23/2015	Gary RCP,Cheryl A	-	-	-	Used
2/23/2015	Yuhas RCP,Kimberly E	-	3/2/2015	Done	Used
2/23/2015	Solomon RCP,Angela C	Present	3/2/2015	-	Used
2/23/2015	Solomon RCP,Angela C	-	3/2/2015	-	-
2/24/2015	Yuhas RCP,Kimberly E	-	3/2/2015	Done	Used
2/24/2015	Thomas RCP,Lashunda D	Present	3/2/2015	Done	Used
2/25/2015	Thomas RCP,Lashunda D	-	3/2/2015	-	-
2/25/2015	Yuhas RCP,Kimberly E	Present	3/2/2015	Done	Used
2/25/2015	Anderson RCP,Benjamin A	Present	3/2/2015	-	Used
2/26/2015	Wilson RCS,Lauren R	Present	3/2/2015	Done	Used
2/26/2015	Wilson RCS,Lauren R	Present	3/2/2015	-	Used
2/26/2015	Wilson RCS,Lauren R	Present	3/2/2015	-	Used

Recorded Date	Recorded By	Procedure Flex Port Cable In Use Units Reference Range	HME Present	Ventilation Pox Charges ARC
2/23/2015	Gary RCP,Cheryl A	No	Yes	-
2/23/2015	Yuhas RCP,Kimberly E	No	Yes	See Below T261
2/23/2015	Solomon RCP,Angela C	-	Yes	-
2/24/2015	Solomon RCP,Angela C	-	-	Pox Daily Charge
2/24/2015	Yuhas RCP,Kimberly E	No	Yes	-
2/24/2015	Thomas RCP,Lashunda D	No	Yes	-
2/25/2015	Thomas RCP,Lashunda D	-	-	Pox Daily Charge
2/25/2015	Yuhas RCP,Kimberly E	No	Yes	-
2/25/2015	Anderson RCP,Benjamin A	No	-	-
2/26/2015	Anderson RCP,Benjamin A	-	-	Pox Probe, Pox Daily Charge
2/26/2015	Wilson RCS,Lauren R	No	Yes	-
2/26/2015	Wilson RCS,Lauren R	No	Yes	-
2/26/2015	Wilson RCS,Lauren R	No	Yes	-

Textual Results
T261: 2/23/2015 18:59 EST (Ventilation Pox Charges ARC)
Pox Set Up, Pox Probe, Pox Daily Charge

Recorded Date	Recorded By	Procedure Ventilation Charges ARC Units Reference Range
2/23/2015	Gary RCP,Cheryl A	Vent Initial Day
2/24/2015	Solomon RCP,Angela C	Vent Daily

Respiratory Therapy Direct Charting

Ventilation

Recorded Date	Procedure Units Reference Range Recorded By	Ventilation Charges ARC
2/24/2015	Dunlap RCP,David C	Indirect Calorimetry
2/25/2015	Thomas RCP,Lashunda D	Vent Daily
2/26/2015	Anderson RCP,Benjamin A	Vent Daily

Weaning-Airway Management

Recorded Date	Procedure Units Reference Range Recorded By	Date Extubated	Extubation ARC	Post Extubation Device	Airway Type
2/23/2015	Gary RCP,Cheryl A	-	-	-	Hi Lo Evac Tube
2/23/2015	Yuhas RCP,Kimberly E	-	-	-	Oral, Hi Lo Evac Tube
2/23/2015	Solomon RCP,Angela C	-	-	-	Hi Lo Evac Tube
2/24/2015	Yuhas RCP,Kimberly E	-	-	-	Oral, Hi Lo Evac Tube
2/24/2015	Thomas RCP,Lashunda D	-	-	-	Oral, Hi Lo Evac Tube
2/26/2015	Wilson RCS,Lauren R	-	-	-	Hi Lo Evac Tube
2/26/2015	Wilson RCS,Lauren R	-	-	-	Hi Lo Evac Tube
2/26/2015	Wilson RCS,Lauren R	-	-	-	Hi Lo Evac Tube
2/26/2015	Anderson RCP,Benjamin A	2/26/2015 20:27 EST	Planned	Room Air R11	-

Result Comments
R11: Post Extubation Device
Pt DNR 5. EET pulled at 2027.

Recorded Date	Procedure Units Reference Range Recorded By	Date Intubated	Endotracheal Tube Location	Airway Secured By	Cuff Pressure Method
2/23/2015	Gary RCP,Cheryl A	2/23/2015 14:37 EST	Mid Lip	ETAD Holder	Pressure Easy
2/23/2015	Yuhas RCP,Kimberly E	2/23/2015 14:37 EST	R Lip	ETAD Holder	Pressure Easy
2/23/2015	Solomon RCP,Angela C	2/23/2015 14:37 EST	L Lip	ETAD Holder	Pressure Easy
2/23/2015	Solomon RCP,Angela C	2/23/2015 14:37 EST	Mid Lip	ETAD Holder	Pressure Easy
2/24/2015	Solomon RCP,Angela C	2/23/2015 14:37 EST	R Lip	ETAD Holder	Pressure Easy
2/24/2015	Yuhas RCP,Kimberly E	2/23/2015 14:37 EST	Mid Lip	ETAD Holder	Pressure Easy
2/24/2015	Yuhas RCP,Kimberly E	2/23/2015 14:37 EST	L Lip	-	Pressure Easy
2/24/2015	Yuhas RCP,Kimberly E	2/23/2015 14:37 EST	Mid Lip	-	Pressure Easy
2/24/2015	Thomas RCP,Lashunda D	2/23/2015 14:37 EST	L Lip	Tape, ETAD Holder	Pressure Easy
2/25/2015	Thomas RCP,Lashunda D	2/23/2015 14:37 EST	R Lip	-	Pressure Easy
2/25/2015	Thomas RCP,Lashunda D	2/23/2015 14:37 EST	Mid Lip	-	Pressure Easy
2/25/2015	Yuhas RCP,Kimberly E	2/23/2015 14:37 EST	L Lip	ETAD Holder	Pressure Easy
2/25/2015	Yuhas RCP,Kimberly E	2/23/2015 14:37 EST	Mid Lip	-	Pressure Easy
2/25/2015	Yuhas RCP,Kimberly E	2/23/2015 14:37 EST	R Lip	-	Pressure Easy
2/25/2015	Anderson RCP,Benjamin A	2/23/2015 14:37 EST	Mid Lip	ETAD Holder	Pressure Easy
2/25/2015	Anderson RCP,Benjamin A	2/23/2015 14:37 EST	L Lip	-	Pressure Easy
2/26/2015	Anderson RCP,Benjamin A	2/23/2015 14:37 EST 2/23/2015 14:37 EST	R Lip	-	Pressure Easy
2/26/2015	Wilson RCS,Lauren R	2/23/2015 14:37 EST	Mid Lip	ETAD Holder	Pressure Easy

Respiratory Therapy Direct Charting

Weaning-Airway Management

Recorded Date	Recorded By	Procedure Units Reference Range	Date Intubated	Endotracheal Tube Location	Airway Secured By	Cuff Pressure Method
2/26/2015	Wilson RCS,Lauren R		2/23/2015 14:37 EST	L Lip	ETAD Holder	Pressure Easy
2/26/2015	Wilson RCS,Lauren R		2/23/2015 14:37 EST	Mid Lip	ETAD Holder	Pressure Easy
2/26/2015	Anderson RCP,Benjamin A		2/23/2015 14:37 EST	-	-	-
2/27/2015	Bucknor RCP,Michelle Ann		2/23/2015 14:37 EST	-	-	-

Recorded Date	Recorded By	Procedure Units Reference Range	X-Ray Reviewed	ETT Retaped ARC	ETT Repositioned ARC	Airway Size
2/23/2015	Gary RCP,Cheryl A		Done	-	-	7.5
2/23/2015	Yuhas RCP,Kimberly E		Done	-	Done	7.5
2/23/2015	Solomon RCP,Angela C		-	-	Done	7.5
2/23/2015	Solomon RCP,Angela C		-	-	Done	-
2/24/2015	Solomon RCP,Angela C		-	-	Done	-
2/24/2015	Yuhas RCP,Kimberly E		Done	-	Done	7.5
2/24/2015	Yuhas RCP,Kimberly E		-	-	Done	-
2/24/2015	Yuhas RCP,Kimberly E		-	-	Done	-
2/24/2015	Thomas RCP,Lashunda D		-	-	Done	7.5
2/25/2015	Thomas RCP,Lashunda D		Done	-	Done	-
2/25/2015	Thomas RCP,Lashunda D		-	-	Done	-
2/25/2015	Yuhas RCP,Kimberly E		Done	-	Done	7.5
2/25/2015	Yuhas RCP,Kimberly E		-	-	Done	-
2/25/2015	Yuhas RCP,Kimberly E		-	-	Done	-
2/25/2015	Anderson RCP,Benjamin A		Done	-	-	7.5
2/26/2015	Wilson RCS,Lauren R		-	-	Done	7.5
2/26/2015	Wilson RCS,Lauren R		Done	-	Done	7.5
2/26/2015	Wilson RCS,Lauren R		-	Done	-	7.5

Recorded Date	Recorded By	Procedure Units Reference Range	Airway Care Tube Position	Intubation Verified Chest X-Ray	Intubated by
2/23/2015	Gary RCP,Cheryl A		[illegible]	Yes	Smith MD, Peter G
2/23/2015	Yuhas RCP,Kimberly E		24	-	-
2/23/2015	Solomon RCP,Angela C		24	-	-
2/24/2015	Yuhas RCP,Kimberly E		24	-	-
2/24/2015	Thomas RCP,Lashunda D		24	-	-
2/25/2015	Yuhas RCP,Kimberly E		24	-	-
2/25/2015	Anderson RCP,Benjamin A		24	-	-
2/26/2015	Wilson RCS,Lauren R		24	-	-
2/26/2015	Wilson RCS,Lauren R		24	-	-
2/26/2015	Wilson RCS,Lauren R		24	-	-

Corrected Results
c16: Airway Care Tube Position
Result comment added on 2/23/2015 15:51 EST by Gary RCP, Cheryl A
Corrected from 25 on 2/23/2015 15:50 EST by Gary RCP, Cheryl A

Respiratory Therapy Direct Charting

Weaning-Airway Management

Result Comments
R10: Airway Care Tube Position
ETT pulled back from the 27. Waiting for repeat cxr

Recorded Date	Recorded By	Procedure CO2 Detector Verified Units Reference Range
2/23/2015	Gary RCP,Cheryl A	Done

RT Special Procedures

Recorded Date	Recorded By	Procedure Transport Bundle Units Reference Range	Patient Transport To	Patient Transport From
2/23/2015	Gary RCP,Cheryl A	Completed	OR	Emergency Room
2/24/2015	McGuire-Wessinger RCP,Stephanie A	Completed	CT Scan	Critical Care
2/24/2015	McGuire-Wessinger RCP,Stephanie A	-	Critical Care	CT Scan
2/25/2015	Yuhas RCP,Kimberly E	Completed	Critical Care	Critical Care

Recorded Date	Recorded By	Procedure Oxygen Modality RT Units Reference Range	Transport LPM	Transport Charges ARC
2/23/2015	Gary RCP,Cheryl A	Bagging	15	See Below T271
2/24/2015	McGuire-Wessinger RCP,Stephanie A	Bagging	15	See Below T272
2/24/2015	McGuire-Wessinger RCP,Stephanie A	Bagging	15	See Below T273
2/25/2015	Yuhas RCP,Kimberly E	Ventilator	-	See Below T274

Textual Results
T271: 2/23/2015 16:25 EST (Transport Charges ARC)
Bagging/Portable Ventilator, Pulse Oximeter, Mask, Bag, Suction Supplies
T272: 2/24/2015 04:58 EST (Transport Charges ARC)
Portable O2, Bagging/Portable Ventilator, Pulse Oximeter, Mask, Bag
T273: 2/24/2015 05:20 EST (Transport Charges ARC)
Portable O2, Bagging/Portable Ventilator, Pulse Oximeter, Mask, Bag
T274: 2/25/2015 18:45 EST (Transport Charges ARC)
Portable O2, Bagging/Portable Ventilator, Pulse Oximeter, Peep Adapter, Mask, Bag

Recorded Date	Recorded By	Procedure Units Reference Range	Vent Settings Maintained
2/23/2015	Gary RCP,Cheryl A		Yes
2/24/2015	McGuire-Wessinger RCP,Stephanie A		Yes
2/24/2015	McGuire-Wessinger RCP,Stephanie A		Yes
2/25/2015	Yuhas RCP,Kimberly E		Yes

Nutrition

DOCUMENT NAME:	Adult Nutrition Assessment
SERVICE DATE/TIME:	2/24/2015 10:20 EST
RESULT STATUS:	Auth (Verified)
PERFORM INFORMATION:	Justice RD,LD,Jessica A (2/24/2015 10:20 EST)
ELECTRONICALLY SIGNED BY:	Justice RD,LD,Jessica A (2/24/2015 10:20 EST)

Adult Nutrition Assessment Entered On: 02/24/2015 10:33
Performed On: 02/24/2015 10:20 by Justice RD,LD, Jessica A

Admission Data
Reason For Nutrition Intervention : Consult, Tube Feeding
Chief Complaint-Nutrition : Pt is s/p fall with SAH and SDH with midline shift on head CT. POD # 1from R crniectomy for SDH
Pt with extensive EtOH history and presenting signs of end stage liver disease
Consulted to start trickle feeds only at this time
Nutrition Referral Source : Physician, Team Meetings/Rounds

(As Of : 02/24/2015 10:33:08 EST)

Past Medical History

Alcoholism	*Name of Problem:* Alcoholism ; *Recorder:* Watson RN, Jennifer D; *Confirmation:* Confirmed ; *Classification:* Medical ; *Code:* 792E1B04-FED7-48CF-9C4C-9C74AABCAAF5 ; *Contributor System:* PowerChart ; *Last Updated:* 02/23/2015 12:10 ; *Life Cycle Status:* Resolved ; *Vocabulary:* SNOMED CT
Skin cancer	*Name of Problem:* Skin cancer ; *Recorder:* Looney RN, Marisa A; *Confirmation:* Confirmed ; *Classification:* Medical ; *Code:* 2536564013 ; *Contributor System:* PowerChart ; *Last Updated:* 02/24/2015 03:43 ; *Life Cycle Status:* Resolved ; *Vocabulary:* SNOMED CT

Labs and Medication
Pertinent Meds : IV elytes, duclolax, keppra, 4 gm mag sulfate, NS @ 125 ml/hr, protonix, 40 mEq KCl, 45 mmol Na Phosph, fentanyl
Abnormal Nutrition Labs : Reviewed Labs
(Comment: WBC:9.4, Hgb:9.0, Hematocrit:28.4, Na:128, K:2.6, Cl:98, CO2:18, BUN:21, Crea:0.7, Glucose:85, Phosph:1.3, Mag:1.1, Ca(I):1.03, Bilirubin:21, Direct:18.7, Indirect:5.1, Alkaline Phosph:230, AST:107, ALT:54, Lipase:300, Ammonia < 10, Tmax:98.5, HR:97, Rr:25, pH:7.51, paCo2:27, HCO3:20.9, Base:-1.0, Lactate:1.4, Respiratory Alkalosis SIMV Settings [Justice RD,LD, Jessica A - 02/24/2015 10:20])
Nutrition Albumin : 1.7
Visceral Protein Status : Severe Depletion
Hydration Status : Positive Fluid Balance

Justice RD,LD, Jessica A - 02/24/2015 10:20

Nutrition Anthropometrics

Nutrition

Height cm : 182.8 cm
Height in feet : 6 ft
Height in : 0 inch
Height cm Calculated : 182.88 cm
Weight Kg : 74.8 kg
BMI : 22.3846
Admission Weight : 74.8 kg
IBW : 81 kg
Percent IBW : 92 %

Justice RD,LD, Jessica A - 02/24/2015 10:20

Nutrition Requirements
Weight Used : Current
Kcal-kg : 30-35 kcal/kg
Protein-kg : >2.0 gm protein/kg
Kcalorie Needs : 2250-2625
Protein Needs : 110-150
Fluid Needs : per MD

Justice RD,LD, Jessica A - 02/24/2015 10:20

Diet Information
Diet Order : NPO

Justice RD,LD, Jessica A - 02/24/2015 10:20

Enteral Nutrition
Tube Feeding Order : Other: Impact Peptide 1.5 at 10 ml/hr, do not increase without MD order

Justice RD,LD, Jessica A - 02/24/2015 10:20

Nutrition Evaluation
Kcal-enteral : 360
Gram protein-enteral : 23
Nutrition Total Volume (cc) : 240
Nutrition Assessment : Initiating trophic feeds due to low lab values and high risk for refeeding syndrome. Pt presents wtih ascites and distended, rounded abdomen with end stage liver disease concern. GI has been consulted and liver enzymes to be monitored. Pt with
(Comment: jaundice on appearance with poor skin turgor and severe lean muscle wasting in upper and lower extremities along with Etoh abuse history - all factors indicating malnutrition. Pt has had 1 BM in past 24 hours and UOP:0.35 ml/hg/kg. Initiating proper vitamin replacement - will start with one bag and reassess in 24 hours continued need for IV supplementation. Continue electrolyte replacement through IV at this time as orally Pt will not be able to absorb. Note: SGA Score:C [Justice RD,LD, Jessica A - 02/24/2015 10:20])

Justice RD,LD, Jessica A - 02/24/2015 10:20

Nutrition Diagnosis Grid
1. Nutrition Diagnosis: : Malnutrition
(Comment: Severe [Justice RD,LD, Jessica A - 02/24/2015 10:20])
Nutrition Problem Related To: : increased nutrient needs for traumatic brain injury, inadequate oral and nutrient intake, decreased abitlity to take in adequate intake, chronic illness, altered GI function
Nutrition Problem as Evidenced By: : ascites, edema, lean muscle and fat wating in upper and lower extremities, depleted electrolytes and risk for refeeding syndrome, conditions associated with increased metabolic demand and inflammatory state

Justice RD,LD, Jessica A - 02/24/2015 10:20

Nutrition Plan
Nutrition Intervention Grid

Facility Info: Palmetto Health Richland 5 Richland Medical Park Columbia, SC 29203-	**Patient Info:** DILLON, EDMUND	**MRN:** R012719295 **FIN:** R1505401814
Attending Physician: Jones MD,Mark A **Admitting Physician:** Jones MD,Mark A	**Pt. Age:** **Date of Birth** **CMRN:** 001376880	

Nutrition

1. Nutrition Intervention: : Enteral Feeding Tube Flush, Enteral feeding tube insert, Enteral Nutrition Formula/Solution, Enteral Nutrition Site Care, Enteral/TPN nutrition tube flush
Goals Nutrition: : Tolerance of Feeds, Achieve Visceral Protein Levels WNL, Tolerance of Tube Feeding
Status Nutrition Goals: : Initial

Justice RD,LD, Jessica A - 02/24/2015 10:20

2. Nutrition Intervention: : Supplement folate, Supplement multivitamin, Supplement vitamin B1
Goals Nutrition: : Vitamin/Mineral Supplementation Within Recommended Range
Status Nutrition Goals: : Initial

Justice RD,LD, Jessica A - 02/24/2015 10:20

Nutrition Recommendation : Impact Peptide 1.5 at 10 ml/hr, do not increase without MD or RD order
Vitamin supplementation in NaCl 0.9% to run for 8 hours at 125 ml/hr or IVF rate per MD and then replace IVF bag (Comment: This will include 250 mg thiamine, 1 mg folic acid, and mutlivitamin adult injection 10 ml. Will reassess vitamin status and continued need for supplementation in 24 hours Goal total volume: 1560 ml - Impact Peptide 1.5 to provide 2340 kcal, 146 gm protein, and 1201 ml FW [Justice RD,LD, Jessica A - 02/24/2015 10:20])

Justice RD,LD, Jessica A - 02/24/2015 10:20

Radiology

ACCESSION	EXAM DATE/TIME	PROCEDURE	ORDERING PROVIDER	STATUS
CT-15-0012520	2/24/2015 05:12 EST	CT Head W/O IV Contrast	Drawdy PA-C,Karen M	Auth (Verified)

Reason For Exam
(CT Head W/O IV Contrast) post op crani

Findings:

PROCEDURE: CT HEAD

HISTORY: Intracranial hemorrhage, postop.

TECHNIQUE: A noncontrasted head CT exam was performed and compared to a prior study of 2/23/2015.

FINDINGS: There are now postop changes from a right-sided craniectomy with some extraaxial blood identified. The dominant finding is a right frontal hemorrhage which in AP dimension is 6.7 cm greatest dimension, previously is just over 5 cm. In the transverse plane, it measures about 3.2 cm, previously just over 2 cm. There is more mass effect and shift of midline structures over to the left. There is contralateral dilatation of the lateral ventricle and temporal horn. There remains definition of the ambient cistern. The fourth ventricle is in the midline. There is only a tiny amount of blood seen within the occipital horns. Again subarachnoid blood is also present. Blood extending along the falx is again noted.

IMPRESSION: Enlargement of right frontal intraaxial hemorrhage with more regional mass effect. Postop changes.

****** Final ***** ***Trans On: 02/24/2015 07:57 by: SB***
Read by: Savoca MD, William John
Released By: Savoca MD, William John
Released on: 02/24/2015 15:29 ***Technologist: Prewitt, Wendy J***

Technical Comments
CALL REPORT Person Contacted: Daris Sullivan
Date Contacted: 02/24/2015
Time Contacted (Military Time): 8:00
Contacted by: NYJ
Inpatient Floor notified report available.

ACCESSION	EXAM DATE/TIME	PROCEDURE	ORDERING PROVIDER	STATUS
CR-15-0032045	2/24/2015 12:43 EST	CR Abdomen 1 View KUB Portable	Guidelines of Care,*	Auth (Verified)

Reason For Exam
(CR Abdomen 1 View KUB Portable) ng tube placement before feeding

Radiology

ACCESSION	EXAM DATE/TIME	PROCEDURE	ORDERING PROVIDER	STATUS
CR-15-0032045	2/24/2015 12:43 EST	CR Abdomen 1 View KUB Portable	Guidelines of Care,*	Auth (Verified)

Findings:

ABDOMEN, 02/24/2015

HISTORY: NG tube.

COMMENTS: AP view of the abdomen was obtained. Nasogastric tube tip is at the level of the proximal stomach. There is a nonobstructive bowel gas pattern.

IMPRESSION: Nasogastric tube tip at the proximal stomach.

**** Final **** *Trans On: 02/24/2015 13:38 by: JL*
Read by: Marcus MD, Matthew A
Released By: Marcus MD, Matthew A
Released on: 02/24/2015 15:57 *Technologist: Ashford, Langston B*

ACCESSION	EXAM DATE/TIME	PROCEDURE	ORDERING PROVIDER	STATUS
CR-15-0032223	2/25/2015 03:32 EST	CR Chest 1 View Portable	Depp MD,Timothy B	Auth (Verified)

Reason For Exam
(CR Chest 1 View Portable) intubated

Medication Administration

Medications

Admin Date/Time: 2/24/2015 00:30 EST
Medication Name: **bacitracin topical (bacitracin topical ointment)**
Charted Date/Time: **2/24/2015 00:30 EST**
Ingredients: bacitracin topical ointment 1 app
Admin Details: (Auth) TOP
Action Details: Order: Stachowiak PA,James R 2/23/2015 14:56 EST; Perform: Looney RN,Marisa A 2/24/2015 00:30 EST; VERIFY: Looney RN, Marisa A 2/24/2015 00:30 EST

Admin Date/Time: 2/24/2015 01:15 EST
Medication Name: **Sodium Chloride 0.9% (Sodium Chloride 0.9% Bolus)**
Charted Date/Time: **2/24/2015 01:51 EST**
Ingredients: z21033 1000 mL
Admin Details: (Auth) IV, Right Arm
Action Details: Order: Berdel MD,Henrik O 2/24/2015 01:02 EST; Perform: Looney RN,Marisa A 2/24/2015 01:51 EST; VERIFY: Looney RN,Marisa A 2/24/2015 01:51 EST

Admin Date/Time: 2/24/2015 05:27 EST
Medication Name: **1 Rx Communication (Pharmacy Nursing Communication)**
Charted Date/Time: **2/24/2015 05:27 EST**
Ingredients: Pharmacy Nursing Communication 1 ea
Admin Details: (Auth) MISC
Action Details: Order: Stachowiak PA,James R 2/23/2015 14:56 EST; Perform: Looney RN,Marisa A 2/24/2015 05:27 EST; VERIFY: Looney RN, Marisa A 2/24/2015 05:27 EST

Admin Date/Time: 2/24/2015 05:27 EST
Medication Name: **1 Rx Communication (Pharmacy Nursing Communication)**
Charted Date/Time: **2/24/2015 05:27 EST**
Ingredients: Pharmacy Nursing Communication 1 ea
Admin Details: (Auth) MISC
Action Details: Order: Stachowiak PA,James R 2/23/2015 14:56 EST; Perform: Looney RN,Marisa A 2/24/2015 05:27 EST; VERIFY: Looney RN, Marisa A 2/24/2015 05:27 EST

Admin Date/Time: 2/24/2015 05:28 EST
Medication Name: **1 Rx Adult IV Electrolyte Replacement Guidelines, Critical Care**
Charted Date/Time: **2/24/2015 05:28 EST**
Ingredients: 1 Rx Adult IV Electrolyte Replacement Guidelines, Critical Care 1 ea
Admin Details: (Auth) MISC
Action Details: Order: Stachowiak PA,James R 2/23/2015 14:56 EST; Perform: Looney RN,Marisa A 2/24/2015 05:28 EST; VERIFY: Looney RN, Marisa A 2/24/2015 05:28 EST

Admin Date/Time: 2/24/2015 05:47 EST
Medication Name: **bisacodyl (Dulcolax Laxative)**
Charted Date/Time: **2/24/2015 05:47 EST**
Ingredients: Dulcolax Laxative 10 mg 1 supp
Admin Details: (Auth) PR
Action Details: Order: Stachowiak PA,James R 2/23/2015 14:56 EST; Perform: Looney RN,Marisa A 2/24/2015 05:47 EST; VERIFY: Looney RN, Marisa A 2/24/2015 05:47 EST

Medication Administration

Medications

Admin Date/Time: 2/24/2015 05:47 EST
Medication Name: **levetiracetam (Keppra)**
Charted Date/Time: **2/24/2015 05:47 EST**
Ingredients: 21002 100 mL; 30320 500 mg 5 mL
Admin Details: (Auth) IV, Left Arm
Action Details: Order: Drawdy PA-C,Karen M 2/23/2015 14:50 EST; Perform: Looney RN,Marisa A 2/24/2015 05:47 EST; VERIFY: Looney RN,Marisa A 2/24/2015 05:47 EST

Admin Date/Time: 2/24/2015 05:47 EST
Medication Name: **pantoprazole (Protonix)**
Charted Date/Time: **2/24/2015 05:47 EST**
Ingredients: Protonix 40 mg
Admin Details: (Auth) IV, Left Arm
Action Details: Order: Stachowiak PA,James R 2/23/2015 14:56 EST; Perform: Looney RN,Marisa A 2/24/2015 05:46 EST; VERIFY: Looney RN, Marisa A 2/24/2015 05:46 EST

Admin Date/Time: 2/24/2015 05:54 EST
Medication Name: **Sodium Chloride 0.9% (Sodium Chloride 0.9% Bolus)**
Charted Date/Time: **2/24/2015 05:54 EST**
Ingredients: Sodium Chloride 0.9% Bolus 1000 mL
Admin Details: (Auth) IV, Right Arm
Action Details: Order: Berdel MD,Henrik O 2/24/2015 05:54 EST; Perform: Looney RN,Marisa A 2/24/2015 05:54 EST; VERIFY: Looney RN,Marisa A 2/24/2015 05:54 EST

Admin Date/Time: 2/24/2015 06:55 EST
Medication Name: **magnesium sulfate (magnesium sulfate 4grams/100mL (premix))**
Charted Date/Time: **2/24/2015 06:55 EST**
Ingredients: 24179 4 gram 100 mL
Admin Details: (Auth) IV, Right Arm
Action Details: Order: Guidelines of Care,* 2/24/2015 05:42 EST; Perform: Looney RN,Marisa A 2/24/2015 06:54 EST; VERIFY: Looney RN,Marisa A 2/24/2015 06:54 EST

Admin Date/Time: 2/24/2015 06:55 EST
Medication Name: **potassium chloride (KCl (IV additive))**
Charted Date/Time: **2/24/2015 06:55 EST**
Ingredients: 25447 40 mEq 20 mL; z21033 250 mL
Admin Details: (Auth) IV, Left Arm
Action Details: Order: Guidelines of Care,* 2/24/2015 05:42 EST; Perform: Looney RN,Marisa A 2/24/2015 06:54 EST; VERIFY: Looney RN,Marisa A 2/24/2015 06:54 EST

Admin Date/Time: 2/24/2015 06:55 EST
Medication Name: **calcium gluconate**
Charted Date/Time: **2/24/2015 06:55 EST**
Ingredients: 22022 13.95 mEq 30 mL; z21031 50 mL
Admin Details: (Auth) IV, Left Arm
Action Details: Order: Guidelines of Care,* 2/24/2015 05:42 EST; Perform: Looney RN,Marisa A 2/24/2015 06:55 EST; VERIFY: Looney RN,Marisa A 2/24/2015 06:55 EST

Medication Administration

Medications

Admin Date/Time: 2/24/2015 06:55 EST
Medication Name: **cefazolin (Ancef)**
Charted Date/Time: **2/24/2015 06:55 EST**
Ingredients: 23898 500 mg; 21001 50 mL
Admin Details: (Auth) IV, Left Arm
Action Details: Order: Drawdy PA-C,Karen M 2/23/2015 19:39 EST; Perform: Looney RN,Marisa A 2/24/2015 06:55 EST; VERIFY: Looney RN,Marisa A 2/24/2015 06:55 EST

Admin Date/Time: 2/24/2015 09:14 EST
Medication Name: **thiamine**
Charted Date/Time: **2/24/2015 16:29 EST**
Admin Details: (Not Done) not needed
thiamine
Action Details: Perform: Sullivan RN,Michael D 2/24/2015 09:14 EST

Admin Date/Time: 2/24/2015 10:00 EST
Medication Name: **magnesium sulfate (magnesium sulfate 4grams/100mL (premix))**
Charted Date/Time: **2/24/2015 14:59 EST**
Admin Details: (Not Done) banana bag ordered
magnesium sulfate
Action Details: Perform: Sullivan RN,Michael D 2/24/2015 10:00 EST

Admin Date/Time: 2/24/2015 10:50 EST
Medication Name: **sodium phosphate**
Charted Date/Time: **2/24/2015 12:36 EST**
Ingredients: 30194 45 mmol 15 mL; z21033 250 mL
Admin Details: (Auth) IV, Right Arm
Action Details: Order: Guidelines of Care,* 2/24/2015 05:42 EST; Perform: Sullivan RN,Michael D 2/24/2015 12:36 EST; VERIFY: Sullivan RN,Michael D 2/24/2015 12:36 EST

Admin Date/Time: 2/24/2015 11:30 EST
Medication Name: **potassium chloride (KCl (IV additive))**
Charted Date/Time: **2/24/2015 12:37 EST**
Ingredients: z21033 250 mL; 25447 40 mEq 20 mL
Admin Details: (Auth) IV, Right Arm
Action Details: Order: Guidelines of Care,* 2/24/2015 05:42 EST; Perform: Sullivan RN,Michael D 2/24/2015 12:37 EST; VERIFY: Sullivan RN,Michael D 2/24/2015 12:37 EST

Admin Date/Time: 2/24/2015 14:06 EST
Medication Name: **cefazolin (Ancef)**
Charted Date/Time: **2/24/2015 14:09 EST**
Ingredients: 23898 500 mg; 21001 50 mL
Admin Details: (Auth) IV, Left Arm
Action Details: Order: Drawdy PA-C,Karen M 2/23/2015 19:39 EST; Perform: Sullivan RN,Michael D 2/24/2015 14:09 EST; VERIFY: Sullivan RN,Michael D 2/24/2015 14:09 EST

Admin Date/Time: 2/24/2015 16:27 EST
Medication Name: **potassium chloride (KCl (IV additive))**
Charted Date/Time: **2/24/2015 16:27 EST**
Ingredients: 25447 40 mEq 20 mL; z21033 250 mL
Admin Details: (Auth) IV, Right Arm
Action Details: Order: Guidelines of Care,* 2/24/2015 05:42 EST; Perform: Sullivan RN,Michael D 2/24/2015 16:27 EST; VERIFY: Sullivan RN,Michael D 2/24/2015 16:27 EST

Medication Administration

Medications

Admin Date/Time: 2/24/2015 17:17 EST
Medication Name: **levetiracetam (Keppra)**
Charted Date/Time: **2/24/2015 17:21 EST**
Ingredients: 30320 500 mg 5 mL; 21002 100 mL
Admin Details: (Auth) IV, Left Arm
Action Details: Order: Drawdy PA-C,Karen M 2/24/2015 09:04 EST; Perform: Sullivan RN,Michael D 2/24/2015 17:21 EST; VERIFY: Sullivan RN, Michael D 2/24/2015 17:21 EST

Admin Date/Time: 2/24/2015 17:21 EST
Medication Name: **1 Rx Communication (Pharmacy Nursing Communication)**
Charted Date/Time: **2/24/2015 17:21 EST**
Ingredients: Pharmacy Nursing Communication 1 ea
Admin Details: (Modified) MISC
Action Details: Order: Stachowiak PA,James R 2/23/2015 14:56 EST; Perform: Sullivan RN,Michael D 2/24/2015 17:21 EST; Modify: Sullivan RN, Michael D 2/24/2015 17:21 EST; VERIFY: Sullivan RN,Michael D 2/24/2015 17:21 EST

Admin Date/Time: 2/24/2015 20:23 EST
Medication Name: **calcium gluconate**
Charted Date/Time: **2/24/2015 20:23 EST**
Ingredients: z21031 50 mL; 22022 13.95 mEq 30 mL
Admin Details: (Auth) IV, Right Femoral
Action Details: Order: Guidelines of Care,* 2/24/2015 18:57 EST; Perform: Kaelin RN,Kory F 2/24/2015 20:23 EST; VERIFY: Kaelin RN,Kory F 2/24/2015 20:23 EST

Admin Date/Time: 2/24/2015 22:18 EST
Medication Name: **cefazolin (Ancef)**
Charted Date/Time: **2/24/2015 22:18 EST**
Ingredients: 21001 50 mL; 23898 500 mg
Admin Details: (Auth) IV, Left Arm
Action Details: Order: Drawdy PA-C,Karen M 2/23/2015 19:39 EST; Perform: Kaelin RN,Kory F 2/24/2015 22:18 EST; VERIFY: Kaelin RN,Kory F 2/24/2015 22:18 EST

Admin Date/Time: 2/25/2015 06:00 EST
Medication Name: **1 Rx Adult IV Electrolyte Replacement Guidelines, Critical Care**
Charted Date/Time: **2/25/2015 05:08 EST**
Ingredients: 1 Rx Adult IV Electrolyte Replacement Guidelines, Critical Care 1 ea
Admin Details: (Auth) MISC
Action Details: Order: Stachowiak PA,James R 2/23/2015 14:56 EST; Perform: Kaelin RN,Kory F 2/25/2015 05:08 EST; VERIFY: Kaelin RN,Kory F 2/25/2015 05:08 EST

Admin Date/Time: 2/25/2015 06:00 EST
Medication Name: **1 Rx Communication (Pharmacy Nursing Communication)**
Charted Date/Time: **2/25/2015 05:08 EST**
Ingredients: Pharmacy Nursing Communication 1 ea
Admin Details: (Auth) MISC
Action Details: Order: Stachowiak PA,James R 2/23/2015 14:56 EST; Perform: Kaelin RN,Kory F 2/25/2015 05:08 EST; VERIFY: Kaelin RN,Kory F 2/25/2015 05:08 EST

Medication Administration

Continuous Infusions

Admin Date/Time: 2/24/2015 06:00 EST to 2/24/2015 06:59 EST
Medication Name: **Sodium Chloride 0.9% 1,000 mL**
Charted Date/Time: **2/24/2015 05:55 EST**
Ingredients: 21035 719 mL
Admin Details: (Infuse) (Auth) 719 mL, 125 mL/hr, Left Arm
Action Details: Order: Stachowiak PA,James R 2/23/2015 14:56 EST; Perform: Looney RN,Marisa A 2/24/2015 05:55 EST; VERIFY: Looney RN, Marisa A 2/24/2015 05:55 EST

Admin Date/Time: 2/24/2015 06:00 EST to 2/24/2015 06:59 EST
Medication Name: **propofol (IV additive) 500 mg + Premix 50 mL**
Charted Date/Time: **2/24/2015 05:55 EST**
Admin Details: (Infuse) (Auth) 0 mL, 2.31 mL/hr, Left Antecubital Fossa
Action Details: Order: Jones MD,Mark A 2/23/2015 14:56 EST; Perform: Looney RN,Marisa A 2/24/2015 05:55 EST; VERIFY: Looney RN,Marisa A 2/24/2015 05:55 EST

Admin Date/Time: 2/24/2015 07:00 EST
Medication Name: **propofol (IV additive) 500 mg + Premix 50 mL**
Charted Date/Time: **2/24/2015 07:58 EST**
Admin Details: (Rate Change) (Auth) 0 mL/hr, Left Antecubital Fossa, 77 kg
Action Details: Order: Smith MD,Peter G 2/23/2015 14:56 EST; Perform: Sullivan RN,Michael D 2/24/2015 07:58 EST; VERIFY: Sullivan RN,Michael D 2/24/2015 07:58 EST

Admin Date/Time: 2/24/2015 07:00 EST
Medication Name: **fentanyl (IV additive) 1,350 mcg + Premix 135 mL**
Charted Date/Time: **2/24/2015 07:58 EST**
Admin Details: (Rate Change) (Auth) 0 mL/hr, Right Arm
Action Details: Order: Smith MD,Peter G 2/23/2015 15:16 EST; Perform: Sullivan RN,Michael D 2/24/2015 07:58 EST; VERIFY: Sullivan RN,Michael D 2/24/2015 07:58 EST

Admin Date/Time: 2/24/2015 10:45 EST
Medication Name: **NaCl 0.9% 1,000 mL + multivitamin adult injection 10 mL + thiamine (IV Additive) 250 mg + folic acid (IV Additive) 1 mg**
Charted Date/Time: **2/24/2015 12:35 EST**
Ingredients: 21035 1000 mL; 24550 10 mL; 29442 250 mg 2.5 mL; 23316 1 mg 0.2 mL
Admin Details: (Begin Bag) (Auth) 1000 mL, 125 mL/hr, Left Arm
Action Details: Order: Maxey MD,Melissa 2/24/2015 09:30 EST; Perform: Sullivan RN,Michael D 2/24/2015 12:35 EST; VERIFY: Sullivan RN,Michael D 2/24/2015 12:35 EST

Admin Date/Time: 2/24/2015 14:00 EST to 2/24/2015 14:59 EST
Medication Name: **Sodium Chloride 0.9% 1,000 mL**
Charted Date/Time: **2/24/2015 14:55 EST**
Ingredients: 21035 320 mL
Admin Details: (Infuse) (Auth) 320 mL, 125 mL/hr, Left Arm
Action Details: Order: Stachowiak PA,James R 2/23/2015 14:56 EST; Perform: Sullivan RN,Michael D 2/24/2015 14:55 EST; VERIFY: Sullivan RN, Michael D 2/24/2015 14:55 EST

Admin Date/Time: 2/24/2015 14:00 EST to 2/24/2015 14:59 EST
Medication Name: **NaCl 0.9% 1,000 mL + multivitamin adult injection 10 mL + thiamine (IV Additive) 250 mg + folic acid (IV Additive) 1 mg**
Charted Date/Time: **2/24/2015 14:55 EST**
Ingredients: 21035 350 mL; 24550 3.5 mL; 29442 87.5 mg; 23316 0.35 mg
Admin Details: (Infuse) (Auth) 350 mL, 125 mL/hr, Left Arm
Action Details: Order: Maxey MD,Melissa 2/24/2015 09:30 EST; Perform: Sullivan RN,Michael D 2/24/2015 14:55 EST; VERIFY: Sullivan RN,Michael D 2/24/2015 14:55 EST

Medication Administration

Continuous Infusions

Admin Date/Time: 2/24/2015 14:00 EST to 2/24/2015 14:59 EST
Medication Name: **fentanyl (IV additive) 1,350 mcg + Premix 135 mL**
Charted Date/Time: **2/24/2015 14:55 EST**
Ingredients: 32453 76 mcg; Premix 7.6 mL
Admin Details: (Infuse) (Auth) 7.6 mL, 0 mL/hr, Right Arm
Action Details: Order: Smith MD,Peter G 2/23/2015 15:16 EST; Perform: Sullivan RN,Michael D 2/24/2015 14:55 EST; VERIFY: Sullivan RN,Michael D 2/24/2015 14:55 EST

Admin Date/Time: 2/24/2015 22:00 EST to 2/24/2015 22:59 EST
Medication Name: **Sodium Chloride 0.9% 1,000 mL**
Charted Date/Time: **2/25/2015 06:59 EST**
Ingredients: 21035 980 mL
Admin Details: (Infuse) (Auth) 980 mL, 125 mL/hr, Left Arm
Action Details: Order: Stachowiak PA,James R 2/23/2015 14:56 EST; Perform: Kaelin RN,Kory F 2/25/2015 06:59 EST; VERIFY: Kaelin RN,Kory F 2/25/2015 06:59 EST

Admin Date/Time: 2/25/2015 06:00 EST to 2/25/2015 06:59 EST
Medication Name: **Sodium Chloride 0.9% 1,000 mL**
Charted Date/Time: **2/25/2015 06:59 EST**
Ingredients: 21035 1025 mL
Admin Details: (Infuse) (Auth) 1025 mL, 125 mL/hr, Left Arm
Action Details: Order: Stachowiak PA,James R 2/23/2015 14:56 EST; Perform: Kaelin RN,Kory F 2/25/2015 06:59 EST; VERIFY: Kaelin RN,Kory F 2/25/2015 06:59 EST

Admin Date/Time: 2/25/2015 14:00 EST to 2/25/2015 14:59 EST
Medication Name: **Sodium Chloride 0.9% 1,000 mL**
Charted Date/Time: **2/25/2015 17:36 EST**
Ingredients: 21035 1120 mL
Admin Details: (Infuse) (Auth) 1120 mL, 125 mL/hr, Left Arm
Action Details: Order: Stachowiak PA,James R 2/23/2015 14:56 EST; Perform: Matheson RN,Crisna M 2/25/2015 17:35 EST; VERIFY: Matheson RN,Crisna M 2/25/2015 17:35 EST

Admin Date/Time: 2/25/2015 14:00 EST to 2/25/2015 14:59 EST
Medication Name: **NaCl 0.9% 1,000 mL + multivitamin adult injection 10 mL + thiamine (IV Additive) 250 mg + folic acid (IV Additive) 1 mg**
Charted Date/Time: **2/25/2015 17:36 EST**
Ingredients: 21035 500 mL; 24550 5 mL; 29442 125 mg; 23316 0.5 mg
Admin Details: (Infuse) (Auth) 500 mL, 125 mL/hr, Left Arm
Action Details: Order: Maxey MD,Melissa 2/24/2015 09:30 EST; Perform: Matheson RN,Crisna M 2/25/2015 17:34 EST; VERIFY: Matheson RN,Crisna M 2/25/2015 17:34 EST

Admin Date/Time: 2/25/2015 18:00 EST
Medication Name: **fentanyl (IV additive) 1,350 mcg + Premix 135 mL**
Charted Date/Time: **2/25/2015 18:52 EST**
Ingredients: fentanyl (IV additive) 1350 mcg 135 mL 100 mcg/hr; Premix 135 mL
Admin Details: (Begin Bag) (Auth) 135 mL, 10 mL/hr, PICC Line
Action Details: Order: Maxey MD,Melissa 2/25/2015 17:02 EST; Perform: Matheson RN,Crisna M 2/25/2015 18:52 EST; VERIFY: Matheson RN,Crisna M 2/25/2015 18:52 EST

SERVICE DATE/TIME: Patient & Family Education
RESULT STATUS: 2/24/2015 14:57 EST
PERFORM INFORMATION: Auth (Verified)
ELECTRONICALLY SIGNED BY: Sullivan RN,Michael D (2/24/2015 14:57 EST)

Patient & Family Education
02/24/15 02:57 pm Performed by Sullivan RN, Michael D
Entered on 02/24/15 02:57 pm

Patient & Family Education

Charting Department	Nursing
Person Educated	Patient
Patient Learning Preferences	Verbal
Patient Readiness to Learn	Cognitive/Sensory Impairment
Patient Outcomes-Participation	Unable to Teach

Interdisciplinary Plans of Care Education

Information Provided-VTE	VTE Treatment Plan
Info Provided-PUP Prevention Activities	Skin care
Info Provided-Pressure Ulcer/Wound	Positioning, Skin Assessment

Facility Info: Palmetto Health Richland
5 Richland Medical Park
Columbia, SC 29203-

Patient Info: DILLON,EDMUND

MRN: R012719295

FIN: R1505401814

Attending Physician: Jones MD,Mark A
Admitting Physician: Jones MD,Mark A

Pt. Age:
Date of Birth:
CMRN: 001[illegible]

Education

Information Provided-High Fall Risk — Adherence to Fall Risk Specific Precautions
Info Provided-Falls-Injury Factors — Wait for Assistance
Info Provided-Falls-Environmental Safety — Side Rails for Mobility, Bed Control

Nursing-Nutrition-Surginet-L&D Pt-Fam Ed

Information Provided — Oral care, Pain Control

Case Management

MCM Evaluation Entered On: 02/24/2015 11:44
Performed On: 02/24/2015 11:41 by Butler RN, Kenneth M

Case Management Evaluation
MCM Referral Source : Chart Screen
Information Source-Admission : Family, Spouse
MCM Referral Concern : Discharge Planning
MCM Source of Income : No Income
Financial Class : Self Pay
Health Plan : Other 010020
MCM Contact Person : Daughter, Spouse
Contact Numbers : wife=April Dillon 803-727-7497
daughter=Robin Dillon 803-767-1442
MCM Living Arrangements : Home, With Spouse
MCM Emotional-Social Support System : Family, Friend(s)
MCM Significant Event : Trauma
MCM Diagnosis-Medical History : s/p fall with sdh requiring rt craniectomy, pmh liver failure
PCP Phone Number : family denies pt having pcp
MCM Substance Abuse : Actual
Illness Insight : Other: vent
MCM ADLs : Independent
Assistive Devices : None
Discharge Transportation : Ambulance
MCM Problem-Needs : Drug/Alcohol Abuse, Financial Needs

Butler RN, Kenneth M - 02/24/2015 11:41

Substance Abuse
Alcohol Use : Current
Alcohol Frequency : Daily
Alcohol Amount per Day : wife unsure of amount
Recreational Drug Use : None

Butler RN, Kenneth M - 02/24/2015 11:41

Social History

(As Of: 02/24/2015 11:44:36 EST)

Tobacco:

Current every day smoker, 10 per day. 30 year(s). Started age 26.0 Years. (Last Updated: 02/23/2015 19:57:44 EST by Looney RN, Marisa A)

DOCUMENT NAME:	MCM Interventions
SERVICE DATE/TIME:	2/24/2015 11:44 EST
RESULT STATUS:	Auth (Verified)
PERFORM INFORMATION:	Butler RN,Kenneth M (2/24/2015 11:44 EST)
ELECTRONICALLY SIGNED BY:	Butler RN,Kenneth M (2/24/2015 11:44 EST)

MCM Interventions Entered On: 02/24/2015 11:47
Performed On: 02/24/2015 11:44 by Butler RN, Kenneth M

Facility Info: Palmetto Health Richland
5 Richland Medical Park
Columbia, SC 29203-

Attending Physician: Jones MD,Mark A
Admitting Physician: Jones MD,Mark A

Patient Info: DILLON, EDMUND
Pt. Age:
Date of Birth
CMRN: 001376880

MRN: R012719295
FIN: R1505401814

Case Management

Interventions

MCM Interventions-Patient : Met with Patient/Family
(Comment: Called musc transplant coordinator 843-792-5097 families request for information, at present pt is critial and would not be a candidate for waiting list, if pt improves there are 2 ways to get on transplant list, 1 is emergant dr to dr call and review of case, second would be refereed as op for consideration, i explained this to family [Butler RN, Kenneth M - 02/24/2015 11:44])
Response To Interventions : Accepting
Behavior Response-Patient : Appropriate
MCM Barriers -Particip -Care Descisions : None

D - 0447

Butler RN, Kenneth M - 02/24/2015 11:44

Rehab Documentation

DOCUMENT NAME:	PT Rehab Note
SERVICE DATE/TIME:	2/24/2015 13:59 EST
RESULT STATUS:	Auth (Verified)
PERFORM INFORMATION:	Adelhardt PT,DPT,Allison S (2/24/2015 13:59 EST)
Electronically Signed and Verified By:	Adelhardt PT,DPT,Allison S (2/24/2015 13:59 EST)

PT Rehab Note Entered On: 02/24/2015 14:02
Performed On: 02/24/2015 13:59 by Adelhardt PT, DPT, Allison S

Additional Information

Additional Information PT : Per RN pt currently responding inconsistently to pain stim only. Will defer PT eval until pt more responsive.

Adelhardt PT, DPT, Allison S - 02/24/2015 13:59

D - 0448

Laboratory Results

Chemistry

Procedure	Collected Date 2/24/2015 Collected Time 10:50 EST	2/24/2015 17:12 EST	2/25/2015 03:00 EST	2/25/2015 08:40 EST	2/25/2015 15:25 EST	Units	Reference Range
Sodium	125[L^1]	130[L^1]	129[L^1]	-	-	mmol/L	[136-145]
Potassium	-	4.0^1	3.8^1	-	-	mmol/L	[3.5-5.1]
Chloride	-	-	100^1	-	-	mmol/L	[98-107]
CO2	-	-	18[L^1]	-	-	mmol/L	[21-32]
Anion Gap	-	-	11^1	-	-		[5-15]
Glucose Level	-	-	115[H^8^1]	-	-	mg/dL	[70-99]
BUN	-	-	27[H^1]	-	-	mg/dL	[7-18]
Creatinine	-	-	1.4[H^R17^1]	-	-	mg/dL	[0.6-1.3]
GFR Non-African American	-	-	54[L^9^1]	-	-	ml/min/1.73 sq meter	[>=60]
GFR African American	-	-	65^9^1	-	-	ml/min/1.73 sq meter	[>=60]
Calcium	-	-	7.5[L^1]	-	-	mg/dL	[8.5-10.1]
Phosphorus	-	3.8^1	3.1^1	-	-	mg/dL	[2.5-4.9]
Protein,Total	-	-	5.0[L^1]	-	-	g/dL	[6.4-8.2]
Albumin	-	-	1.7[L^1]	-	-	g/dL	[3.4-5.0]
Bilirubin,Total	-	-	24.1[H^R19^1]	-	-	mg/dL	[0.2-1.0]
Alkaline Phos	-	-	257[H^1]	-	-	U/L	[45-117]
AST (SGOT)	-	-	162[H^1]	-	-	U/L	[15-37]
ALT (SGPT)	-	-	51^1	-	-	U/L	[12-78]
Magnesium	-	2.1^1	2.2^1	-	-	mg/dL	[1.8-2.4]
Ammonia,Plasma	-	-	-	35[H^1]	-	umol/L	[0-31]
Calcium Ionized	-	1.02[L^1]	1.03[L^1]	-	1.09[L^1]	mmol/L	[1.16-1.32]
Alpha-Fetoprotein Tumor Marker	-	2.7^10^1	-	-	-	ng/mL	[0.0-5.9]

Result Comments

R17: Creatinine
ICTERIC SPECIMEN. INTERPRET WITH CAUTION. RESULTS MAY BE AFFECTED.

R19: Bilirubin, Total
Panic Value, Result Checked, Called To And Read Back By Cory Kaelin 02/25/2015 3:55:47 EST srbriggs.

Interpretive Data

^8: Glucose Level

```
Fasting:              70-99
Impaired Fasting:     100-125
Random                70-139
```

^9: GFR African American, GFR Non-African American
Interpret with caution, quantification of eGFR values below 60 mL/min/1.73 m2 has more clinical implications for classification of kidney function than values above this level.

^10: Alpha-Fetoprotein Tumor Marker

```
Testing performed on Siemens Vista by Chemiluminescent Immunoassay based on LOCI
Technology.
```

Procedure	Collected Date 2/26/2015 Collected Time 03:07 EST	Units	Reference Range
Sodium	133[L^1]	mmol/L	[136-145]
Potassium	4.1^1	mmol/L	[3.5-5.1]
Chloride	104^1	mmol/L	[98-107]
CO2	14[L^1]	mmol/L	[21-32]
Anion Gap	15^1		[5-15]
Glucose Level	76^8^1	mg/dL	[70-99]

MRP Clinical Documentation

Electronically Signed & Verified on 02/26/2015 08:17
by Depp MD, Timothy B

Electronically Signed & Verified on 02/27/15 16:34
by Jones MD, Mark A

DOCUMENT NAME:	Physician Progress Notes
SERVICE DATE/TIME:	2/25/2015 22:00 EST
RESULT STATUS:	Auth (Verified)
PERFORM INFORMATION:	Hooks PA,Christopher C (2/26/2015 00:17 EST)
SIGN INFORMATION:	Toussaint MD,Charles P (2/26/2015 18:00 EST); Hooks PA, Christopher C (2/26/2015 00:17 EST)

Neurosurgery sign off note

Patient: **DILLON, EDMUND** **MRN: R012719295** **FIN: R1505401814**
Age: **56 years** Sex: **Male** DOB: **10/13/58**
Associated Diagnoses: **None**
Author: **Hooks PA, Christopher C**

Chief Complaint

UTO-patient sedated
SAH, SDH with midline shift on head CT

History of Present Illness

56 y/o that fell today and brought to ER. Head CT revealed SAH and SDH with midline shift and neurosurgery was consulted. Patient has decompensated while in the ER and is about to get intubated. He is drowsy at time of exam and unable to communicate or contribute to history.

POD#2 right craniectomy for SDH. Pt status changed to DNR today.

Review of Systems

Unable to obtain due to patients condition

Health Status

Allergies: Unable to obtain due to patients condition

Current medications: Unable to obtain due to patients condition

Problem list:
Active Problems (5)
At risk for falls
At risk of pressure sore
At risk of venous thromboembolus
Cirrhosis
Frequent falls

home meds: none

Histories

Past Medical History:

MRP Clinical Documentation

Resolved
Alcoholism (792E1B04-FED7-48CF-9C4C-9C74AABCAAF5): Resolved.
Skin cancer (2536564013): Resolved., unknown due to patient's conditon

Family History: unknown due to patient's conditon

Procedure history: unknown due to patient's conditon

Social History
unknown due to patient's conditon.

Physical Examination
VS/Measurements

Vitals Signs (last 24 hrs)	Last Charted	Minimum	Maximum
Resp Rate	H 28 (FEB 26 00:00)	20 (FEB 25 06:00)	C 44 (FEB 25 18:00)
SBP	97 (FEB 26 00:00)	94 (FEB 25 22:00)	125 (FEB 25 02:00)
DBP	61 (FEB 26 00:00)	59 (FEB 25 21:00)	73 (FEB 25 02:00)

General: intubated. does not follow commands. withdraws to pain. .
Eye: icteric sclera bilateral, pupils pinpoint bilateral.
HENT: laceration to back of head, post op dressing in place. drain in place. .
Neck: C collar.
Respiratory: intubated.
Cardiovascular: Normal rate.
Musculoskeletal: left sided weakness, does not follow commands. withdraws to pain all four extremities. .
Integumentary: jaundiced.
Neurologic: decreased sensation and movement on left side prior to craniectomy, Not alert.
Glasgow Coma Scale: Eye opening response (No response = 1), Motor response (Withdraws from noxious stimulus = 4), Verbal response (Mute = 1), Total score 6 (intubated).

Review / Management
Results review:
Labs (Last four charted values)

WBC	H 14.4	(FEB 25)	9.4	(FEB 24)	10.7	(FEB 23)		
Hgb	L 10.0	(FEB 25)	L 9.0	(FEB 24)	L 11.8	(FEB 23)		
Hct	L 27.5	(FEB 25)	L 28.4	(FEB 24)	L 37.5	(FEB 23)		
Plt	L 127	(FEB 25)	L 107	(FEB 24)	L 127	(FEB 23)		
Na	L 129	(FEB 25)	L 130	(FEB 24)	L 126	(FEB 24)	L 128	(FEB 24)
K	3.8	(FEB 25)	4.0	(FEB 24)	L 2.6	(FEB 24)	L 3.1	(FEB 23)
CO2	L 18	(FEB 25)	L 18	(FEB 24)	25	(FEB 23)		

MRP Clinical Documentation

Cl	100	(FEB 25)	98	(FEB 24)	L 82	(FEB 23)	
Cr	H 1.4	(FEB 25)	0.7	(FEB 24)	1.2	(FEB 23)	
BUN	H 27	(FEB 25)	H 21	(FEB 24)	H 26	(FEB 23)	
Glucose	H 115	(FEB 25)	85	(FEB 24)	H 118	(FEB 23)	
Mg	2.2	(FEB 25)	2.1	(FEB 24)	L 1.1	(FEB 24)	
Phos	3.1	(FEB 25)	3.8	(FEB 24)	L 1.3	(FEB 24)	
Ca	L 7.5	(FEB 25)	L 6.3	(FEB 24)	L 8.1	(FEB 23)	
INR	2.0	(FEB 25)	1.6	(FEB 23)	1.7	(FEB 23)	
PTT	H 37.3	(FEB 24)	33.9	(FEB 23)	H 39.9	(FEB 23)	

Impression and Plan

SDH, SAH
Plan:
Drain removed.
No further neurosurgical intervention. Neurosurgery will sign off at this time. Sutures should be removed in 12 days.

Electronically Signed & Verified on 02/26/2015 00:17
by Hooks PA, Christopher C

Electronically Signed & Verified on 02/26/15 18:00
by Toussaint MD, Charles P

DOCUMENT NAME: Physician Progress Notes
SERVICE DATE/TIME: 2/25/2015 17:06 EST
RESULT STATUS: Auth (Verified)
PERFORM INFORMATION: Maxey MD,Melissa (2/25/2015 17:11 EST)
SIGN INFORMATION: Jones MD,Mark A (2/26/2015 07:54 EST); Maxey MD, Melissa (2/25/2015 17:11 EST)

Critical care note

Patient: **DILLON, EDMUND** **MRN: R012719295** **FIN: R1505401814**
Age: Sex: DOB:
Associated Diagnoses: **None**
Author: **Maxey MD, Melissa**

Critical Care Note

I spoke with the wife and extended family about the patient's overall poor prognosis, including brain injury, liver and kidney failure, respiratory failure and developing infection. They have agreed to change to comfort care while permitting the vent support only until tomorrow at 3PM when his daughter arrives. We will discontinue all

medications except fentanyl and propofol if needed for anxiety. We will stop lab draws, imaging, tube feeds, and all other interventions except ventilatory support. He will be changed to a DNR2 with plans for DNR5 tomorrow.

Electronically Signed & Verified on 02/25/2015 17:11
by Maxey MD, Melissa

Electronically Signed & Verified on 02/26/15 07:54
by Jones MD, Mark A

DOCUMENT NAME:	Physician Progress Notes
SERVICE DATE/TIME:	2/25/2015 15:28 EST
RESULT STATUS:	Modified
PERFORM INFORMATION:	Jones MD,Mark A (2/27/2015 16:10 EST); Depp MD,Timothy B (2/25/2015 16:12 EST)
SIGN INFORMATION:	Jones MD,Mark A (2/27/2015 16:10 EST); Jones MD,Mark A (2/27/2015 16:07 EST); Depp MD,Timothy B (2/25/2015 16:12 EST)

Addendum by Jones MD, Mark A on 27 February 2015 16:10
Attending Attestation: I have seen this patient on rounds, examined them, reviewed their laboratory and radiographic information. I agree with the student's/ resident's/physician extender's assessment and plan above. MAJ.

Vent support
7.46/22.4/136/15.6/-606 p/f 340
CXR stable
On ancef per NSG for drain
WBC 14
HGB 10
Na 129 - hyponatremia (chronic) related to his ETOH use likely
GI consult appreciated - nothing further at this time
He is not a candidate for liver tx - although his MELD score is 37 which places him greater than 50% mortality at baseline even without the terrible TBI
Bili now 24
Discussion to be held with family to outline very poor prognosis and develop plan.

Total critical care = 32 minutes.

MAJ.

Electronically Signed & Verified on 02/27/2015 16:10
by Jones MD, Mark A

STICU Progress Note

Patient: **DILLON, EDMUND** **MRN: R012719295** **FIN: R1505401814**
Age: Sex: DOB:
Associated Diagnoses: **None**
Author: **Depp MD, Timothy B**

Chief Complaint

MRP Clinical Documentation

56yo M s/p fall with acute on chronic subdurals and large R ICH, worsening s/p hemicraniectomy, in the setting of apparent acute liver failure and elevation of bilirubin.

2/24/15: Worsening status, family updated at bedside, CVC inserted L groin for access given patients rapid fluctuation between hypo and hypernatremia. Neurosurgery recommends supportive measures at this time.
2/25/15: Some continued withdraw to pain. Jaundice much worse. PICC placed. NSG drain pulled. GI will watch hold off on intervention for now.

Review of Systems

Status: Unable to obtain..

Histories

Past Medical History

Resolved
Alcoholism (792E1B04-FED7-48CF-9C4C-9C74AABCAAF5): Resolved.
Skin cancer (2536564013): Resolved..

Physical Examination

VS/Measurements

Vital Signs

02/25/15 14:00

Temperature Bladder	**38.4 DegC HIGH**
Temperature Bladder,degF	101.1 DegF Normal
Heart Rate Monitored	**112 bpm HIGH**
Respiratory Rate	**42 br/min >HHI**
Pulse Ox Sat	100 %
NIBP Systolic	114 mmHg
NIBP Diastolic	73 mmHg
NIBP Mean Calculated	87 mmHg
NIBP Mean Monitored	82 mmHg
Invasive Systolic BP	117 mmHg
Invasive Diastolic BP	65 mmHg
Invasive MAP	77 mmHg

HENT: Stapled scalp wound appears intact. No apparent infection.
Neck: Supple.
Respiratory: Lungs are clear to auscultation, Respirations are non-labored, Breath sounds are equal.
Cardiovascular: Normal rate.
Gastrointestinal: Soft, Non-tender.
Integumentary: Warm, Dry, Significant jaundice.

Neurologic: Withdraws to pain on right.

Review / Management

Results review:

Labs (Last four charted values)

WBC		H 14.4	(FEB 25)	9.4	(FEB 24)	10.7	(FEB 23)	
Hgb		L 10.0	(FEB 25)	L 9.0	(FEB 24)	L 11.8	(FEB 23)	
Hct		L 27.5	(FEB 25)	L 28.4	(FEB 24)	L 37.5	(FEB 23)	
Plt	L 127	(FEB 25)	L 107	(FEB 24)	L 127	(FEB 23)		
Na	L 129	(FEB 25)	L 130	(FEB 24)	L 126	(FEB 24)	L 128	(FEB 24)
K	3.8	(FEB 25)	4.0	(FEB 24)	L 2.6	(FEB 24)	L 3.1	(FEB 23)
CO2		L 18	(FEB 25)	L 18	(FEB 24)	25	(FEB 23)	
Cl	100	(FEB 25)	98	(FEB 24)	L 82	(FEB 23)		
Cr	H 1.4	(FEB 25)	0.7	(FEB 24)	1.2	(FEB 23)		
BUN		H 27	(FEB 25)	H 21	(FEB 24)	H 26	(FEB 23)	
Glucose		H 115	(FEB 25)	85	(FEB 24)	H 118	(FEB 23)	
Mg		2.2	(FEB 25)	2.1	(FEB 24)	L 1.1	(FEB 24)	
Phos		3.1	(FEB 25)	3.8	(FEB 24)	L 1.3	(FEB 24)	
Ca	L 7.5	(FEB 25)	L 6.3	(FEB 24)	L 8.1	(FEB 23)		
INR		2.0	(FEB 25)	1.6	(FEB 23)	1.7	(FEB 23)	
PTT		H 37.3	(FEB 24)	33.9	(FEB 23)	H 39.9	(FEB 23)	

2/24/15 CT: S/p hemicrani, worsening ICH

Impression and Plan

56yo M s/p fall with acute on chronic subdurals and large R ICH, worsening s/p hemicraniectomy, in the setting of apparent acute liver failure and elevation of bilirubin

Procedures:
2/23 Hemicraniectomy

Consults:
Neurosurgery (Toussaint)
Palliative care (Jenkins)
Gastroenterology (Lowman)

Palliative: Are meeting with family to discuss goals of care and patient's status.

Respiratory

MRP Clinical Documentation

CXR: Similar to previous
ABG: (H) 7.46 (L) 22.4 (H) 136 (L) 15.6 -6.6

Infectious
No growth of urine and wound Cultures to date
Low grade temperatures

Cardiovascular
Mild tachycardia

Heme: Hemoglobin grossly stable from previous

Metabolic: Significant metabolic derangements, Sodium continues to be in the upper 120s, potassium, magnesium, calcium and phosphorous are correcting with replacement.

GI: Patient with elevated direct v. indirect bilirubin suggestive of obstruction, though portal congestion with pan-organomegaly is noted on abdominal CT, suggesting a subacute process..
GI has recommended conservative management at this time, will pursue more aggresive workup if patients neurologic function improves
Follow labs

Neuro: Very poor neurologic prognosis. Anticipate poor outcome. Have discussed with family. Neurosurgery following. Keppra. Consider further imaging if acute change. BP goal is sytolic less than 160.

MSK: No obvious injuries.

PPX
Hold anticoag
PPI

Dispo
Critically ill, STICU until stabilized

Electronically Signed & Verified on 02/25/2015 16:12
by Depp MD, Timothy B

Electronically Signed & Verified on 02/27/15 16:07
by Jones MD, Mark A

DOCUMENT NAME:	Physician Progress Notes
SERVICE DATE/TIME:	2/25/2015 11:30 EST
RESULT STATUS:	Modified
PERFORM INFORMATION:	Lowman MD,Anthony D (2/25/2015 18:22 EST); Guinyard ACNP,Ronelle (2/25/2015 11:37 EST)
SIGN INFORMATION:	Lowman MD,Anthony D (2/25/2015 18:22 EST); Guinyard ACNP,Ronelle (2/25/2015 11:45 EST)

MRP Clinical Documentation

Addendum by Lowman MD, Anthony D on 25 February 2015 18:22
CGA Attending: Patient seen this afternoon. Examined. He now has tense ascites. Urine output is essentially 0. He is developing hepatorenal syndrome. I discussed the situation with the patient's wife. I have explained that further evaluation of liver disease and intervention for same is not indicated in the current situation. She understands.. We will be available standby.

Electronically Signed & Verified on 02/25/2015 18:22
by Lowman MD, Anthony D

GI Progress Note

Patient: **DILLON, EDMUND** **MRN: R012719295** **FIN: R1505401814**
Age: **56 years** Sex: **Male** DOB: **10/13/58**
Associated Diagnoses: **None**
Author: **Guinyard ACNP, Ronelle**

Basic Information
Columbia GI consulted for elevated LFTs

Subjective
2-25: Per nurse palliative care for meet with family to discuss comfort measures. Intubated and on ventilator.

Review of Systems
Unable to assess

Health Status
Allergies:

Allergies (1) Active	Reaction
NKA	None Documented

Current medications:
Medications (54) Active
Scheduled: (48)
Alcohol Withdrawal Regimen, Symptom Triggered, 6017 1 ea, MISC, daily
bacitracin 50,000 units, MISC, OT
bacitracin topical misc charge, MISC, OT
bisacodyl 10 mg supp 10 mg 1 supp, PR, daily
calcium gluconate 13.95 mEq 30 mL, IV, OT
calcium gluconate 13.95 mEq 30 mL, IV, OT
calcium gluconate 13.95 mEq 30 mL, IV, OT
ceFAZolin 500 mg, IV, q8hr(s)
cefazolin misc charge, MISC, OT
ceFAZolin piggyback 2 g 50 mL, IV, PREOP
diphtheria/pertussis, acel/tetanus adult 0.5 mL, MISC, OT
epinephrine-lidocaine misc charge, MISC, OT
etomidate 40 mg 20 mL, MISC, OT
etomidate 2 mg/mL inj 20mL 30 mg 15 mL, IV, OT
fentanyl 1,350 mcg 135 mL, MISC, OT
fentanyl misc charge, MISC, OT
isoflurane misc charge, MISC, OT
Lactated Ringers Injection 1,000 mL, MISC, OT
Lactated Ringers Injection misc charge, MISC, OT
levetiracetam 500 mg 5 mL, IV, 2xdaily
lidocaine 100 mg 5 mL, MISC, OT
lidocaine 2% prefilled syringe inj 5mL 100 mg 5 mL, IV, OT
magnesium sulfate (premix) 4 gram 100 mL, IV, q2hr(s)
melatonin 3mg tab 9 mg 3 tab, PO, OT
midazolam 2 mg, IV, OT
ocular lubricant misc charge, MISC, OT
pantoprazole 40 mg inj 20 mg, IV, daily

MRP Clinical Documentation

PHA Adult IV Electrolyte Guidelines PH6503 (CRITICAL CARE FLOORS) 1 ea, MISC, daily
pharmacy communication 1 ea, MISC, daily
pharmacy communication 1 ea, MISC, q12hr(s)
phenylephrine misc charge, MISC, OT
phytonadione 10 mg/mL inj 1mL 10 mg 1 mL, IM, OT
potassium chloride 40 mEq 20 mL, IV, On call
potassium chloride 40 mEq 20 mL, IV, q4hr(s)
propofol 1,000 mg 100 mL, MISC, OT
rocuronium misc charge, MISC, OT
Sodium Chloride 0.9% 1,000 mL, IV, OT
Sodium Chloride 0.9% 2,000 mL, MISC, OT
Sodium Chloride 0.9% 500 mL, MISC, OT
Sodium Chloride 0.9% 1,000 mL, IV, OT
Sodium Chloride 0.9% 1,000 mL, IV, OT
Sodium Chloride 0.9% misc charge, MISC, OT
sodium phosphate 45 mmol 15 mL, IV, OT
succinylcholine 200 mg 10 mL, MISC, OT
succinylcholine 100mg/5mL inj 5mL 100 mg 5 mL, IV, OT
tetanus-diphtheria-acellular pertussis ADULT 0.5mL (Boostrix) 0.5 mL, IM, OT
vecuronium 10 mg, MISC, OT
vecuronium 10mg inj 1 mg, IV, OT
Continuous: (5)
norepinephrine 4 mg + Sodium Chloride 0.9% 250 mL 250 mL, IV
propofol 500 mg + Premix 50 mL 50 mL, IV
Sodium Chloride 0.9% 1,000 mL 1,000 mL, IV, 75 mL/hr
Sodium Chloride 0.9% 1,000 mL + multivitamin inj (Adult) 10 mL + thiamine 250 mg + folic acid 1 mg 1,000 mL, IV, 125 mL/hr
Sodium Chloride 0.9% 1,000 mL + multivitamin inj (Adult) 10 mL + thiamine 250 mg + folic acid 1 mg 1,000 mL, IV, 75 mL/hr
PRN: (1)
fentaNYL 50 mcg/mL inj 2mL 50 mcg 1 mL, IV, q4hr(s)
, Medications reviewed.
Problem list:
Medical
Cirrhosis / 44738A2B-2C19-40D4-B229-F20BE49BBA5F / Confirmed
Frequent falls / 9B9F14F0-050E-48AA-A856-4CE45A38F192 / Confirmed.
Active Problems (5)
At risk for falls
At risk of pressure sore
At risk of venous thromboembolus
Cirrhosis
Frequent falls

Objective
VS/Measurements

Vitals Signs (last 24 hrs)	Last Charted		Minimum		Maximum	
Resp Rate	H 28	(FEB 25 10:00)	20	(FEB 25 06:00)	H 34	(FEB 25 07:00)
SBP	106	(FEB 25 10:00)	99	(FEB 24 13:00)	130	(FEB 25 00:00)
DBP	68	(FEB 25 10:00)	58	(FEB 24 13:00)	77	(FEB 24 21:00)

HENT: Hemovac drain to head- small amt dark red bloody drainage noted..
Respiratory: Lungs are clear to auscultation, Respirations are non-labored, Intubated and on ventilator. .
Cardiovascular: Normal rate, Regular rhythm, No murmur, No gallop, 1-2+ peripheral edema, more to right than left.

MRP Clinical Documentation

Gastrointestinal: Abdomen tight, firm, and distended. Continuous tube feeds infusing via NGT at 40cc/hr..
Integumentary: Warm, Dry.

Review / Management

Results review:

Labs (Last four charted values)

WBC		H **14.4**	(FEB 25)	9.4	(FEB 24)	10.7	(FEB 23)	
Hgb		L **10.0**	(FEB 25)	L **9.0**	(FEB 24)	L **11.8**	(FEB 23)	
Hct		L **27.5**	(FEB 25)	L **28.4**	(FEB 24)	L **37.5**	(FEB 23)	
Plt								
	L **127**	(FEB 25)	L **107**	(FEB 24)	L **127**	(FEB 23)		
Na								
	L **129**	(FEB 25)	L **130**	(FEB 24)	L **126**	(FEB 24)	L **128**	(FEB 24)
K								
	3.8	(FEB 25)	4.0	(FEB 24)	L **2.6**	(FEB 24)	L **3.1**	(FEB 23)
CO2		L **18**	(FEB 25)	L **18**	(FEB 24)	25	(FEB 23)	
Cl								
	100	(FEB 25)	98	(FEB 24)	L **82**	(FEB 23)		
Cr								
	H **1.4**	(FEB 25)	0.7	(FEB 24)	1.2	(FEB 23)		
BUN		H **27**	(FEB 25)	H **21**	(FEB 24)	H **26**	(FEB 23)	
Glucose		H **115**	(FEB 25)	85	(FEB 24)	H **118**	(FEB 23)	
Mg		2.2	(FEB 25)	2.1	(FEB 24)	L **1.1**	(FEB 24)	
Phos		3.1	(FEB 25)	3.8	(FEB 24)	L **1.3**	(FEB 24)	
Ca								
	L **7.5**	(FEB 25)	L **6.3**	(FEB 24)	L **8.1**	(FEB 23)		
INR		2.0	(FEB 25)	1.6	(FEB 23)	1.7	(FEB 23)	
PTT		H **37.3**	(FEB 24)	33.9	(FEB 23)	H **39.9**	(FEB 23)	

Impression and Plan

Education and Follow-up: Counseled: Patient, Regarding diagnosis, Regarding treatment.
SAH/SDH s/p craniectomy
-s/p fall
alcoholic cirrhosis- AFP 2.7
leukocytosis- On Ancef IV
normocytic anemia- stable at 10.0- slightly improved
thrombocytopenia- slightly improved
coagulopathy-2.0
hyperbilirubinemia- worse today
transaminitis- alk phos slightly worse today, AST slightly better, hepatitis panel negative
acute kidney failure- Cr. up to 1.4 from 0.7
hypoalbuminemia

Plan: Continue supportive care. Await decision of family regarding plans for care. Palliative care saw atient on yesteday. To meet with family today. No further plans at this time.

Electronically Signed & Verified on 02/25/2015 11:45
by Guinyard ACNP, Ronelle

MRP Clinical Documentation

DOCUMENT NAME:	Physician Progress Notes
SERVICE DATE/TIME:	2/25/2015 10:50 EST
RESULT STATUS:	Modified
PERFORM INFORMATION:	Toussaint MD,Charles P (2/25/2015 17:25 EST); Wehner Jr PA-C,Joseph A (2/25/2015 10:51 EST)
SIGN INFORMATION:	Toussaint MD,Charles P (2/25/2015 17:25 EST); Wehner Jr PA-C,Joseph A (2/25/2015 10:52 EST)

Addendum by Toussaint MD, Charles P on 25 February 2015 17:25
overall poor prognosis. Persistent coagulopathy.
Discontinue drain since output has dropped significantly.

Electronically Signed & Verified on 02/25/2015 17:25
by Toussaint MD, Charles P

Neurosurgery Progress Note

Patient: **DILLON, EDMUND** **MRN: R012719295** **FIN: R1505401814**
Age: **56 years** Sex: **Male** DOB: **10/13/58**
Associated Diagnoses: **None**
Author: **Wehner Jr PA-C, Joseph A**

Chief Complaint
UTO-patient sedated
SAH, SDH with midline shift on head CT

History of Present Illness
56 y/o that fell today and brought to ER. Head CT revealed SAH and SDH with midline shift and neurosurgery was consulted. Patient has decompensated while in the ER and is about to get intubated. He is drowsy at time of exam and unable to communicate or contribute to history.

POD#2 right craniectomy for SDH

Review of Systems
Unable to obtain due to patients condition

Health Status
Allergies: Unable to obtain due to patients condition

Current medications: Unable to obtain due to patients condition

Problem list:
Active Problems (5)
At risk for falls
At risk of pressure sore
At risk of venous thromboembolus
Cirrhosis
Frequent falls

home meds: none

Histories
Past Medical History:

MRP Clinical Documentation

Resolved
Alcoholism (792E1B04-FED7-48CF-9C4C-9C74AABCAAF5): Resolved.
Skin cancer (2536564013): Resolved., unknown due to patient's conditon

Family History: unknown due to patient's conditon

Procedure history: unknown due to patient's conditon

Social History
unknown due to patient's conditon.

Physical Examination
VS/Measurements

Vitals Signs (last 24 hrs)	Last Charted	Minimum	Maximum
Resp Rate	H 25 (FEB 25 09:15)	20 (FEB 25 06:00)	H 34 (FEB 25 07:00)
SBP	99 (FEB 25 09:15)	99 (FEB 24 13:00)	130 (FEB 25 00:00)
DBP	64 (FEB 25 09:15)	58 (FEB 24 13:00)	77 (FEB 24 21:00)

General: intubated. does not follow commands. withdraws to pain. .
Eye: icteric sclera bilateral, pupils pinpoint bilateral.
HENT: laceration to back of head, post op dressing in place. drain in place. .
Neck: C collar.
Respiratory: intubated.
Cardiovascular: Normal rate.
Musculoskeletal: left sided weakness, does not follow commands. withdraws to pain all four extremities. .
Integumentary: jaundiced.
Neurologic: decreased sensation and movement on left side prior to craniectomy, Not alert.
Glasgow Coma Scale: Eye opening response (No response = 1), Motor response (Withdraws from noxious stimulus = 4), Verbal response (Mute = 1), Total score 6 (intubated).

Review / Management
Results review:
Labs (Last four charted values)

WBC	H 14.4	(FEB 25)	9.4	(FEB 24)	10.7	(FEB 23)		
Hgb	L 10.0	(FEB 25)	L 9.0	(FEB 24)	L 11.8	(FEB 23)		
Hct	L 27.5	(FEB 25)	L 28.4	(FEB 24)	L 37.5	(FEB 23)		
Plt	L 127	(FEB 25)	L 107	(FEB 24)	L 127	(FEB 23)		
Na	L 129	(FEB 25)	L 130	(FEB 24)	L 126	(FEB 24)	L 128	(FEB 24)
K	3.8	(FEB 25)	4.0	(FEB 24)	L 2.6	(FEB 24)	L 3.1	(FEB 23)
CO2	L 18	(FEB 25)	L 18	(FEB 24)	25	(FEB 23)		

MRP Clinical Documentation

Cl							
	100	(FEB 25)	98	(FEB 24)	L **82**	(FEB 23)	
Cr							
	H **1.4**	(FEB 25)	0.7	(FEB 24)	1.2	(FEB 23)	
BUN		H **27**	(FEB 25)	H **21**	(FEB 24)	H **26**	(FEB 23)
Glucose		H **115**	(FEB 25)	85	(FEB 24)	H **118**	(FEB 23)
Mg		2.2	(FEB 25)	2.1	(FEB 24)	L **1.1**	(FEB 24)
Phos		3.1	(FEB 25)	3.8	(FEB 24)	L **1.3**	(FEB 24)
Ca							
	L **7.5**	(FEB 25)	L **6.3**	(FEB 24)	L **8.1**	(FEB 23)	
INR		2.0	(FEB 25)	1.6	(FEB 23)	1.7	(FEB 23)
PTT		H **37.3**	(FEB 24)	33.9	(FEB 23)	H **39.9**	(FEB 23)

Impression and Plan

SDH, SAH
Plan:
Keppra 500 bid
Hold all anticoagulants
SBP<160
q 2 hour neuro checks
Pull Drain today.

Electronically Signed & Verified on 02/25/2015 10:52
by Wehner Jr PA-C, Joseph A

DOCUMENT NAME:	Physician Progress Notes
SERVICE DATE/TIME:	2/25/2015 10:04 EST
RESULT STATUS:	Auth (Verified)
PERFORM INFORMATION:	Jenkins MD,Karin M (2/25/2015 10:30 EST)
SIGN INFORMATION:	Jenkins MD,Karin M (2/25/2015 10:38 EST)

Palliative Care Consultation Note

Patient: **DILLON, EDMUND** **MRN: R012719295** **FIN: R1505401814**
Age: **56 years** Sex: **Male** DOB: **10/13/58**
Associated Diagnoses: **None**
Author: **Jenkins MD, Karin M**

PALMETTO HEALTH
Palliative Care Team

Basic Information

MRP Clinical Documentation

56-year-old Caucasian gentleman admitted with subdural hematoma and subarachnoid hemorrhage with midline shift status post craniotomy for subdural hematoma now intubated and unresponsive on the ventilator.

Chief Complaint

The palliative Care team was consulted to provide

(x) Help to establish and clarify goals of care
(x) Help with medical decision making
(x) Family Support
(x) Patient support
(x) Readdress or clarify choice of code status.
(x) Symptom Management

History of Present Illness

56-year-old Caucasian male with history of heavy alcohol abuse and skin cancer, possibly melanoma status post removal who was at work when he suffered a mechanical fall and developed increasing headache. He wanted to go back to work, but they would not allow him. In the emergency room the patient's neurologic status decompensated significantly. He required intubation. Head CT showed subdural hematoma, acute on chronic as well as subarachnoid hemorrhage. He underwent emergent craniotomy. Currently he is in the SSU, remains intubated. He is not sedated on any medications, he will withdrawal to painful stimuli in his hands and his feet, pupils are pinpoint probably minimally reactive. Daughter is at bedside and much of the history was obtained through her in the chart record.

Patient was also noted to be incredibly jaundiced on arrival. Per ER records the patient had been having nausea and vomiting as well as diarrhea, and has not been eating well for several days prior to his fall. Patient was severely dehydrated by urinalysis and labs. His sodium level on admission was 118 his LFTs were incredibly elevated with an AST much greater than ALT, and a bilirubin of 23.

The paliative care team was consulted to see this patient who is currently located in Room: **514**

Review of Systems
Constitutional

Health Status
Allergies:
Allergic Reactions (All)
NKA,

Allergies (1) Active	Reaction
NKA	None Documented

Current medications: (Selected)
Inpatient Medications
Ordered
1 RX Alcohol Withdrawal Regimen, Sympton Triggered Guideline, 6017: Follow guidelines, daily, Start Date: 02/24/15 9:14:00
1 Rx Adult IV Electrolyte Replacement Guidelines, Critical Care: Follow Guideline. Call MD prior to replacement if SCr is greater than 1.2, daily, Start Date: 02/23/15 14:56:00
Ancef: 500 mg, IV, q8hr(s), Routine, Start Date: 02/23/15 22:00:00
Dulcolax Laxative: 10 mg, = 1 supp, Supp, PR, daily, Routine, Start Date: 02/23/15 14:56:00
Keppra: 500 mg, = 5 mL, IV, 2xdaily, Routine, Start Date: 02/23/15 18:00:00, Stop date 03/02/15 6:00:00
Pharmacy Nursing Communication: Keep total fluid intake (IV meds, drips, and tube feeds) no greater than 125cc/hr., daily, Start Date: 02/23/15 14:56:00
Pharmacy Nursing Communication: Sedatives should not be given until pain is controlled (no pain) and RASS is still documented greater than +2, q12hr(s), Start Date: 02/23/15 18:00:00
Protonix: 20 mg, Inj, IV, daily, Only if No gastric access and/or intestinal discontinuity., Routine, Start Date: 02/23/15 14:56:00

Sodium Chloride 0.9% 1,000 mL + multivitamin adult injection 10 mL + thiamine (IV Additive) 250 mg...: 1,000 mL, 1,000 mL = Total Volume, IV, Routine, Start Date: 02/25/15 9:51:00, 1 doses, Stop date 02/25/15 23:08:00, @ 75 mL/hr, 13.3 hr, 74.8, kg
Sodium Chloride 0.9% 1,000 mL: 1,000 mL, 1,000 mL = Total Volume, IV, Routine, Start Date: 02/23/15 14:56:00, @ 75 mL/hr, 13.3 hr
fentanyl: 50 mcg, = 1 mL, Inj, IV, q4hr(s), PRN, Pain - Moderate, Routine, Start Date: 02/24/15 14:18:00
norepinephrine 4 mg + Sodium Chloride 0.9% 250 mL: 250 mL, 250 mL = Total Volume, IV, Routine, Start Date: 02/24/15 8:37:00, MAP 60 goal, 74.8, kg
propofol (IV additive) 500 mg + Premix 50 mL: 50 mL, 50 mL = Total Volume, IV, Begin at 10 mcg/kg/min. Re-evaluation RASS every 15 min, increase 10mcg/kg/min untill RASS -4 to -5 achieved. If rate exceeds 50mcg/kg/min then notify MD., Routine, Start Date: 02/23/15 14:56:00, Goal RASS -4 to -5, 77...,

Problem list:
Active Problems (5)
At risk for falls
At risk of pressure sore
At risk of venous thromboembolus
Cirrhosis
Frequent falls

Histories
Procedure history:
Craniotomy (Right) on 02/23/2015 at 56 Years.
Comments:
02/23/2015 18:53 - Kerns RN, Barry P
auto-populated from documented surgical case
Social History

Social & Psychosocial Habits
pt was a heavy smoker, attended Our Lady of Perpetual Help catholic Church in Camden, Has 2 sons and 2 daughters with first wife. Has been remarried approx 7 years and has 2 stepchildren. Was employed at a parts distributor where he fell. Daughter reports that he does not always drink heavily, but may have started after his mother died 9 years ago, and probably worsened after his father's death 5 years ago. When she was young he only drank occasionally. Per records had been drinking daily unknown amounts. .
Family History. non contributory and unobtainable

Past medical history - skin cancer removal, possibly melanoma,

Physical Examination
VS/Measurements

Vitals Signs (last 24 hrs)	Last Charted	Minimum	Maximum
Resp Rate	H 25 (FEB 25 09:15)	20 (FEB 25 06:00)	H 34 (FEB 25 07:00)
SBP	99 (FEB 25 09:15)	99 (FEB 24 13:00)	130 (FEB 25 00:00)
DBP	64 (FEB 25 09:15)	58 (FEB 24 13:00)	77 (FEB 24 21:00)

General: Patient is lying on right side, head of the bed elevated 30 degrees., Frail appearing, cachectic, jaundiced, temporal wasting.
Eye: Pupils are equal, round and reactive to light.
HENT: Normocephalic, ETT tube and OG tubes in place. .
Neck: Supple.
Respiratory: Lungs are clear to auscultation, Respirations are non-labored, Breath sounds are equal.
Cardiovascular: Normal rate, Regular rhythm, No murmur.
Gastrointestinal: Soft, severe distention, tight, ?grimace with palpation.

MRP Clinical Documentation

Genitourinary: No costovertebral angle tenderness.
Lymphatics: No lymphadenopathy neck, axilla, groin.
Integumentary: Warm, Dry, jaundiced.
Neurologic: pupils pinpoint, possibly mildly reactive. Pt does withdrawl to painful stimuli in hands and feet bilaterally, babinskis equivocal..
Cognition and Speech: unresponsive.

Review / Management

Results review:

Labs (Last four charted values)

WBC		H **14.4**	(FEB 25)	9.4	(FEB 24)	10.7	(FEB 23)	
Hgb		L **10.0**	(FEB 25)	L **9.0**	(FEB 24)	L **11.8**	(FEB 23)	
Hct		L **27.5**	(FEB 25)	L **28.4**	(FEB 24)	L **37.5**	(FEB 23)	
Plt	L **127**	(FEB 25)	L **107**	(FEB 24)	L **127**	(FEB 23)		
Na	L **129**	(FEB 25)	L **130**	(FEB 24)	L **126**	(FEB 24)	L **128**	(FEB 24)
K	3.8	(FEB 25)	4.0	(FEB 24)	L **2.6**	(FEB 24)	L **3.1**	(FEB 23)
CO2		L **18**	(FEB 25)	L **18**	(FEB 24)	25	(FEB 23)	
Cl	100	(FEB 25)	98	(FEB 24)	L **82**	(FEB 23)		
Cr	H 1.4	(FEB 25)	0.7	(FEB 24)	1.2	(FEB 23)		
BUN		H **27**	(FEB 25)	H **21**	(FEB 24)	H **26**	(FEB 23)	
Glucose		H **115**	(FEB 25)	85	(FEB 24)	H **118**	(FEB 23)	
Mg		2.2	(FEB 25)	2.1	(FEB 24)	L **1.1**	(FEB 24)	
Phos		3.1	(FEB 25)	3.8	(FEB 24)	L **1.3**	(FEB 24)	
Ca	L 7.5	(FEB 25)	L **6.3**	(FEB 24)	L **8.1**	(FEB 23)		
INR		2.0	(FEB 25)	1.6	(FEB 23)	1.7	(FEB 23)	
PTT		H **37.3**	(FEB 24)	33.9	(FEB 23)	H **39.9**	(FEB 23)	

All laboratory and radiological tests were reviewed.

Impression and Plan

Subarachnoid hemorrhage with acute on chronic subdural hematoma status post emergent evacuation on 2/23 - unresponsive except to painful stimuli on the ventilator, not on any sedatives other than 1 dose fentany received this am. Patient with very poor prognosis, worsening head CT with enlarging Right frontal hemorrhage,

Acute Alcoholic Hepatitis with elevated bilirubin, jaundice, on ciwwaa protocol, no receiving ativan

Chronic Alcoholic liver disease with evidence of fatty infiltration of the liver, coagulopathy, thrombocytopenia, ascites

history of skin cancer s/p removal

Acute renal failure

MRP Clinical Documentation

Leukocytosis

Coagulopathy s/p FFP, persistant

Discussed extensively with daughter at bedside. Decision-maker is patient's wife, who is home sleeping right now. Discussed with nursing who identify no concerns or issues. They are to call me when wife arrives so we can further discuss code status, goals of care and course from this point.

PALLIATIVE CARE SPECIFIC

(b) SOCIAL: CONTEXTUALIZATION OF CARE Continue to work with patient and family
(c) PLAN: Continue to support patient and family
(d) CODE: **Full code**
(e) PROGNOSIS: **Grave**

I had the opportunity to evaluate this patient, review all his medical records, perform a full medical examination.

Palliative care team will continue to see this patient to address physical, emotional and spiritual needs.We appreciate the opportunity to participate in the care of this patient. I spent **90** minutes with patient,daughter, including history, examination, coordination of care.

Electronically Signed & Verified on 02/25/2015 10:38
by Jenkins MD, Karin M

* Auth (Verified) *

PALMETTO HEALTH
PROGRESS NOTES

DILLON, EDMUND
R1505401814
MR:012719295
JONES, MARK A
56Y M

Date	Time	Notes should be signed by physician
2/25/15	CG	
	3CG	Confirmation of PICC location

PowerPICC SOLO HF — REF 1396108QD — LOT REZA1040

Sherlock 3CG Tip Confirmation System — PID1: Dillon, Edmund — PID2: 12719295 — Exit Site Marking: 0 cm — 2015-02-25 14:55:46

EXTERNAL

INTRAVASCULAR

PICC tip location in the SVC confirmed by ECG technology

10032Smr r3/14 r5/14

PROGRESS NOTE

10032S

Nursing Documentation

DOCUMENT NAME: PRN Response
SERVICE DATE/TIME: 2/25/2015 09:05 EST
RESULT STATUS: Auth (Verified)
PERFORM INFORMATION: Matheson RN,Crisna M (2/25/2015 09:05 EST)
ELECTRONICALLY SIGNED BY:

PRN Response
02/25/15 09:05 am Performed by Matheson RN, Crisna M
Entered on 02/25/15 09:24 am

Adult Pain Re-Evaluation Tools

Pain Management RTF	No qualifying data available
CPOT Unable to Self Report Pain	CPOT, patient ventilated

CPOT

CPOT Facial Expression	Relaxed, neutral
CPOT Body Movements	Absence of movements or normal position
CPOT Muscle Tension	Relaxed, neutral
CPOT Ventilator Compliance	Tolerating ventilator or movement
CPOT Ventilated Score	0

Medication Effectiveness Evaluation

Medication Effective	Yes

Nursing Direct Charting

Vital Signs

Procedure	Units	Reference Range	Recorded Time Recorded By Recorded Date	23:00 EST Milunas RN,Kaitlyn C 2/25/2015	22:00 EST Milunas RN,Kaitlyn C 2/25/2015	21:00 EST Milunas RN,Kaitlyn C 2/25/2015
NIBP Systolic	mmHg			97	94	97
NIBP Diastolic	mmHg			61	61	59
NIBP Mean Calculated	mmHg			73	72	72
NIBP Mean Monitored	mmHg			71	70	68
Invasive Systolic BP	mmHg			93	106	103
Invasive Diastolic BP	mmHg			55	48	46
Invasive MAP	mmHg			70	63	62

Procedure	Units	Reference Range	Recorded Time Recorded By Recorded Date	20:01 EST Anderson RCP,Benjamin A 2/25/2015	20:00 EST Milunas RN,Kaitlyn C 2/25/2015	19:00 EST Matheson RN,Crisna M 2/25/2015
Temperature Bladder	DegC	[36-38]		-	37.2	37.6
Temperature Bladder,degF	DegF	[96-102]		-	99	99.7
Heart Rate Monitored	bpm	[60-100]		93	93	92
Respiratory Rate	br/min	[12-20]		-	36H	30H
Pulse Ox Sat	%			100	100	100
FiO2	%			-	40	-
Oxygen Modality				-	ET Tube	-
NIBP Systolic	mmHg			-	101	98
NIBP Diastolic	mmHg			-	64	62
NIBP Mean Calculated	mmHg			-	76	74
NIBP Mean Monitored	mmHg			-	75	71
Invasive Systolic BP	mmHg			-	104	98
Invasive Diastolic BP	mmHg			-	55	49
Invasive MAP	mmHg			-	70	61
Pulse Ox Monitoring				-	Continuous	-
RASS				-	-4	-

Procedure	Units	Reference Range	Recorded Time Recorded By Recorded Date	18:00 EST Matheson RN,Crisna M 2/25/2015	17:00 EST Matheson RN,Crisna M 2/25/2015	17:00 EST Lomas RN,Charlotte G 2/25/2015
Temperature Bladder	DegC	[36-38]		37.9	36.2H	-
Temperature Bladder,degF	DegF	[96-102]		100.2	100.8	-
Heart Rate Monitored	bpm	[60-100]		105H	111H	111H
Respiratory Rate	br/min	[12-20]		44H	41H	41H
Pulse Ox Sat	%			97	100	100
NIBP Systolic	mmHg			114	108	108
NIBP Diastolic	mmHg			72	68	68
NIBP Mean Calculated	mmHg			86	81	81
NIBP Mean Monitored	mmHg			81	81	81
Invasive Systolic BP	mmHg			108	109	109
Invasive Diastolic BP	mmHg			57	57	57
Invasive MAP	mmHg			73	72	72
Thermoreg Equipment				Cooling Blanket	-	Cooling Blanket

Nursing Direct Charting

Vital Signs

Procedure	Units	Reference Range	Recorded Time Recorded By Recorded Date	16:00 EST Lomas RN,Charlotte G 2/25/2015	16:00 EST Matheson RN,Crisna M 2/25/2015	15:49 EST Yuhas RCP,Kimberly E 2/25/2015
Temperature Bladder	DegC	[36-38]		-	38.5 H	-
Temperature Bladder,degF	DegF	[96-102]		-	101.3	-
Heart Rate Monitored	bpm	[60-100]		-	108 H	114 H
Respiratory Rate	br/min	[12-20]		-	35 H	-
Pulse Ox Sat	%			-	100	99
NIBP Systolic	mmHg			105	-	-
NIBP Diastolic	mmHg			66	-	-
NIBP Mean Calculated	mmHg			79	-	-
NIBP Mean Monitored	mmHg			72	-	-
Invasive Systolic BP	mmHg			-	107	-
Invasive Diastolic BP	mmHg			-	55	-
Invasive MAP	mmHg			-	66	-
Thermoreg Equipment				Cooling Blanket	-	-

Procedure	Units	Reference Range	Recorded Time Recorded By Recorded Date	15:15 EST Matheson RN,Crisna M 2/25/2015	15:00 EST Matheson RN,Crisna M 2/25/2015	14:00 EST Matheson RN,Crisna M 2/25/2015
Temperature Bladder	DegC	[36-38]		-	38.4 H	38.4 H
Temperature Bladder,degF	DegF	[96-102]		-	101.1	101.1
Heart Rate Monitored	bpm	[60-100]		-	112 H	112 H
Respiratory Rate	br/min	[12-20]		-	43 H	42 H
Pulse Ox Sat	%			-	99	100
NIBP Systolic	mmHg			-	-	114
NIBP Diastolic	mmHg			-	-	73
NIBP Mean Calculated	mmHg			-	-	87
NIBP Mean Monitored	mmHg			-	-	82
Invasive Systolic BP	mmHg			-	118	117
Invasive Diastolic BP	mmHg			-	61	65
Invasive MAP	mmHg			-	74	77
Thermoreg Equipment				Cooling Blanket	-	-

Procedure	Units	Reference Range	Recorded Time Recorded By Recorded Date	13:38 EST Justice RD,LD,Jessica A 2/25/2015	13:00 EST Matheson RN,Crisna M 2/25/2015	12:33 EST Yuhas RCP,Kimberly E 2/25/2015
Clinical Height cm	cm			182.8 182.88	-	-
Clinical Weight kg	kg			74.8	-	-
BMI				22.3846	-	-
Temperature Bladder	DegC	[36-38]		-	38.2 H	-
Temperature Bladder,degF	DegF	[96-102]		-	100.8	-
Heart Rate Monitored	bpm	[60-100]		-	105 H	105 H
Respiratory Rate	br/min	[12-20]		-	37 H	-
Pulse Ox Sat	%			-	96	99
NIBP Systolic	mmHg			-	105	-
NIBP Diastolic	mmHg			-	63	-
NIBP Mean Calculated	mmHg			-	77	-

Nursing Direct Charting

Vital Signs

Procedure	Units	Reference Range	Recorded Time Recorded By Recorded Date	13:38 EST Justice RD,LD,Jessica A 2/25/2015	13:00 EST Matheson RN,Crisna M 2/25/2015	12:33 EST Yuhas RCP,Kimberly E 2/25/2015
NIBP Mean Monitored	mmHg			-	73	-
Invasive Systolic BP	mmHg			-	107	-
Invasive Diastolic BP	mmHg			-	56	-
Invasive MAP	mmHg			-	69	-

Procedure	Units	Reference Range	Recorded Time Recorded By Recorded Date	12:32 EST Yuhas RCP,Kimberly E 2/25/2015	12:00 EST Matheson RN,Crisna M 2/25/2015	11:00 EST Lomas RN,Charlotte G 2/25/2015
Temperature Bladder	DegC	[36-38]		-	38	-
Temperature Bladder,degF	DegF	[96-102]		-	100.4	-
Heart Rate Monitored	bpm	[60-100]		107H	105H	97
Respiratory Rate	br/min	[12-20]		-	22H	20
Pulse Ox Sat	%			99	99	98
NIBP Systolic	mmHg			-	109	110
NIBP Diastolic	mmHg			-	68	65
NIBP Mean Calculated	mmHg			-	82	80
NIBP Mean Monitored	mmHg			-	77	-
Invasive Systolic BP	mmHg			-	110	99
Invasive Diastolic BP	mmHg			-	65	58
Invasive MAP	mmHg			-	83	76
RASS				-	-4	-

Procedure	Units	Reference Range	Recorded Time Recorded By Recorded Date	11:00 EST Matheson RN,Crisna M 2/25/2015	10:00 EST Matheson RN,Crisna M 2/25/2015	09:16 EST Yuhas RCP,Kimberly E 2/25/2015
Temperature Bladder	DegC	[36-38]		37.8	-	-
Temperature Bladder,degF	DegF	[96-102]		100	-	-
Heart Rate Monitored	bpm	[60-100]		-	93	91
Respiratory Rate	br/min	[12-20]		-	28H	-
Pulse Ox Sat	%			-	99	99
NIBP Systolic	mmHg			-	106	-
NIBP Diastolic	mmHg			-	68	-
NIBP Mean Calculated	mmHg			-	81	-
NIBP Mean Monitored	mmHg			-	76	-
Invasive Systolic BP	mmHg			-	102	-
Invasive Diastolic BP	mmHg			-	48	-
Invasive MAP	mmHg			-	62	-

Procedure	Units	Reference Range	Recorded Time Recorded By Recorded Date	09:15 EST Matheson RN,Crisna M 2/25/2015	09:00 EST Matheson RN,Crisna M 2/25/2015	08:00 EST Matheson RN,Crisna M 2/25/2015
Temperature Bladder	DegC	[36-38]		-	-	37.7
Temperature Bladder,degF	DegF	[96-102]		-	-	99.9
Heart Rate Monitored	bpm	[60-100]		90	92	94
Respiratory Rate	br/min	[12-20]		25H	28H	29H
Pulse Ox Sat	%			99	98	98

Nursing Direct Charting

Vital Signs

Procedure	Units	Reference Range	Recorded Time Recorded By Recorded Date	09:15 EST Matheson RN,Crisna M 2/25/2015	09:00 EST Matheson RN,Crisna M 2/25/2015	08:00 EST Matheson RN,Crisna M 2/25/2015
FiO2	%			-	-	40
Oxygen Modality				-	-	ET Tube, Ventilator
NIBP Systolic	mmHg			99	99	108
NIBP Diastolic	mmHg			64	64	65
NIBP Mean Calculated	mmHg			76	76	79
NIBP Mean Monitored	mmHg			72	72	77
Invasive Systolic BP	mmHg			102	108	135
Invasive Diastolic BP	mmHg			44	44	58
Invasive MAP	mmHg			59	58	80
Pulse Ox Monitoring				-	-	Continuous
RASS				-	-	-4

Procedure	Units	Reference Range	Recorded Time Recorded By Recorded Date	07:00 EST Matheson RN,Crisna M 2/25/2015	06:00 EST Kaelin RN,Kory F 2/25/2015	05:00 EST Kaelin RN,Kory F 2/25/2015	04:00 EST Kaelin RN,Kory F 2/25/2015
Temperature Bladder	DegC	[36-38]		-	-	-	37.6
Temperature Bladder,degF	DegF	[96-102]		-	-	-	99.7
Heart Rate Monitored	bpm	[60-100]		103H	101H	94	87
Respiratory Rate	br/min	[12-20]		34H	20	24H	29H
Pulse Ox Sat	%			99	98	99	100
Oxygen Modality				-	-	-	ET Tube, Ventilator
NIBP Systolic	mmHg			112	115	110	113
NIBP Diastolic	mmHg			72	71	73	69
NIBP Mean Calculated	mmHg			85	86	85	84
NIBP Mean Monitored	mmHg			82	83	81	81
Invasive Systolic BP	mmHg			135	138	123	127
Invasive Diastolic BP	mmHg			61	61	56	58
Invasive MAP	mmHg			78	81	73	77
Pulse Equipment				-	-	-	Monitor
NIBP Equipment				-	-	-	Automatic
Pulse Ox Monitoring				-	-	-	Continuous
RASS				-	-	-	-4

Procedure	Units	Reference Range	Recorded Time Recorded By Recorded Date	03:58 EST Thomas RCP,Lashunda D 2/25/2015	03:00 EST Kaelin RN,Kory F 2/25/2015	02:00 EST Kaelin RN,Kory F 2/25/2015
Heart Rate Monitored	bpm	[60-100]		99	98	102H
Respiratory Rate	br/min	[12-20]		-	33H	29H
Pulse Ox Sat	%			100	98	99
NIBP Systolic	mmHg			-	111	125
NIBP Diastolic	mmHg			-	65	73
NIBP Mean Calculated	mmHg			-	80	90
NIBP Mean Monitored	mmHg			-	73	82
Invasive Systolic BP	mmHg			-	83	118
Invasive Diastolic BP	mmHg			-	56	58
Invasive MAP	mmHg			-	70	75

Procedure	Units	Recorded By Recorded Date Reference Range	Milunas RN,Kaitlyn C 2/25/2015	Milunas RN,Kaitlyn C 2/25/2015	Milunas RN,Kaitlyn C 2/25/2015
Heart Rate Monitored	bpm	[60-100]	91	92	91
Respiratory Rate	br/min	[12-20]	28*	26*	26*
Pulse Ox Sat	%		99	99	99

Facility Info: Palmetto Health Richland
5 Richland Medical Park
Columbia, SC 29203-

Patient Info: DILLON, EDMUND

MRN: R012719295

FIN: R1505401814

Attending Physician: Jones MD,Mark A
Admitting Physician: Jones MD,Mark A

Pt. Age
Date of Birth
CMRN: 00137[illegible]880

Nursing Direct Charting

Vital Signs

Procedure	Units	Reference Range	Recorded Time Recorded By Recorded Date	03:58 EST Thomas RCP,Lashunda D 2/25/2015	03:00 EST Kaelin RN,Kory F 2/25/2015	02:00 EST Kaelin RN,Kory F 2/25/2015
RASS				-	-	-4

Procedure	Units	Reference Range	Recorded Time Recorded By Recorded Date	01:00 EST Kaelin RN,Kory F 2/25/2015	00:35 EST Thomas RCP,Lashunda D 2/25/2015	00:00 EST Kaelin RN,Kory F 2/25/2015
Temperature Bladder	DegC	[36-38]		-	-	37.8
Temperature Bladder,degF	DegF	[96-102]		-	-	100
Heart Rate Monitored	bpm	[60-100]		*104"*	*101"*	*111"*
Respiratory Rate	br/min	[12-20]		*22"*	-	*22"*
Pulse Ox Sat	%			99	99	99
Oxygen Modality				-	-	ET Tube, Ventilator
NIBP Systolic	mmHg			111	-	130
NIBP Diastolic	mmHg			62	-	77
NIBP Mean Calculated	mmHg			78	-	94
NIBP Mean Monitored	mmHg			72	-	93
Invasive Systolic BP	mmHg			114	-	124
Invasive Diastolic BP	mmHg			55	-	65
Invasive MAP	mmHg			71	-	80
Pulse Equipment				-	-	Monitor
NIBP Equipment				-	-	Automatic
Pulse Ox Monitoring				-	-	Continuous
RASS				-	-	-4

		Recorded By	Milunas RN,Kaitlyn C	Boatwright RN,Christine C
		Recorded Date	2/25/2015	2/25/2015
Procedure	Units	Reference Range		
Over the needle 20 gauge Left Antecubital 02/23/2015				
Peripheral IV Activity:			Site inspected. No Interventions	-
Peripheral IV Infiltration Score:			0	-
Peripheral IV Drainage Description:			None	-
Peripheral IV Site Condition:			No Redness or Edema	-
Peripheral IV Patency:			Patent	-
Peripheral IV Dressing:			Dry, Intact, Transparent	-
Peripheral IV Phlebitis Score:			0	-

Nursing Direct Charting

Invasive Lines

Procedure	Units	Reference Range	Recorded Time: 20:00 EST Recorded By: Milumas RN,Kaitlyn C Recorded Date: 2/25/2015	Recorded Time: 14:59 EST Recorded By: Boatwright RN,Christine C Recorded Date: 2/25/2015
Over the needle 18 gauge Right Lower Forearm 02/23/2015				
Peripheral IV Activity:			Site inspected. No interventions	-
Peripheral IV Infiltration Score:			0	-
Peripheral IV Drainage Description:			None	-
Peripheral IV Site Condition:			No Redness or Edema	-
Peripheral IV Patency:			Patent	-
Peripheral IV Dressing:			Dry, Intact, Transparent	-
Peripheral IV Phlebitis Score:			0	-
Radial artery Left				
Arterial Line Status:			See Below T17	-
Arterial Line Interventions:			See Below T22	-
Arterial Line Site Condition:			No complications	-
Arterial Line Dressing:			Dry, Intact	-
Arterial Line Dressing Condition:			Dry, Intact	-
Arterial Line Drainage Description:			None	-
Left, Femoral Vein Quad				
Central Line Status:			Blood return, Patent, Sutured	-
Interventions-CVL:			Alcohol Scrub	-
Site Description-Central:			No complications	-
Necessity for Central Line			Hemodynamic Instability	-
Central Line Infiltration Score			0	-
Central Line Drainage Description:			None	-
Patency Proximal Port			No complications	-
Patency Medial Port 1			No complications	-
Patency Medial Port 2			No complications	-
Patency Distal Port			No complications	-
Right, Upper, Arm PICC Triple 02/25/2015 14:59				
Central Line Size:			-	5fr
# of Attempts-Central:			-	1
Central Line Status:			Blood return	Blood return, Capped, Patent
Interventions-CVL:			Alcohol Scrub	See Below T37
Site Description-Central:			No complications	No complications
Necessity for Central Line			Antibiotic Administration	Hemodynamic Instability
Central Line Insertion Documentation			-	Open
Emerg Placement-Central Line			-	No
Provider-Central Line Insertion			-	Vaughan RN, Shannon L
Provider-Barrier Central Line			-	See Below T38
Assistant 1-Central Line Insertion			-	Boatwright RN, Christine C
Assistant 1 Barrier Central Line			-	Handwashing, Mask, Cap
Pt Barrier Protection-Central Line			-	See Below T39
US Guidance Placement-Central Line			-	Yes
Site Prep-Central Line			-	Chlorhexidine
Procedure Location-Central Line			-	Patient Room
Central Blood Return			-	Yes
Central Line Flush Easily			-	Yes
Central Line secured by			-	External Stabilization Device
Central Line Activity Response			-	Tolerated
Central Line Internal Length	cm		-	37

Nursing Direct Charting

Invasive Lines

Procedure	Units	Reference Range	Recorded Time: 20:00 EST Recorded By: Milunas RN,Kaitlyn C Recorded Date: 2/25/2015	Recorded Time: 14:59 EST Recorded By: Boatwright RN,Christine C Recorded Date: 2/25/2015
PICC Line External Catheter Length	cm		-	0
PICC Line Mid Arm Circumference	cm		-	25
Central Line Infiltration Score			0	-
Central Line Drainage Description:			None	None
PICC Line Patency			-	Open
Central Line Radiographic Confirmation			-	Yes
Central Line ECG Confirmation			-	Yes
Patency PICC Port 1			No complications	No complications
Patency PICC Port 2			No complications	No complications
Patency PICC Port 3			No complications	No complications

Textual Results
T17: 2/25/2015 20:00 EST (Arterial Line Status:)
Square wave test, Accurate, optimally damped, Blood return, Flushes easily, Intact, Secured with tape, Secured with transparent dressing
T22: 2/25/2015 20:00 EST (Arterial Line Interventions:)
Air removed, Aspirated and flushed, Connections secured, Flushed, Leveled, zeroed, calibrated
T37: 2/25/2015 14:59 EST (Interventions-CVL:)
Flushed with 20mL NS, Lidocaine 1% SQ inj @ site
T38: 2/25/2015 14:59 EST (Provider-Barrier Central Line)
Handwashing, Sterile Gloves, Sterile Gown, Mask, Cap
T39: 2/25/2015 14:59 EST (Pt Barrier Protection-Central Line)
Sterile Drape, Maintain Sterile Field, All staff in room wear mask/cap

Procedure	Units	Reference Range	Recorded Time: 08:00 EST Recorded By: Matheson RN,Crisna M Recorded Date: 2/25/2015	Recorded Time: 04:00 EST Kaelin RN,Kory F 2/25/2015
Over the needle 20 gauge Left Antecubital 02/23/2015				
Peripheral IV Activity:			Flushed	Site inspected. No Interventions
Peripheral IV Infiltration Score:			0	-
Peripheral IV Drainage Description:			None	-
Peripheral IV Site Condition:			No Redness or Edema	-
Peripheral IV Patency:			Patent	-
Peripheral IV Dressing:			See Below T2	-
Peripheral IV Interventions:			Elevated extremity	-
Peripheral IV Phlebitis Score:			0	-
Peripheral Lines Comment			INT	-
Over the needle 18 gauge Right Lower Forearm 02/23/2015				
Peripheral IV Activity:			Flushed	Site inspected. No Interventions
Peripheral IV Infiltration Score:			0	-
Peripheral IV Drainage Description:			None	-
Peripheral IV Site Condition:			No Redness or Edema	-
Peripheral IV Patency:			Patent	-
Peripheral IV Dressing:			See Below T12	-
Peripheral Lines Comment			INT	-
Radial artery Left				
Arterial Line Status:			See Below T18	-
Arterial Line Interventions:			See Below T23	-
Arterial Line Site Condition:			No complications	No complications
Arterial Line Dressing:			See Below T25	-

Nursing Direct Charting

Invasive Lines

		Recorded Time	08:00 EST	04:00 EST
		Recorded By	Matheson RN,Crisna M	Kaelin RN,Kory F
		Recorded Date	2/25/2015	2/25/2015
Procedure	Units	Reference Range		
Arterial Line Dressing Condition:			Dry, Intact	-
Arterial Line Drainage Description:			None	-
Left, Femoral Vein Quad				
Central Line Status:			See Below T27	-
Interventions-CVL:			See Below T30	-
Site Description-Central:			No complications	No complications
Necessity for Central Line			Hemodynamic Instability	-
Central Line Infiltration Score			0	-
Central Line Drainage Description:			None	-
Patency Proximal Port			No complications	-
Patency Medial Port 1			No complications	-
Patency Medial Port 2			No complications	-
Patency Distal Port			No complications	-

Textual Results

T2: 2/25/2015 08:00 EST (Peripheral IV Dressing:)
Dry, Intact, Occlusive, Transparent

T12: 2/25/2015 08:00 EST (Peripheral IV Dressing:)
Dry, Intact, Occlusive, Transparent

T18: 2/25/2015 08:00 EST (Arterial Line Status:)
Square wave test, Accurate, optimally damped, Blood return, Correlates with manual, Flushes easily, Intact, Patent

T23: 2/25/2015 08:00 EST (Arterial Line Interventions:)
Aspirated and flushed, Elevate extremity, Flushed, Leveled, zeroed, calibrated

T25: 2/25/2015 08:00 EST (Arterial Line Dressing:)
Dry, Intact, Transparent, Antimicrobial Patch Present, Occlusive dressing, Dressing dated

T27: 2/25/2015 08:00 EST (Central Line Status:)
Blood return, Intact, Patent, Sutured

T30: 2/25/2015 08:00 EST (Interventions-CVL:)
Alcohol Scrub, Flushed with 10mL NS

		Recorded Time	00:00 EST	20:00 EST
		Recorded By	Kaelin RN,Kory F	Kaelin RN,Kory F
		Recorded Date	2/25/2015	2/24/2015
Procedure	Units	Reference Range		
Over the needle 20 gauge Left Antecubital 02/23/2015				
Peripheral IV Activity:			Site inspected. No Interventions	Flushed
Peripheral IV Infiltration Score:			-	0
Peripheral IV Drainage Description:			-	None
Peripheral IV Site Condition:			-	No Redness or Edema
Peripheral IV Patency:			-	Patent
Peripheral IV Dressing:			-	See Below T3
Peripheral IV Phlebitis Score:			-	0
Over the needle 18 gauge Right Lower Forearm 02/23/2015				
Peripheral IV Activity:			Site inspected. No Interventions	Flushed
Peripheral IV Infiltration Score:			-	0
Peripheral IV Drainage Description:			-	None
Peripheral IV Site Condition:			-	No Redness or Edema
Peripheral IV Patency:			-	Patent
Peripheral IV Dressing:			-	See Below T13
Peripheral IV Phlebitis Score:			-	0

Nursing Direct Charting

Invasive Lines

			Recorded Time Recorded By Recorded Date	00:00 EST Kaelin RN,Kory F 2/25/2015	20:00 EST Kaelin RN,Kory F 2/24/2015
Procedure	**Units**	**Reference Range**			
Radial artery Left					
Arterial Line Status:				-	See Below T19
Arterial Line Site Condition:				No complications	No complications
Left, Femoral Vein Quad					
Central Line Status:				-	See Below T28
Interventions-CVL:				-	See Below T31
Site Description-Central:				No complications	No complications, Sutures intact
Necessity for Central Line				-	Hemodynamic Instability
Central Line Infiltration Score				-	0
Central Line Drainage Description:				-	None
Patency Proximal Port				-	No complications
Patency Medial Port 1				-	No complications
Patency Medial Port 2				-	No complications
Patency Distal Port				-	No complications

Textual Results

T3: 2/24/2015 20:00 EST (Peripheral IV Dressing:)
Dry, Intact, Occlusive, Transparent

T13: 2/24/2015 20:00 EST (Peripheral IV Dressing:)
Dry, Intact, Occlusive, Transparent

T19: 2/24/2015 20:00 EST (Arterial Line Status:)
Square wave test, Accurate, optimally damped, Blood return, Correlates with manual, Flushes easily, Intact, Patent

T28: 2/24/2015 20:00 EST (Central Line Status:)
Blood return, Intact, Patent, Sutured

T31: 2/24/2015 20:00 EST (Interventions-CVL:)
Alcohol Scrub, Flushed with 10mL NS

		Recorded Time	14:26 EST
		Recorded By	Boatwright RN,Christine C
		Recorded Date	2/25/2015
Procedure	Units	Reference Range	
Procedure			right arm PICC insertion
Time Out Agreement On			See Below T41
Personnel Present			See Below T42

Textual Results

T41: 2/25/2015 14:26 EST (Time Out Agreement On)
Correct Patient Identity, Correct Procedure, Correct Side and Site, Correct Patient Position

T42: 2/25/2015 14:26 EST (Personnel Present)
Shannon Vaughan RN, Christine Boatwright RN

Facility Info: Palmetto Health Richland
5 Richland Medical Park
Columbia, SC 29203-

Attending Physician: Jones MD,Mark A
Admitting Physician: Jones MD,Mark A

Patient Info: DILLON, EDMUND
Pt. Age
Date of Birt
CMRN: 001376880

MRN: R012719295
FIN: R1505401814

Nursing Direct Charting

Neuro

Procedure	Units	Reference Range	Recorded Time: 03:58 EST Recorded By: Thomas RCP,Lashunda D Recorded Date: 2/25/2015	03:00 EST Kaelin RN,Kory F 2/25/2015
Head of Bed			35 Degrees	-

Procedure	Units	Reference Range	Recorded Time: 02:00 EST Recorded By: Kaelin RN,Kory F Recorded Date: 2/25/2015	01:00 EST Kaelin RN,Kory F 2/25/2015
Neurological Documentation			System Review Unchanged	System Review Unchanged
Head of Bed			35 Degrees	-

Procedure	Units	Reference Range	Recorded Time: 00:35 EST Recorded By: Thomas RCP,Lashunda D Recorded Date: 2/25/2015	00:00 EST Kaelin RN,Kory F 2/25/2015
Left Upper Extremity Strength			-	No Movement
Left Upper Extremity Tone			-	Flaccid
Left Upper Extremity Sensation			-	Absent
Right Upper Extremity Strength			-	Flicker Muscle
Right Upper Extremity Tone			-	Spastic
Right Upper Extremity Sensation			-	Present
Left Lower Extremity Strength			-	Spastic Flex.
Left Lower Extremity Tone			-	Spastic
Left Lower Extremity Sensation			-	Present
Right Lower Extremity Strength			-	Spastic Flex.
Right Lower Extremity Tone			-	Flaccid
Right Lower Extremity Sensation			-	Present
Neurological Documentation			-	System Review Unchanged
Head of Bed			35 Degrees	35 Degrees

Procedure	Units	Recorded By Recorded Date Reference Range	Milunas RN,Kaitlyn C 2/25/2015	Matheson RN,Crisna M 2/25/2015	Matheson RN,Crisna M 2/25/2015
Affect			Unable To Assess	-	-
Behavioral Interventions			See Below T51	-	-
Behavior Documentation			Behavior Documentation	System Review Unchanged	System Review Unchanged
Activity/Behavioral State			See Below T54	-	-

Textual Results

T51: 2/25/2015 20:00 EST (Behavioral Interventions)
Decrease Stimuli, Encourage Expression, Encourage Family/Visitors, Listen, Reassure

T54: 2/25/2015 20:00 EST (Activity/Behavioral State)
Active when Stimulated (Inappropriate), Lethargic

Procedure	Units	Recorded Time Recorded By Recorded Date Reference Range	08:00 EST Matheson RN,Crisna M 2/25/2015	04:00 EST Kaelin RN,Kory F 2/25/2015	00:00 EST Kaelin RN,Kory F 2/25/2015
Affect			Unable To Assess	-	-
Behavioral Interventions			See Below T52	-	-
Behavior Documentation			Behavior Documentation	System Review Unchanged	System Review Unchanged
Activity/Behavioral State			See Below T55	-	-

Textual Results

T52: 2/25/2015 08:00 EST (Behavioral Interventions)
Decrease Stimuli, Family/SO at Bedside, Medicated, Offer Information, Reassure

T55: 2/25/2015 08:00 EST (Activity/Behavioral State)
Active when Stimulated (Inappropriate), Lethargic

		Recorded By Recorded Date	Milunas RN,Kaitlyn C 2/25/2015	Matheson RN,Crisna M 2/25/2015	Matheson RN,Crisna M 2/25/2015
Procedure	Units	Reference Range			
Sclera-Both Eyes			Yellow	-	-
EENT Documentation			EENT Documentation	System Review Unchanged	System Review Unchanged
EENT Interventions:			Examined	-	-
Both Eyes			Clear, No drainage	-	-
Both Ears			No drainage, No pain	-	-
Nasal Condition			Clear, No drainage	-	-
Mouth			No problems observed/reported	-	-
Teeth			Missing	-	-
Throat			No problems observed/reported	-	-

		Recorded Time Recorded By Recorded Date	08:00 EST Matheson RN,Crisna M 2/25/2015	04:00 EST Kaelin RN,Kory F 2/25/2015	00:00 EST Kaelin RN,Kory F 2/25/2015
Procedure	Units	Reference Range			
Sclera-Both Eyes			Yellow	-	-
EENT Documentation			EENT Documentation	System Review Unchanged	System Review Unchanged
EENT Interventions:			Examined	-	-
Both Eyes			Clear	-	-
Both Ears			No drainage	-	-
Nasal Condition			Clear	-	-
Mouth			No problems observed/reported	-	-
Teeth			Missing	-	-
Throat			No problems observed/reported	-	-

Corrected Results

c3: Teeth

Corrected from No problems observed/reported on 2/25/2015 10:33 EST by Matheson RN, Crisna M

Procedure	Units	Reference Range	Recorded By: Matheson RN,Crisna M Recorded Date: 2/25/2015	Matheson RN,Crisna M 2/25/2015
Respiratory Documentation			System Review Unchanged	System Review Unchanged

Procedure	Units	Reference Range	Recorded Time: 08:00 EST Recorded By: Matheson RN,Crisna M Recorded Date: 2/25/2015	04:00 EST Kaelin RN,Kory F 2/25/2015
Artificial Airway			Hi-Lo Evac ET Tube	Hi-Lo Evac ET Tube
Artificial Airway Secured			See Below T56	See Below T57
Endotracheal Tube Size			7.5	7.5
ET Tube Taped/Locked at	cm		23	23

Nursing Direct Charting

Respiratory

Procedure	Units	Reference Range	Recorded Time Recorded By Recorded Date 08:00 EST Matheson RN,Crisna M 2/25/2015	04:00 EST Kaelin RN,Kory F 2/25/2015
Activity During Pulse Ox			Sleeping	-
Upper Lobes-Bilateral			Coarse	-
Lower Lobes-Bilateral			Diminished, Coarse	-
Respiratory Pattern			Irregular, Tachypnea	-
Cough Description			Nonproductive	-
ET secretions amount			Scant	-
ET secretions color			Tan/Beige	-
ET secretions character			Thin	-
Respiratory Documentation			Respiratory Documentation	System Review Unchanged
RT Vent Settings/Documentation Reviewed			Yes	Yes
Tracheal Position			Midline	-
Chest Motion			Symmetrical	-

Textual Results
T56: 2/25/2015 08:00 EST (Artificial Airway Secured)
Artificial Airway Secure Device Holder
T57: 2/25/2015 04:00 EST (Artificial Airway Secured)
Artificial Airway Secure Device Holder

Procedure	Units	Reference Range	Recorded Time Recorded By Recorded Date 00:00 EST Kaelin RN,Kory F 2/25/2015	20:00 EST Kaelin RN,Kory F 2/24/2015
Artificial Airway			Hi-Lo Evac ET Tube	Hi-Lo Evac ET Tube
Artificial Airway Secured			See Below T58	See Below T59
Endotracheal Tube Size			7.5	7.5
ET Tube Taped/Locked at	cm		23	23
All Lobes			-	Coarse
Oral secretions amount			-	Moderate
Oral secretions color			-	Clear
Oral secretions character			-	Thin
ET secretions amount			-	Small
ET secretions color			-	Tan/Beige
ET secretions character			-	Thick
Suctioning			-	Done
Respiratory Documentation			System Review Unchanged	Respiratory Documentation
RT Vent Settings/Documentation Reviewed			Yes	Yes
Tracheal Position			-	Midline
Chest Motion			-	Synchronous with ventilator
Subglottic secretions amount			-	Scant
Subglottic secretions character			-	Thin
Subglottic secretions color			-	Clear

Textual Results
T58: 2/25/2015 00:00 EST (Artificial Airway Secured)
Artificial Airway Secure Device Holder
T59: 2/24/2015 20:00 EST (Artificial Airway Secured)
Artificial Airway Secure Device Holder

Procedure	Units	Recorded By: Milunas RN,Kaitlyn C Recorded Date Reference Range	Milunas RN,Kaitlyn C 2/25/2015	Matheson RN,Crisna M 2/25/2015
Rhythm Status			-	Normal Sinus
Jugular Vein Distention			-	JVD Absent
Nails			-	Pink
Radial Pulse-Left			-	2+ Normal
Radial Pulse-Right			-	2+ Normal
Dorsalis Pedis Pulse-Left			-	2+ Normal
Dorsalis Pedis Pulse-Right			-	2+ Normal
Heart Sounds			-	S1S2
Cardiac Monitor			-	Critical Care or High Risk
CV Lead			-	Lead II

Nursing Direct Charting

Cardiovascular

Procedure	Units	Reference Range	Recorded Time / Recorded By / Recorded Date: 22:00 EST, Milunas RN,Kaitlyn C, 2/25/2015	20:00 EST, Milunas RN,Kaitlyn C, 2/25/2015	18:00 EST, Matheson RN,Crisna M, 2/25/2015
V Leads			-	V1	-
Chest Discomfort			-	Absent	-
Sequential Compression Device			On	On	On
Cardiovascular Intervention			-	Oxygen	-
Cardiovascular Documentation			-	Cardiovascular Documentation	-
Capillary Refill Left Hand			-	2 Seconds	-
Capillary Refill Right Hand			-	2 Seconds	-
Capillary Refill Left Foot			-	2 Seconds	-
Capillary Refill Right Foot			-	2 Seconds	-
Bilateral Lower Leg Edema			-	1+ (2mm) Pitting	-
Bilateral Ankle Edema			-	1+ (2mm) Pitting	-
Bilateral Pedal Edema			-	1+ (2mm) Pitting	-

Procedure	Units	Reference Range	Recorded Time / Recorded By / Recorded Date: 16:00 EST, Matheson RN,Crisna M, 2/25/2015	14:00 EST, Matheson RN,Crisna M, 2/25/2015	12:00 EST, Matheson RN,Crisna M, 2/25/2015
Cardiac Monitor			Critical Care or High Risk	-	Critical Care or High Risk
Sequential Compression Device			On	On	On
Cardiovascular Documentation			System Review Unchanged	-	System Review Unchanged

Procedure	Units	Reference Range	Recorded Time / Recorded By / Recorded Date: 10:00 EST, Matheson RN,Crisna M, 2/25/2015	08:00 EST, Matheson RN,Crisna M, 2/25/2015	06:00 EST, Kaelin RN,Kory F, 2/25/2015
Rhythm Status			-	Normal Sinus	-
Jugular Vein Distention			-	JVD Absent	-
Nails			-	Pale	-
Radial Pulse-Left			-	2+ Normal	-
Radial Pulse-Right			-	2+ Normal	-
Dorsalis Pedis Pulse-Left			-	2+ Normal	-
Dorsalis Pedis Pulse-Right			-	2+ Normal	-
Posttibial Pulse-Left			-	2+ Normal	-
Posttibial Pulse-Right			-	2+ Normal	-
Heart Sounds			-	S1S2	-
Cardiac Monitor			-	Critical Care or High Risk	-
CV Lead			-	Lead II	-
V Leads			-	V1	-
Chest Discomfort			-	Absent	-
Sequential Compression Device			On	On	On
Cardiovascular Intervention			-	Oxygen, Medicated	-
Cardiovascular Documentation			-	Cardiovascular Documentation	-
Capillary Refill Left Hand			-	2 Seconds	-
Capillary Refill Right Hand			-	2 Seconds	-
Capillary Refill Left Foot			-	2 Seconds	-
Capillary Refill Right Foot			-	2 Seconds	-
Scrotum Edema			-	Dependent	-
Bilateral Lower Leg Edema			-	4+ (8mm) Pitting	-
Bilateral Ankle Edema			-	4+ (8mm) Pitting	-

Nursing Direct Charting

Cardiovascular

		Recorded Time	10:00 EST	08:00 EST	06:00 EST
		Recorded By	Matheson RN,Crisna M	Matheson RN,Crisna M	Kaelin RN,Kory F
		Recorded Date	2/25/2015	2/25/2015	2/25/2015
Procedure	Units	Reference Range			
Bilateral Pedal Edema			-	4+ (8mm) Pitting	-

		Recorded Time	04:00 EST	02:00 EST	00:00 EST
		Recorded By	Kaelin RN,Kory F	Kaelin RN,Kory F	Kaelin RN,Kory F
		Recorded Date	2/25/2015	2/25/2015	2/25/2015
Procedure	Units	Reference Range			
Rhythm Status			Normal Sinus	-	Sinus Tachycardia
Carotid Pulse-Left			2+ Normal	-	2+ Normal
Carotid Pulse-Right			2+ Normal	-	2+ Normal
Radial Pulse-Left			2+ Normal	-	2+ Normal
Radial Pulse-Right			2+ Normal	-	2+ Normal
Femoral Pulse-Left			2+ Normal	-	2+ Normal
Femoral Pulse-Right			2+ Normal	-	2+ Normal
Dorsalis Pedis Pulse-Left			2+ Normal	-	2+ Normal
Dorsalis Pedis Pulse-Right			2+ Normal	-	2+ Normal
Posttibial Pulse-Left			2+ Normal	-	2+ Normal
Posttibial Pulse-Right			2+ Normal	-	2+ Normal
Sequential Compression Device			On	On	On
Cardiovascular Documentation			System Review Unchanged	-	System Review Unchanged
Capillary Refill Left Hand			2 Seconds	-	2 Seconds
Capillary Refill Right Hand			2 Seconds	-	2 Seconds
Capillary Refill Left Foot			2 Seconds	-	2 Seconds
Capillary Refill Right Foot			2 Seconds	-	2 Seconds
Generalized Edema			Dependent	-	Dependent

Procedure	Units	Reference Range	Recorded By Recorded Date	Matheson RN,Crisna M 2/25/2015	Matheson RN,Crisna M 2/25/2015	Matheson RN,Crisna M 2/25/2015
Gastrointestinal Documentation				System Review Unchanged	System Review Unchanged	-
Rate	mL/hr			-	-	45
Feeding Comment				-	-	100 LR q 4hr flushes

Procedure	Units	Reference Range	Recorded Time Recorded By Recorded Date	08:00 EST Matheson RN,Crisna M 2/25/2015	04:00 EST Kaelin RN,Kory F 2/25/2015
Oral Problems				Other: unable to assess	-
All Quadrants				Active	-
GI Character				Distended, Firm, Rounded	-
Anal-Rectal				Other: hemorrhoids noted	-
Interventions -GI				See Below T66	-
Gastrointestinal Documentation				Gastrointestinal Documentation	System Review Unchanged
GI Tubes:				Nasogastric	-
GI Tube Location:				Right, Nare	-
GI Tube Site:				Intact	-
GI Tube Status:				Patent, Position Checked	-
Feeding				Enteral	Enteral
Rate	mL/hr			10	10

Nursing Direct Charting

Gastrointestinal

		Recorded Time Recorded By Recorded Date	08:00 EST Matheson RN,Crisna M 2/25/2015	04:00 EST Kaelin RN,Kory F 2/25/2015
Procedure	Units	Reference Range		
Residual Volume	mL		-	0
Diet Tolerance			Tolerated	Tolerated
Feeding Method			Nasogastric	Nasogastric
Tube Feed Method			Continuous	Continuous

Textual Results
T68: 2/25/2015 08:00 EST (Interventions - GI)
Feeding, HOB 30 degrees, Perineal Care

		Recorded Time Recorded By Recorded Date	00:00 EST Kaelin RN,Kory F 2/25/2015	20:00 EST Kaelin RN,Kory F 2/24/2015
Procedure	Units	Reference Range		
All Quadrants			-	Active
GI Character			-	Soft, Rounded
Gastrointestinal Documentation			System Review Unchanged	Gastrointestinal Documentation
GI Tubes:			-	Nasogastric
GI Tube Location:			-	Left, Nare
GI Tube Site:			-	Intact
GI Tube Status:			-	See Below [T71]
Feeding			Enteral	Enteral
Rate	mL/hr		10	10
Residual Volume	mL		0	0
Diet Tolerance			Tolerated	Tolerated
Feeding Method			Nasogastric	Nasogastric
Tube Feed Method			Continuous	Continuous

Textual Results
T71: 2/24/2015 20:00 EST (GI Tube Status:)
Patent, Flushed, Position Checked

Procedure	Units	Recorded Date Reference Range	2/25/2015	2/25/2015	2/25/2015
Renal-Urinary Comment			-	irrigated with 20 cc NS	-
Bladder			-	Nondistended	-
Renal-Urinary Documentation			Renal/Urinary Documentation	-	System Review Unchanged

Facility Info: Palmetto Health Richland
5 Richland Medical Park
Columbia, SC 29203-

Patient Info: DILLON, EDMUND

MRN: R012719295

FIN: R1505401814

Attending Physician: Jones MD,Mark A
Admitting Physician: Jones MD,Mark A

Pt. Age
Date of Birth:
CMRN: 001376880

Nursing Direct Charting

Renal-Urinary

		Recorded Time Recorded By Recorded Date	16:00 EST Matheson RN,Crisna M 2/25/2015	15:10 EST Matheson RN,Crisna M 2/25/2015	12:00 EST Matheson RN,Crisna M 2/25/2015
Procedure	Units	Reference Range			
Urine Source-Device:			Core Temp Foley	-	Core Temp Foley
R-U Status-Intervention:			-	See Below T77	-

Textual Results
T77: 2/25/2015 15:10 EST (R-U Status-Intervention:)
Bladder Scan, Irrigated, Other: 20cc NS

		Recorded Time Recorded By Recorded Date	08:00 EST Matheson RN,Crisna M 2/25/2015	04:00 EST Kaelin RN,Kory F 2/25/2015
Procedure	Units	Reference Range		
Bladder			Nondistended	-
Renal-Urinary Documentation			Renal/Urinary Documentation	System Review Unchanged
Necessity for Foley			See Below T74	-
Urine Source-Device:			Core Temp Foley	-
Urine Color:			Amber	-
Urine Character:			Cloudy	-
Urinary Catheter Secured			Securement Device	-
R-U Status-Intervention:			Checked, Foley Secured, Patent	-

Textual Results
T74: 2/25/2015 08:00 EST (Necessity for Foley)
Precise I&O Required, Surgical Indication

		Recorded Time Recorded By Recorded Date	00:00 EST Kaelin RN,Kory F 2/25/2015	20:00 EST Kaelin RN,Kory F 2/24/2015	16:00 EST Sullivan RN,Michael D 2/24/2015
Procedure	Units	Reference Range			
Bladder			-	Nondistended	-
Renal-Urinary Documentation			System Review Unchanged	Renal/Urinary Documentation	System Review Unchanged
Necessity for Foley			-	Precise I&O Required	-
Urine Source-Device:			-	Foley Catheter	-
Urine Color:			-	Amber	-
Urine Character:			-	Clear	-
Urinary Catheter Secured			-	Securement Device	-

Nursing Direct Charting

Integumentary

Textual Results
T96: 2/26/2015 02:00 EST (Skin Preventive Measures)
Elbow Pad (minimizes friction), Heel Pad (minimizes friction), Heels Off-Loaded with Pillows, Position w/ pillows, Reposition Frequently
T97: 2/26/2015 00:00 EST (Skin Preventive Measures)
Elbow Pad (minimizes friction), Heel Pad (minimizes friction), Heels Off-Loaded with Pillows, Position w/ pillows, Reposition Frequently
T98: 2/25/2015 22:00 EST (Skin Preventive Measures)
Elbow Pad (minimizes friction), Heel Pad (minimizes friction), Heels Off-Loaded with Pillows, Position w/ pillows, Reposition Frequently
T139: 2/26/2015 02:00 EST (PUP Management Device)
Floating Heels, Heel Elevation Device, other, Heels Off-Loaded with Elevation Device, Heels Off-Loaded with Pillows, Pillow for Positioning
T140: 2/26/2015 00:00 EST (PUP Management Device)
Floating Heels, Heel Elevation Device, other, Heels Off-Loaded with Elevation Device, Heels Off-Loaded with Pillows, Pillow for Positioning
T141: 2/25/2015 22:00 EST (PUP Management Device)
Floating Heels, Heel Elevation Device, other, Heels Off-Loaded with Elevation Device, Heels Off-Loaded with Pillows, Pillow for Positioning

Procedure	Units	Reference Range	Recorded Time Recorded By Recorded Date 20:00 EST Milunas RN,Kaitlyn C 2/25/2015	18:00 EST Matheson RN,Crisna M 2/25/2015	16:00 EST Matheson RN,Crisna M 2/25/2015
Bony Prominences Inspected			Yes	-	Yes
Skin Color:			Jaundiced	-	-
Skin Temperature:			Cool	-	-
Skin Condition			Not Intact	-	Not Intact
Skin Turgor			Normal	-	-
Mucous Membrane Description			Intact, Pink, Moist/Wet	-	-
Skin Preventive Measures			See Below T99	See Below T100	See Below T101
PUP Management Device			See Below T142	See Below T143	See Below T144
Integumentary Comment			See Below T171	-	-
Integumentary Documentation			Integumentary Documentation	-	System Review Unchanged

Textual Results
T99: 2/25/2015 20:00 EST (Skin Preventive Measures)
Elbow Pad (minimizes friction), Heel Pad (minimizes friction), Heels Off-Loaded with Pillows, Position w/ pillows, Reposition Frequently
T100: 2/25/2015 18:00 EST (Skin Preventive Measures)
Elbow Pad (minimizes friction), Position w/ pillows, Reposition Frequently
T101: 2/25/2015 16:00 EST (Skin Preventive Measures)
Elbow Pad (minimizes friction), Position w/ pillows, Reposition Frequently
T142: 2/25/2015 20:00 EST (PUP Management Device)
Floating Heels, Heel Elevation Device, other, Heels Off-Loaded with Elevation Device, Heels Off-Loaded with Pillows, Pillow for Positioning
T143: 2/25/2015 18:00 EST (PUP Management Device)
Alternating Pressure Mattress, Floating Heels, Heels Off-Loaded with Pillows, Pillow for Positioning, Pulmonary Bed
T144: 2/25/2015 16:00 EST (PUP Management Device)
Alternating Pressure Mattress, Floating Heels, Heels Off-Loaded with Elevation Device, Pillow for Positioning, Pulmonary Bed
T171: 2/25/2015 20:00 EST (Integumentary Comment)
skin assessment completed with Charlotte RN

Procedure	Units	Reference Range	Recorded Time Recorded By Recorded Date 14:00 EST Matheson RN,Crisna M 2/25/2015	12:00 EST Matheson RN,Crisna M 2/25/2015	10:00 EST Matheson RN,Crisna M 2/25/2015
Bony Prominences Inspected			-	Yes	-
Skin Condition			-	Not Intact	-
Skin Preventive Measures			See Below T102	See Below T103	See Below T104 See Below T105
PUP Management Device			See Below T145	See Below T146	See Below T147 See Below T148

Nursing Direct Charting

Integumentary

Procedure	Units	Reference Range	Recorded Time Recorded By Recorded Date	14:00 EST Matheson RN,Crisna M 2/25/2015	12:00 EST Matheson RN,Crisna M 2/25/2015	10:00 EST Matheson RN,Crisna M 2/25/2015
Integumentary Documentation				-	System Review Unchanged	-

Textual Results
T102: 2/25/2015 14:00 EST (Skin Preventive Measures)
Elbow Pad (minimizes friction), Position w/ pillows, Reposition Frequently
T103: 2/25/2015 12:00 EST (Skin Preventive Measures)
Elbow Pad (minimizes friction), Position w/ pillows, Reposition Frequently
T104: 2/25/2015 10:00 EST (Skin Preventive Measures)
Elbow Pad (minimizes friction), Position w/ pillows, Reposition Frequently
T105: 2/25/2015 10:00 EST (Skin Preventive Measures)
Elbow Pad (minimizes friction), Position w/ pillows, Reposition Frequently
T145: 2/25/2015 14:00 EST (PUP Management Device)
Alternating Pressure Mattress, Floating Heels, Heels Off-Loaded with Elevation Device, Pillow for Positioning, Pulmonary Bed
T146: 2/25/2015 12:00 EST (PUP Management Device)
Alternating Pressure Mattress, Floating Heels, Heels Off-Loaded with Elevation Device, Pillow for Positioning, Pulmonary Bed
T147: 2/25/2015 10:00 EST (PUP Management Device)
Alternating Pressure Mattress, Floating Heels, Heels Off-Loaded with Elevation Device, Pillow for Positioning, Pulmonary Bed
T148: 2/25/2015 10:00 EST (PUP Management Device)
Alternating Pressure Mattress, Floating Heels, Heels Off-Loaded with Elevation Device, Pillow for Positioning, Pulmonary Bed

Procedure	Units	Reference Range	Recorded Time Recorded By Recorded Date	08:00 EST Matheson RN,Crisna M 2/25/2015	06:00 EST Kaelin RN,Kory F 2/25/2015	04:00 EST Kaelin RN,Kory F 2/25/2015
Bony Prominences Inspected				Yes	-	-
Skin Color:				Jaundiced	-	-
Skin Temperature:				Warm	-	-
Skin Condition				Not Intact	-	-
Skin Turgor				Normal	-	-
Mucous Membrane Description				Intact, Pink, Moist/Wet	-	-
Skin Preventive Measures				See Below T106 See Below T107	See Below T108	See Below T109
PUP Management Device				See Below T149 See Below T150	See Below T151	See Below T152
Integumentary Comment				See Below T172	-	-
Integumentary Documentation				Integumentary Documentation	-	System Review Unchanged

Textual Results
T106: 2/25/2015 08:00 EST (Skin Preventive Measures)
Elbow Pad (minimizes friction), Position w/ pillows, Reposition Frequently
T107: 2/25/2015 08:00 EST (Skin Preventive Measures)
Elbow Pad (minimizes friction), Position w/ pillows, Reposition Frequently
T108: 2/25/2015 06:00 EST (Skin Preventive Measures)
Elbow Pad (minimizes friction), Heels Off-Loaded with Pillows, Position w/ pillows, Skin Barrier Wipe/Cream Applied
T109: 2/25/2015 04:00 EST (Skin Preventive Measures)
Elbow Pad (minimizes friction), Heels Off-Loaded with Pillows, Position w/ pillows, Skin Barrier Wipe/Cream Applied
T149: 2/25/2015 08:00 EST (PUP Management Device)
Alternating Pressure Mattress, Floating Heels, Heels Off-Loaded with Elevation Device, Pillow for Positioning, Pulmonary Bed
T150: 2/25/2015 08:00 EST (PUP Management Device)
Alternating Pressure Mattress, Floating Heels, Heels Off-Loaded with Elevation Device, Pillow for Positioning, Pulmonary Bed
T151: 2/25/2015 06:00 EST (PUP Management Device)
Floating Heels, Heels Off-Loaded with Pillows, Pillow for Positioning, Pulmonary Bed

Nursing Direct Charting

Integumentary

Textual Results
T152: 2/25/2015 04:00 EST (PUP Management Device)
Floating Heels, Heels Off-Loaded with Pillows, Pillow for Positioning, Pulmonary Bed
T172: 2/25/2015 08:00 EST (Integumentary Comment)
skin assessment done with Lomas, RN

		Recorded Time	02:00 EST	00:00 EST	22:00 EST
		Recorded By	Kaelin RN,Kory F	Kaelin RN,Kory F	Kaelin RN,Kory F
		Recorded Date	2/25/2015	2/25/2015	2/24/2015
Procedure	Units	Reference Range			
Skin Preventive Measures			See Below T110	See Below T111	See Below T112
PUP Management Device			See Below T153	See Below T154	See Below T155
Integumentary Documentation			-	System Review Unchanged	-

Textual Results
T110: 2/25/2015 02:00 EST (Skin Preventive Measures)
Elbow Pad (minimizes friction), Heels Off-Loaded with Pillows, Position w/ pillows, Skin Barrier Wipe/Cream Applied
T111: 2/25/2015 00:00 EST (Skin Preventive Measures)
Elbow Pad (minimizes friction), Heels Off-Loaded with Pillows, Position w/ pillows, Skin Barrier Wipe/Cream Applied
T112: 2/24/2015 22:00 EST (Skin Preventive Measures)
Elbow Pad (minimizes friction), Heels Off-Loaded with Pillows, Position w/ pillows, Skin Barrier Wipe/Cream Applied
T153: 2/25/2015 02:00 EST (PUP Management Device)
Floating Heels, Heels Off-Loaded with Pillows, Pillow for Positioning, Pulmonary Bed
T154: 2/25/2015 00:00 EST (PUP Management Device)
Floating Heels, Heels Off-Loaded with Pillows, Pillow for Positioning, Pulmonary Bed
T155: 2/24/2015 22:00 EST (PUP Management Device)
Floating Heels, Heels Off-Loaded with Pillows, Pillow for Positioning, Pulmonary Bed

		Recorded Time	20:00 EST	12:20 EST	08:00 EST
		Recorded By	Milunas RN,Kaitlyn C	Matheson RN,Crisna M	Matheson RN,Crisna M
		Recorded Date	2/25/2015	2/25/2015	2/25/2015
Procedure	Units	Reference Range			
Pressure Ulcer Present On Admission			No	-	No
Skin Condition -Continence:			Dry, Flaking	-	-
Arm, Right Skin Tear					
Integrity of Dressing			Dry, Intact	-	Dry, Intact, did not remove
Skin Surrounding Wound:			Ecchymotic	-	Ecchymotic
Wound Intervention:			Evaluated	-	Evaluated
Gluteal fold, Perineum Skin Tear					
Integrity of Dressing			Dry, Open to Air	-	Open to Air
Wound Appearance:			Dry, Intact	-	Dry, Intact
Skin Surrounding Wound:			No complications	-	No complications
Wound Intervention:			Evaluated	-	Evaluated
Gluteal fold, Right Skin Tear					
Wound Appearance:			-	-	Intact
Wound Intervention:			-	-	Evaluated
1 Penis, Other: left side of head of penis Other: etiology unknown.					
Integrity of Dressing			Dry, Intact, Open to Air	-	Open to Air
Wound Appearance:			Clean, Dry, Intact	-	Dry, Scab
Wound Drainage:			None	-	None
Wound Intervention:			Evaluated	-	Evaluated, Cleaned
1 Hemovac Right, Other: head					
Drain Surrounding Skin:			-	-	Intact
Drainage:			-	-	Dark Red
Drain Management:			-	Discontinued	Other: eval.
Drain Status:			-	-	See Below T193
Tubes-Drains Comment			-	removed by Hooks, PA C	-

Textual Results

T193: 2/25/2015 08:00 EST (Drain Status:)
Compressed, Draining, Intact, Patent

Corrected Results

c6: Tubes-Drains Comment
Corrected from removed by Dr. Hooks on 2/25/2015 12:32 EST by Matheson RN, Crisna M

Procedure	Units	Recorded Date Reference Range	2/25/2015	2/25/2015
Musculoskeletal Documentation			System Review Unchanged	System Review Unchanged

Procedure	Units	Recorded Time Recorded By Recorded Date Reference Range	08:00 EST Matheson RN,Crisna M 2/25/2015	04:00 EST Kaelin RN,Kory F 2/25/2015
Gait			Unable To Assess	-
Musculoskeletal Documentation			Musculoskeletal Documentation	System Review Unchanged
Musculoskeletal Condition:			Normal	-
Musculoskeletal Interventions:			See Below T198	-
Left Arm Movement			Spastic Flexion	-
Right Arm Movement			Spastic Flexion	-
Left Leg Movement			Spastic Flexion	-
Right Leg Movement			Spastic Flexion	-

Textual Results

T198: 2/25/2015 08:00 EST (Musculoskeletal Interventions:)
Elevate extremity, Repositioned, ROM Passive

Procedure	Units	Recorded Time Recorded By Recorded Date Reference Range	00:00 EST Kaelin RN,Kory F 2/25/2015	20:00 EST Kaelin RN,Kory F 2/24/2015
Gait			-	Unable To Assess
Musculoskeletal Documentation			System Review Unchanged	Musculoskeletal Documentation
Musculoskeletal Interventions:			-	Repositioned

Procedure	Units	Recorded By Recorded Date Reference Range	Matheson RN,Crisna M 2/25/2015	Kaelin RN,Kory F 2/24/2015
Safety			See Below T204	See Below T206
Suicide Risk			Unable to Evaluate	Unable to Evaluate
Abuse Signs			No indications	No indications
History of Fall in Last 3 Months Morse			Yes	Yes
Presence of Secondary Diagnosis Morse			Yes	Yes
Use of Ambulatory Aid Morse			None, bedrest, wheelchair, nurse	None, bedrest, wheelchair, nurse
IV/INT Fall Risk Morse			Yes	Yes
Gait Weak or Impaired Fall Risk Morse			Normal, bedrest, immobile	Normal, bedrest, immobile
Mental Status Fall Risk Morse			Forgets limitations	Forgets limitations
Morse Fall Risk Score			75	75

Facility Info: Palmetto Health Richland
5 Richland Medical Park
Columbia, SC 29203-

Patient Info: DILLON, EDMUND

MRN: R012719295

FIN: R1505401814

Attending Physician: Jones MD,Mark A

Admitting Physician: Jones MD,Mark A

Pt. Age:

Date of Birth

CMRN: 001376880

Nursing Direct Charting

Risk Precautions

Procedure	Units	Recorded Time Recorded By Recorded Date Reference Range	08:00 EST Matheson RN,Crisna M 2/25/2015	20:00 EST Kaelin RN,Kory F 2/24/2015
Participative in Fall Prevention			Yes	No

Textual Results

T204: 2/25/2015 08:00 EST (Safety)
Adequate day/night lighting, Bag-Valve Mask, suction at BS, Bed alarm on, Bed Low/Brakes Locked, Elbow protection, Family/Sitter at Bedside, ID Band Checked, ID Band on, PI/Family Able to Use, Uncluttered path for mobility, Other: siderails up x 4

T205: 2/24/2015 20:00 EST (Safety)
Adequate day/night lighting, Bag-Valve Mask, suction at BS, Bed alarm on, Bed Low/Brakes Locked, Blood Bank arm band on, Call device within reach, Code Sheet at bedside, Elbow protection, Fall Prevention Education, ID Band Checked, ID Band on, Siderails up x2

Nursing Direct Charting

Patient Activity

Procedure	Units	Reference Range	Recorded Time: 00:00 EST Recorded By: Milunas RN,Kaitlyn C Recorded Date: 2/26/2015	22:00 EST Milunas RN,Kaitlyn C 2/25/2015	20:00 EST Milunas RN,Kaitlyn C 2/25/2015
Patient Activity			Bedrest, In bed	In bed, Repositioned	Bedrest, In bed
Positioned			Supine/Back	Left Side	Right Side
Activity Response			Tolerated	Tolerated	Tolerated
Activity Assistance			Two person assistance	Two person assistance	Two person assistance

Procedure	Units	Reference Range	Recorded Time: 19:21 EST Recorded By: Matheson RN,Crisna M Recorded Date: 2/25/2015	18:00 EST Matheson RN,Crisna M 2/25/2015
Patient Activity			-	In bed
Positioned			-	Supine/Back
Person Contacted			Physician (Resident)	-
Regarding			See Below T216	-
Care Provider Name			depp	-
Notification Response			See Below T221	-
Activity Response			-	Tolerated
Activity Assistance			-	Two person assistance

Textual Results
T215: 2/25/2015 19:21 EST (Regarding)
Other: plan of care and decreased UOP
T221: 2/25/2015 19:21 EST (Notification Response)
By Telephone, No Orders Received, Notified

Procedure	Units	Reference Range	Recorded Time: 18:00 EST Recorded By: Matheson RN,Crisna M Recorded Date: 2/25/2015	16:12 EST Vaughan RN,Shannon L 2/25/2015
Person Contacted			Physician (Resident)	RN
Regarding			Urine Output R3	See Below T216
Care Provider Name			maxey and depp	Crisna
Notification Response			See Below T222	By Telephone

Textual Results
T216: 2/25/2015 16:12 EST (Regarding)
Other: picc in satisfatory position
T222: 2/25/2015 18:00 EST (Notification Response)
At bedside, No Orders Received, Notified

Result Comments
R3: Regarding
decreased UOP last 2 hrs

Procedure	Units	Reference Range	Recorded Time: 16:00 EST Recorded By: Matheson RN,Crisna M Recorded Date: 2/25/2015	16:00 EST Matheson RN,Crisna M 2/25/2015
Patient Activity			Bedrest, Sleeping	-
Positioned			Left Side	-
Person Contacted			-	Physician (Resident)
Regarding			-	Urine Output R3

Nursing Direct Charting

Patient Activity

Procedure	Units	Reference Range	Recorded Time: 16:00 EST Recorded By: Matheson RN,Crisna M Recorded Date: 2/25/2015	16:00 EST Matheson RN,Crisna M 2/25/2015
Care Provider Name			-	maxey
Notification Response			-	See Below T223
Activity Response			Tolerated	-
Activity Assistance			Two person assistance	-

Textual Results
T223: 2/25/2015 16:00 EST (Notification Response)
By Telephone, No Orders Received, Notified

Result Comments
R3: Regarding
decreased UOP last 2 hrs

Procedure	Units	Reference Range	Recorded Time: 15:10 EST Recorded By: Matheson RN,Crisna M Recorded Date: 2/25/2015	14:45 EST Matheson RN,Crisna M 2/25/2015
Accompanied By			Family	-
Person Contacted			-	Physician (Resident)
Regarding			-	Urine Output via Catheter R6
Care Provider Name			-	maxey
Notification Response			-	See Below T224

Textual Results
T224: 2/25/2015 14:45 EST (Notification Response)
At bedside, No Orders Received, Notified

Corrected Results
c8: Regarding
Result comment modified on 2/25/2015 17:30 EST by Matheson RN, Crisna M
5 cc UOP in last 3 hrs
Corrected from Urine Output on 2/25/2015 17:30 EST by Matheson RN, Crisna M
Result comment added on 2/25/2015 15:14 EST by Matheson RN, Crisna M
c9: Notification Response
Result comment added on 2/25/2015 17:30 EST by Matheson RN, Crisna M
Corrected from At bedside, No Orders Received, Notified on 2/25/2015 17:30 EST by Matheson RN, Crisna M

Result Comments
R4: Regarding
5 cc UOP in last 3 hrs and Temp of 100.8
R9: Notification Response
will start cooling blanket

Procedure	Units	Reference Range	Recorded Time: 14:00 EST Recorded By: Matheson RN,Crisna M Recorded Date: 2/25/2015	12:20 EST Matheson RN,Crisna M 2/25/2015
Patient Activity			Bedrest, Sleeping	-
Positioned			Right Side	-
Person Contacted			-	Physician (Resident)
Regarding			-	Urine Output R6
Care Provider Name			-	MAXEY
Notification Response			-	See Below T226

Nursing Direct Charting

Patient Activity

Procedure	Units	Reference Range	Recorded Time: 14:00 EST Recorded By: Matheson RN,Crisna M Recorded Date: 2/25/2015	12:20 EST Matheson RN,Crisna M 2/25/2015
Activity Response			Tolerated	-
Activity Assistance			Two person assistance	-

Textual Results
T225: 2/25/2015 12:20 EST (Notification Response)
By Telephone, No Orders Received, Notified

Result Comments
R5: Regarding
low UOP

Procedure	Units	Reference Range	Recorded Time: 12:00 EST Recorded By: Matheson RN,Crisna M Recorded Date: 2/25/2015	10:00 EST Matheson RN,Crisna M 2/25/2015
Patient Activity			Bedrest, Sleeping	Bedrest, Sleeping
Positioned			Supine/Back	Left Side
Accompanied By			-	Family
Activity Response			Tolerated	Tolerated
Activity Assistance			Two person assistance	Two person assistance

Procedure	Units	Reference Range	Recorded Time: 10:00 EST Recorded By: Matheson RN,Crisna M Recorded Date: 2/25/2015	08:00 EST Matheson RN,Crisna M 2/25/2015
Patient Activity			-	Bedrest, Sleeping
Positioned			-	Right Side
Accompanied By			-	Family
Person Contacted			Physician (Resident)	-
Regarding			Urine Output[R6]	-
Care Provider Name			maxey	-
Notification Response			See Below[T226]	-
Activity Response			-	Tolerated
Activity Assistance			-	Two person assistance

Textual Results
T226: 2/25/2015 10:00 EST (Notification Response)
At bedside, No Orders Received, Notified

Result Comments
R6: Regarding
low UOP last 2 hrs

Procedure	Units	Reference Range	Recorded Time: 06:00 EST Recorded By: Kaelin RN,Kory F Recorded Date: 2/25/2015	04:00 EST Kaelin RN,Kory F 2/25/2015
Patient Activity			In bed, Repositioned	In bed, Repositioned
Positioned			Semi-Fowlers, Supine/Back	Left Side, Semi-Fowlers
Patient Location			In Room	In Room
Accompanied By			Nurse	Nurse
Activity Response			Tolerated	Tolerated

Facility Info: Palmetto Health Richland
5 Richland Medical Park
Columbia, SC 29203-

Attending Physician: Jones MD,Mark A
Admitting Physician: Jones MD,Mark A

Patient Info: DILLON, EDMUND
[redacted]
Pt. Age [redacted]
Date of Birth: [redacted]
CMRN: 001376880

MRN: R012719295
FIN: R1505401814

Nursing Direct Charting

Patient Activity

Procedure	Units	Reference Range	Recorded Time: 06:00 EST Recorded By: Kaelin RN,Kory F Recorded Date: 2/25/2015	Recorded Time: 04:00 EST Recorded By: Kaelin RN,Kory F Recorded Date: 2/25/2015
Activity Assistance			Two person assistance	Two person assistance

Procedure	Units	Reference Range	Recorded Time: 02:00 EST Recorded By: Kaelin RN,Kory F Recorded Date: 2/25/2015	Recorded Time: 00:00 EST Recorded By: Kaelin RN,Kory F Recorded Date: 2/25/2015
Patient Activity			In bed, Repositioned	In bed, Repositioned
Positioned			Right Side, Semi-Fowlers	Semi-Fowlers, Supine/Back
Patient Location			In Room	In Room
Accompanied By			Nurse	Nurse
Activity Response			Tolerated	Tolerated
Activity Assistance			Two person assistance	Two person assistance

Nursing Direct Charting

CAM Evaluation

		Recorded Time Recorded By Recorded Date	20:00 EST Milunas RN,Kaitlyn C 2/25/2015	08:00 EST Matheson RN,Crisna M 2/25/2015	19:15 EST Looney RN,Marisa A 2/23/2015
Procedure	**Units**	**Reference Range**			
Confusion-Acute Onset/Fluctuating Course			No	No	No
Confusion-Inattention			Yes	Yes	No
Confusion-Disorganized Speech			Yes	Yes	No
Confusion-Altered Level of Consciousness			Yes	Yes	No
CAM Score			7	7	0
CAM Results			Negative	Negative	Negative

Restraint

		Recorded Time Recorded By Recorded Date	10:55 EST Matheson RN,Crisna M 2/25/2015	10:00 EST Matheson RN,Crisna M 2/25/2015
Procedure	**Units**	**Reference Range**		
Restraint:Airway/Breathing/Circulation			-	Mechanical Ventilator
Restraint:Circulation/Skin			-	See Below T231
Restraint Range of Motion			-	Done
Privacy Maintained			-	Done
Restraint Elimination			-	Urinary collection device
Restraint Nutrition/Hydration			-	IV Fluids, Tube feeding
Restraint Hygiene			-	Not Indicated
Injury R/T Restraint			-	No injury
Restraint Behavior Description			-	Sleeping
Condition Requires Continued Restraints			-	Yes
Critical Care Airway Protection Soft Bilat Wrist 02/23/2015 14:49				
Restraint Episode Activity:			Discontinued, condition resolved	-

Textual Results
T231: 2/25/2015 10:00 EST (Restraint: Circulation/Skin)
Intact, Color Normal, Good Circulation

		Recorded Time Recorded By Recorded Date	08:00 EST Matheson RN,Crisna M 2/25/2015	06:05 EST Kaelin RN,Kory F 2/25/2015	04:05 EST Kaelin RN,Kory F 2/25/2015
Procedure	**Units**	**Reference Range**			
Restraint:Airway/Breathing/Circulation			Mechanical Ventilator	Mechanical Ventilator	Mechanical Ventilator
Restraint:Circulation/Skin			See Below T232	See Below T233	See Below T234
Restraint Range of Motion			Done	Done	Done
Privacy Maintained			Done	Done	Done
Restraint Elimination			Urinary collection device	Urinary collection device	Urinary collection device
Restraint Nutrition/Hydration			IV Fluids, Tube feeding	IV Fluids	IV Fluids, Tube feeding
Restraint Hygiene			Care Done	Care Done	Care Done
Injury R/T Restraint			No injury	No injury	No injury
Restraint Behavior Description			Sleeping	Quiet	Quiet
Condition Requires Continued Restraints			Yes	Yes	Yes
Critical Care Airway Protection Soft Bilat Wrist 02/23/2015 14:49					
Restraint Episode Activity:			Continue episode	-	-
Behavior Requiring Restraint:			Artificial airway	-	-
Least Restrictive Measures/Alternatives			See Below T244	-	-
Restraint Notification:			See Below T246	-	-

Nursing Direct Charting

Restraint

Textual Results
T232: 2/25/2015 08:00 EST (Restraint: Circulation/Skin)
Intact, Color Normal, Good Circulation
T233: 2/25/2015 06:05 EST (Restraint: Circulation/Skin)
Intact, Color Normal, Good Circulation
T234: 2/25/2015 04:05 EST (Restraint: Circulation/Skin)
Intact, Color Normal, Good Circulation
T244: 2/25/2015 08:00 EST (Least Restrictive Measures/Alternatives)
Not appropriate, difficult airway
T246: 2/25/2015 08:00 EST (Restraint Notification:)
Use/Release criteria to family, Use/Release criteria to Pt

		Recorded Time Recorded By Recorded Date	02:05 EST Kaelin RN,Kory F 2/25/2015	00:05 EST Kaelin RN,Kory F 2/25/2015	22:05 EST Kaelin RN,Kory F 2/24/2015
Procedure	**Units**	**Reference Range**			
Restraint:Airway/Breathing/Circulation			Mechanical Ventilator	Mechanical Ventilator	Mechanical Ventilator
Restraint:Circulation/Skin			See Below T235	See Below T236	See Below T237
Restraint Range of Motion			Done	Done	Done
Privacy Maintained			Done	Done	Done
Restraint Elimination			Urinary collection device	Urinary collection device	Urinary collection device
Restraint Nutrition/Hydration			IV Fluids, Tube feeding	IV Fluids, Tube feeding	IV Fluids, Tube feeding
Restraint Hygiene			Care Done	Care Done	Care Done
Injury R/T Restraint			No injury	No injury	No injury
Restraint Behavior Description			Quiet	Quiet	Quiet
Condition Requires Continued Restraints			Yes	Yes	Yes

Textual Results
T235: 2/25/2015 02:05 EST (Restraint: Circulation/Skin)
Intact, Color Normal, Good Circulation
T236: 2/25/2015 00:05 EST (Restraint: Circulation/Skin)
Intact, Color Normal, Good Circulation
T237: 2/24/2015 22:05 EST (Restraint: Circulation/Skin)
Intact, Color Normal, Good Circulation

* Auth (Verified) *

PALMETTO HEALTH
PROGRESS NOTES

DILLON, EDMUND
R1505401814
MR:R012719295
JONES, MARK A
56Y M

Date	Time	Notes should be signed by physician
2/25/15	CB	
	3CG	Confirmation of PICC location

PowerPICC sold REF 1395108QD LOT REZA1040

Sherlock 3CG Tip Confirmation System

PID1: Dillon, Edmund
PID2: 12719295

Exit Site Marking: 0 cm
2015-02-25 14:55:46

EXTERNAL

INTRAVASCULAR

PICC tip location in the SVC confirmed by ECG technology

10032Smr r3/14 r5/14

PROGRESS NOTE

* 1 0 0 3 2 S *

D - 0506

RESULT STATUS: 2/25/2015 10:04 EST
PERFORM INFORMATION: Auth (Verified)
ELECTRONICALLY SIGNED BY: Jenkins MD,Karin M (2/25/2015 10:30 EST)
Jenkins MD,Karin M (2/25/2015 10:38 EST)

Palliative Care Consultation Note

Patient: **DILLON, EDMUND** MRN: R012719295 FIN: R1505401814
Age: Sex: DOB:
Associated Diagnoses: None
Author: **Jenkins MD, Karin M**

Progress Notes

PALMETTO HEALTH
Palliative Care Team

Basic Information
56-year-old Caucasian gentleman admitted with subdural hematoma and subarachnoid hemorrhage with midline shift status post craniotomy for subdural hematoma now intubated and unresponsive on the ventilator.

Chief Complaint

The palliative Care team was consulted to provide

(x) Help to establish and clarify goals of care
(x) Help with medical decision making
(x) Family Support
(x) Patient support
(x) Readdress or clarify choice of code status.
(x) Symptom Management

History of Present Illness
56-year-old Caucasian male with history of heavy alcohol abuse and skin cancer, possibly melanoma status post removal who was at work when he suffered a mechanical fall and developed increasing headache. He wanted to go back to work, but they would not allow him. In the emergency room the patient's neurologic status decompensated significantly. He required intubation. Head CT showed subdural hematoma, acute on chronic as well as subarachnoid hemorrhage. He underwent emergent craniotomy. Currently he is in the SSU, remains intubated. He is not sedated on any medications, he will withdrawal to painful stimuli in his hands and his feet, pupils are pinpoint probably minimally reactive. Daughter is at bedside and much of the history was obtained through her in the chart record.
Patient was also noted to be incredibly jaundiced on arrival. Per ER records the patient had been having nausea and vomiting as well as diarrhea, and has not been eating well for several days prior to his fall. Patient was severely dehydrated by urinalysis and labs. His sodium level on admission was 118 his LFTs were incredibly elevated with an AST much greater than ALT, and a bilirubin of 23.

The paliative care team was consulted to see this patient who is currently located in Room: **514**

Review of Systems
Constitutional

Health Status
Allergies:
Allergic Reactions (All)
NKA,

Allergies (1) Active	Reaction
NKA	None Documented

Progress Notes

Current medications: (Selected)

Inpatient Medications

Ordered

1 RX Alcohol Withdrawal Regimen, Sympton Triggered Guideline, 6017: Follow guidelines, daily, Start Date: 02/24/15 9:14:00
1 Rx Adult IV Electrolyte Replacement Guidelines, Critical Care: Follow Guideline. Call MD prior to replacement if SCr is greater than 1.2, daily, Start Date: 02/23/15 14:56:00
Ancef: 500 mg, IV, q8hr(s), Routine, Start Date: 02/23/15 22:00:00
Dulcolax Laxative: 10 mg, = 1 supp, Supp, PR, daily, Routine, Start Date: 02/23/15 14:56:00
Keppra: 500 mg, = 5 mL, IV, 2xdaily, Routine, Start Date: 02/23/15 18:00:00, Stop date 03/02/15 6:00:00
Pharmacy Nursing Communication: Keep total fluid intake (IV meds, drips, and tube feeds) no greater than 125cc/hr., daily, Start Date: 02/23/15 14:56:00
Pharmacy Nursing Communication: Sedatives should not be given until pain is controlled (no pain) and RASS is still documented greater than -2, q12hr(s), Start Date: 02/23/15 18:00:00
Protonix: 20 mg, Inj, IV, daily, Only if No gastric access and/or intestinal discontinuity., Routine, Start Date: 02/23/15 14:56:00
Sodium Chloride 0.9% 1,000 mL + multivitamin adult injection 10 mL + thiamine (IV Additive) 250 mg...: 1,000 mL, 1,000 mL = Total Volume, IV, Routine, Start Date: 02/25/15 9:51:00, 1 doses, Stop date 02/25/15 23:08:00, @ 75 mL/hr, 13.3 hr, 74.8, kg
Sodium Chloride 0.9% 1,000 mL: 1,000 mL, 1,000 mL = Total Volume, IV, Routine, Start Date: 02/23/15 14:56:00, @ 75 mL/hr, 13.3 hr
fentanyl: 50 mcg, = 1 mL, Inj, IV, q4hr(s), PRN, Pain - Moderate, Routine, Start Date: 02/24/15 14:18:00
norepinephrine 4 mg + Sodium Chloride 0.9% 250 mL: 250 mL, 250 mL = Total Volume, IV, Routine, Start Date: 02/24/15 8:37:00, MAP 60 goal, 74.8, kg
propofol (IV additive) 500 mg + Premix 50 mL: 50 mL, 50 mL = Total Volume, IV, Begin at 10 mcg/kg/min. Re-evaluation RASS every 15 min, increase 10mcg/kg/min untill RASS -4 to -5 achieved. If rate exceeds 50mcg/kg/min then notify MD., Routine, Start Date: 02/23/15 14:56:00, Goal RASS -4 to -5, 77...,

Problem list:

Active Problems (5)
At risk for falls
At risk of pressure sore
At risk of venous thromboembolus
Cirrhosis
Frequent falls

Histories

Procedure history:

Craniotomy (Right) on 02/23/2015 at 56 Years.
Comments:
02/23/2015 18:53 - Kerns RN, Barry P
auto-populated from documented surgical case

Social History

Social & Psychosocial Habits

pt was a heavy smoker, attended Our Lady of Perpetual Help catholic Church in Camden. Has 2 sons and 2 daughters with first wife. Has been remarried approx 7 years and has 2 stepchildren. Was employed at a parts distributor where he fell. Daughter reports that he does not always drink heavily, but may have started after his mother died 9 years ago, and probably worsened after his father's death 5 years ago. When she was young he only drank occasionally. Per records had been drinking daily unknown amounts. .

Family History. non contributory and unobtainable

Past medical history - skin cancer removal, possibly melanoma,

Physical Examination

VS/Measurements

Vitals Signs (last 24 hrs)	Last Charted		Minimum		Maximum	
Resp Rate	H 25	(FEB 25 09:15)	20	(FEB 25 06:00)	H 34	(FEB 25 07:00)

Progress Notes

SBP						
	99	(FEB 25 09:15)	99	(FEB 24 13:00)	130	(FEB 25 00:00)
DBP						
	64	(FEB 25 09:15)	58	(FEB 24 13:00)	77	(FEB 24 21:00)

General: Patient is lying on right side, head of the bed elevated 30 degrees., Frail appearing, cachectic, jaundiced, temporal wasting.
Eye: Pupils are equal, round and reactive to light.
HENT: Normocephalic, ETT tube and OG tubes in place. .
Neck: Supple.
Respiratory: Lungs are clear to auscultation, Respirations are non-labored, Breath sounds are equal.
Cardiovascular: Normal rate, Regular rhythm, No murmur.
Gastrointestinal: Soft, severe distention, tight, ?grimace with palpation.
Genitourinary: No costovertebral angle tenderness.
Lymphatics: No lymphadenopathy neck, axilla, groin.
Integumentary: Warm, Dry, jaundiced.
Neurologic: pupils pinpoint, possibly mildly reactive. Pt does withdrawl to painful stimuli in hands and feet bilaterally, babinskis equivocal..
Cognition and Speech: unresponsive.

Review / Management

Results review:

Labs (Last four charted values)

WBC		H **14.4**	(FEB 25)	9.4	(FEB 24)	10.7	(FEB 23)	
Hgb		L **10.0**	(FEB 25)	L **9.0**	(FEB 24)	L **11.8**	(FEB 23)	
Hct		L **27.5**	(FEB 25)	L **28.4**	(FEB 24)	L **37.5**	(FEB 23)	
Plt	L **127**	(FEB 25)	L **107**	(FEB 24)	L **127**	(FEB 23)		
Na	L **129**	(FEB 25)	L **130**	(FEB 24)	L **126**	(FEB 24)	L **128**	(FEB 24)
K	3.8	(FEB 25)	4.0	(FEB 24)	L **2.6**	(FEB 24)	L **3.1**	(FEB 23)
CO2		L **18**	(FEB 25)	L **18**	(FEB 24)	25	(FEB 23)	
Cl	100	(FEB 25)	98	(FEB 24)	L **82**	(FEB 23)		
Cr	H **1.4**	(FEB 25)	0.7	(FEB 24)	1.2	(FEB 23)		
BUN		H **27**	(FEB 25)	H **21**	(FEB 24)	H **26**	(FEB 23)	
Glucose		H **115**	(FEB 25)	85	(FEB 24)	H **118**	(FEB 23)	
Mg		2.2	(FEB 25)	2.1	(FEB 24)	L **1.1**	(FEB 24)	
Phos		3.1	(FEB 25)	3.8	(FEB 24)	L **1.3**	(FEB 24)	
Ca	L **7.5**	(FEB 25)	L **6.3**	(FEB 24)	L **8.1**	(FEB 23)		
INR		2.0	(FEB 25)	1.6	(FEB 23)	1.7	(FEB 23)	
PTT		H **37.3**	(FEB 24)	33.9	(FEB 23)	H **39.9**	(FEB 23)	

All laboratory and radiological tests were reviewed.

Impression and Plan

Progress Notes

Subarachnoid hemorrhage with acute on chronic subdural hematoma status post emergent evacuation on 2/23 - unresponsive except to painful stimuli on the ventilator, not on any sedatives other than 1 dose fentany received this am. Patient with very poor prognosis, worsening head CT with enlarging Right frontal hemorrhage,

Acute Alcoholic Hepatitis with elevated bilirubin, jaundice, on ciwwaa protocol, no receiving ativan

Chronic Alcoholic liver disease with evidence of fatty infiltration of the liver, coagulopathy, thrombocytopenia, ascites

history of skin cancer s/p removal

Acute renal failure

Leukocytosis

Coagulopathy s/p FFP, persistant

Discussed extensively with daughter at bedside. Decision-maker is patient's wife, who is home sleeping right now. Discussed with nursing who identify no concerns or issues. They are to call me when wife arrives so we can further discuss code status, goals of care and course from this point.

PALLIATIVE CARE SPECIFIC

(b) SOCIAL: CONTEXTUALIZATION OF CARE Continue to work with patient and family
(c) PLAN: Continue to support patient and family
(d) CODE: **Full code**
(e) PROGNOSIS: **Grave**

I had the opportunity to evaluate this patient, review all his medical records, perform a full medical examination.

Palliative care team will continue to see this patient to address physical, emotional and spiritual needs.We appreciate the opportunity to participate in the care of this patient. I spent **90** minutes with patient,daughter, including history, examination, coordination of care.

Electronically Signed & Verified on 02/25/2015 10:38
by Jenkins MD, Karin M

DOCUMENT NAME:	Physician Progress Notes
SERVICE DATE/TIME:	2/25/2015 10:50 EST
RESULT STATUS:	Modified
PERFORM INFORMATION:	Toussaint MD,Charles P (2/25/2015 17:25 EST); Wehner Jr PA-C,Joseph A (2/25/2015 10:51 EST)
ELECTRONICALLY SIGNED BY:	Toussaint MD,Charles P (2/25/2015 17:25 EST); Wehner Jr PA-C,Joseph A (2/25/2015 10:52 EST)

Progress Notes

Addendum by Toussaint MD, Charles P on 25 February 2015 17:25
overall poor prognosis. Persistent coagulopathy.
Discontinue drain since output has dropped significantly.

Electronically Signed & Verified on 02/25/2015 17:25
by Toussaint MD, Charles P

Neurosurgery Progress Note

Patient: **DILLON, EDMUND** **MRN: R012719295** **FIN: R1505401814**
Age: **56 years** Sex: **Male** DOB: **10/13/58**
Associated Diagnoses: **None**
Author: **Wehner Jr PA-C, Joseph A**

Chief Complaint
UTO-patient sedated
SAH, SDH with midline shift on head CT

History of Present Illness
56 y/o that fell today and brought to ER. Head CT revealed SAH and SDH with midline shift and neurosurgery was consulted. Patient has decompensated while in the ER and is about to get intubated. He is drowsy at time of exam and unable to communicate or contribute to history.

POD#2 right craniectomy for SDH

Review of Systems
Unable to obtain due to patients condition

Health Status
Allergies: Unable to obtain due to patients condition

Current medications: Unable to obtain due to patients condition

Problem list:
Active Problems (5)
At risk for falls
At risk of pressure sore
At risk of venous thromboembolus
Cirrhosis
Frequent falls

home meds: none

Histories
Past Medical History:
Resolved
Alcoholism (792E1B04-FED7-48CF-9C4C-9C74AABCAAF5): Resolved.
Skin cancer (2536564013): Resolved., unknown due to patient's conditon
Family History: unknown due to patient's conditon
Procedure history: unknown due to patient's conditon
Social History
unknown due to patient's conditon.

Progress Notes

Physical Examination
VS/Measurements

Vitals Signs (last 24 hrs)	Last Charted		Minimum		Maximum	
Resp Rate	H 25	(FEB 25 09:15)	20	(FEB 25 06:00)	H 34	(FEB 25 07:00)
SBP	99	(FEB 25 09:15)	99	(FEB 24 13:00)	130	(FEB 25 00:00)
DBP	64	(FEB 25 09:15)	58	(FEB 24 13:00)	77	(FEB 24 21:00)

General: intubated. does not follow commands. withdraws to pain. .
Eye: icteric sclera bilateral, pupils pinpoint bilateral.
HENT: laceration to back of head, post op dressing in place. drain in place. .
Neck: C collar.
Respiratory: intubated.
Cardiovascular: Normal rate.
Musculoskeletal: left sided weakness, does not follow commands. withdraws to pain all four extremities. .
Integumentary: jaundiced.
Neurologic: decreased sensation and movement on left side prior to craniectomy, Not alert.
Glasgow Coma Scale: Eye opening response (No response = 1), Motor response (Withdraws from noxious stimulus = 4), Verbal response (Mute = 1), Total score 6 (intubated).

Review / Management
Results review:
Labs (Last four charted values)

WBC	H 14.4	(FEB 25)	9.4	(FEB 24)	10.7	(FEB 23)		
Hgb	L 10.0	(FEB 25)	L 9.0	(FEB 24)	L 11.8	(FEB 23)		
Hct	L 27.5	(FEB 25)	L 28.4	(FEB 24)	L 37.5	(FEB 23)		
Plt	L 127	(FEB 25)	L 107	(FEB 24)	L 127	(FEB 23)		
Na	L 129	(FEB 25)	L 130	(FEB 24)	L 126	(FEB 24)	L 128	(FEB 24)
K	3.8	(FEB 25)	4.0	(FEB 24)	L 2.6	(FEB 24)	L 3.1	(FEB 23)
CO2	L 18	(FEB 25)	L 18	(FEB 24)	25	(FEB 23)		
Cl	100	(FEB 25)	98	(FEB 24)	L 82	(FEB 23)		
Cr	H 1.4	(FEB 25)	0.7	(FEB 24)	1.2	(FEB 23)		
BUN	H 27	(FEB 25)	H 21	(FEB 24)	H 26	(FEB 23)		
Glucose	H 115	(FEB 25)	85	(FEB 24)	H 118	(FEB 23)		
Mg	2.2	(FEB 25)	2.1	(FEB 24)	L 1.1	(FEB 24)		

Progress Notes

Phos		3.1	(FEB 25)	3.8	(FEB 24)	L 1.3	(FEB 24)
Ca							
	L 7.5	(FEB 25)	L 6.3	(FEB 24)	L 8.1	(FEB 23)	
INR		2.0	(FEB 25)	1.6	(FEB 23)	1.7	(FEB 23)
PTT		H 37.3	(FEB 24)	33.9	(FEB 23)	H 39.9	(FEB 23)

Impression and Plan

SDH, SAH
Plan:
Keppra 500 bid
Hold all anticoagulants
SBP<160
q 2 hour neuro checks
Pull Drain today.

Electronically Signed & Verified on 02/25/2015 10:52
by Wehner Jr PA-C, Joseph A

DOCUMENT NAME:	Physician Progress Notes
SERVICE DATE/TIME:	2/25/2015 11:30 EST
RESULT STATUS:	Modified
PERFORM INFORMATION:	Lowman MD,Anthony D (2/25/2015 18:22 EST); Guinyard ACNP,Ronelle (2/25/2015 11:37 EST)
ELECTRONICALLY SIGNED BY:	Lowman MD,Anthony D (2/25/2015 18:22 EST); Guinyard ACNP,Ronelle (2/25/2015 11:45 EST)

Addendum by Lowman MD, Anthony D on 25 February 2015 18:22
CGA Attending: Patient seen this afternoon. Examined. He now has tense ascites. Urine output is essentially 0. He is developing hepatorenal syndrome. I discussed the situation with the patient's wife. I have explained that further evaluation of liver disease and intervention for same is not indicated in the current situation. She understands.. We will be available standby.

Electronically Signed & Verified on 02/25/2015 18:22
by Lowman MD, Anthony D

GI Progress Note

Patient: **DILLON, EDMUND** **MRN: R012719295** **FIN: R1505401814**
Age: **56 years** Sex: **Male** DOB: **10/13/58**
Associated Diagnoses: **None**
Author: **Guinyard ACNP, Ronelle**

Basic Information
Columbia GI consulted for elevated LFTs

Subjective
2-25: Per nurse palliative care for meet with family to discuss comfort measures. Intubated and on ventilator.

Review of Systems
Unable to assess

Health Status
Allergies:

Progress Notes

Allergies (1) Active

Reaction
None Documented

NKA

Current medications:

Medications (54) Active

Scheduled: (48)

Alcohol Withdrawal Regimen, Symptom Triggered, 6017 1 ea, MISC, daily
bacitracin 50,000 units, MISC, OT
bacitracin topical misc charge, MISC, OT
bisacodyl 10 mg supp 10 mg 1 supp, PR, daily
calcium gluconate 13.95 mEq 30 mL, IV, OT
calcium gluconate 13.95 mEq 30 mL, IV, OT
calcium gluconate 13.95 mEq 30 mL, IV, OT
ceFAZolin 500 mg, IV, q8hr(s)
cefazolin misc charge, MISC, OT
ceFAZolin piggyback 2 g 50 mL, IV, PREOP
diphtheria/pertussis, acel/tetanus adult 0.5 mL, MISC, OT
epinephrine-lidocaine misc charge, MISC, OT
etomidate 40 mg 20 mL, MISC, OT
etomidate 2 mg/mL inj 20mL 30 mg 15 mL, IV, OT
fentanyl 1,350 mcg 135 mL, MISC, OT
fentanyl misc charge, MISC, OT
isoflurane misc charge, MISC, OT
Lactated Ringers Injection 1,000 mL, MISC, OT
Lactated Ringers Injection misc charge, MISC, OT
levetiracetam 500 mg 5 mL, IV, 2xdaily
lidocaine 100 mg 5 mL, MISC, OT
lidocaine 2% prefilled syringe inj 5mL 100 mg 5 mL, IV, OT
magnesium sulfate (premix) 4 gram 100 mL, IV, q2hr(s)
melatonin 3mg tab 9 mg 3 tab, PO, OT
midazolam 2 mg, IV, OT
ocular lubricant misc charge, MISC, OT
pantoprazole 40 mg inj 20 mg, IV, daily
PHA Adult IV Electrolyte Guidelines PH6503 (CRITICAL CARE FLOORS) 1 ea, MISC, daily
pharmacy communication 1 ea, MISC, daily
pharmacy communication 1 ea, MISC, q12hr(s)
phenylephrine misc charge, MISC, OT
phytonadione 10 mg/mL inj 1mL 10 mg 1 mL, IM, OT
potassium chloride 40 mEq 20 mL, IV, On call
potassium chloride 40 mEq 20 mL, IV, q4hr(s)
propofol 1,000 mg 100 mL, MISC, OT
rocuronium misc charge, MISC, OT
Sodium Chloride 0.9% 1,000 mL, IV, OT
Sodium Chloride 0.9% 2,000 mL, MISC, OT
Sodium Chloride 0.9% 500 mL, MISC, OT
Sodium Chloride 0.9% 1,000 mL, IV, OT
Sodium Chloride 0.9% 1,000 mL, IV, OT
Sodium Chloride 0.9% misc charge, MISC, OT
sodium phosphate 45 mmol 15 mL, IV, OT
succinylcholine 200 mg 10 mL, MISC, OT
succinylcholine 100mg/5mL inj 5mL 100 mg 5 mL, IV, OT
tetanus-diphtheria-acellular pertussis ADULT 0.5mL (Boostrix) 0.5 mL, IM, OT
vecuronium 10 mg, MISC, OT
vecuronium 10mg inj 1 mg, IV, OT

Continuous: (5)

norepinephrine 4 mg + Sodium Chloride 0.9% 250 mL 250 mL, IV
propofol 500 mg + Premix 50 mL 50 mL, IV
Sodium Chloride 0.9% 1,000 mL 1,000 mL, IV, 75 mL/hr

Progress Notes

Sodium Chloride 0.9% 1,000 mL + multivitamin inj (Adult) 10 mL + thiamine 250 mg + folic acid 1 mg 1,000 mL, IV, 125 mL/hr
Sodium Chloride 0.9% 1,000 mL + multivitamin inj (Adult) 10 mL + thiamine 250 mg + folic acid 1 mg 1,000 mL, IV, 75 mL/hr PRN: (1)
fentaNYL 50 mcg/mL inj 2mL 50 mcg 1 mL, IV, q4hr(s)
, Medications reviewed.
Problem list:
Medical
Cirrhosis / 44738A2B-2C19-40D4-B229-F20BE49BBA5F / Confirmed
Frequent falls / 9B9F14F0-050E-48AA-A856-4CE45A38F192 / Confirmed,
Active Problems (5)
At risk for falls
At risk of pressure sore
At risk of venous thromboembolus
Cirrhosis
Frequent falls

Objective
VS/Measurements

Vitals Signs (last 24 hrs)	Last Charted		Minimum		Maximum	
Resp Rate	H 28	(FEB 25 10:00)	20	(FEB 25 06:00)	H 34	(FEB 25 07:00)
SBP	106	(FEB 25 10:00)	99	(FEB 24 13:00)	130	(FEB 25 00:00)
DBP	68	(FEB 25 10:00)	58	(FEB 24 13:00)	77	(FEB 24 21:00)

HENT: Hemovac drain to head- small amt dark red bloody drainage noted..
Respiratory: Lungs are clear to auscultation, Respirations are non-labored, Intubated and on ventilator. .
Cardiovascular: Normal rate, Regular rhythm, No murmur, No gallop, 1-2+ peripheral edema, more to right than left.
Gastrointestinal: Abdomen tight, firm, and distended. Continuous tube feeds infusing via NGT at 40cc/hr..
Integumentary: Warm, Dry.

Review / Management
Results review:
Labs (Last four charted values)

WBC	H 14.4	(FEB 25)	9.4	(FEB 24)	10.7	(FEB 23)		
Hgb	L 10.0	(FEB 25)	L 9.0	(FEB 24)	L 11.8	(FEB 23)		
Hct	L 27.5	(FEB 25)	L 28.4	(FEB 24)	L 37.5	(FEB 23)		
Plt	L 127	(FEB 25)	L 107	(FEB 24)	L 127	(FEB 23)		
Na	L 129	(FEB 25)	L 130	(FEB 24)	L 126	(FEB 24)	L 128	(FEB 24)
K	3.8	(FEB 25)	4.0	(FEB 24)	L 2.6	(FEB 24)	L 3.1	(FEB 23)
CO2	L 18	(FEB 25)	L 18	(FEB 24)	25	(FEB 23)		
Cl	100	(FEB 25)	98	(FEB 24)	L 82	(FEB 23)		
Cr	H 1.4	(FEB 25)	0.7	(FEB 24)	1.2	(FEB 23)		

Progress Notes

BUN	H 27	(FEB 25)	H 21	(FEB 24)	H 26	(FEB 23)
Glucose	H 115	(FEB 25)	85	(FEB 24)	H 118	(FEB 23)
Mg	2.2	(FEB 25)	2.1	(FEB 24)	L 1.1	(FEB 24)
Phos	3.1	(FEB 25)	3.8	(FEB 24)	L 1.3	(FEB 24)
Ca						
	L 7.5	(FEB 25)	L 6.3	(FEB 24)	L 8.1	(FEB 23)
INR	2.0	(FEB 25)	1.6	(FEB 23)	1.7	(FEB 23)
PTT	H 37.3	(FEB 24)	33.9	(FEB 23)	H 39.9	(FEB 23)

Impression and Plan

Education and Follow-up: Counseled: Patient, Regarding diagnosis, Regarding treatment.

SAH/SDH s/p craniectomy
-s/p fall
alcoholic cirrhosis- AFP 2.7
leukocytosis- On Ancef IV
normocytic anemia- stable at 10.0- slightly improved
thrombocytopenia- slightly improved
coagulopathy-2.0
hyperbilirubinemia- worse today
transaminitis- alk phos slightly worse today, AST slightly better, hepatitis panel negative
acute kidney failure- Cr. up to 1.4 from 0.7
hypoalbuminemia

Plan: Continue supportive care. Await decision of family regarding plans for care. Palliative care saw atient on yesteday. To meet with family today. No further plans at this time.

Electronically Signed & Verified on 02/25/2015 11:45
by Guinyard ACNP, Ronelle

DOCUMENT NAME:	Physician Progress Notes
SERVICE DATE/TIME:	2/25/2015 15:28 EST
RESULT STATUS:	Modified
PERFORM INFORMATION:	Jones MD,Mark A (2/27/2015 16:10 EST); Depp MD,Timothy B (2/25/2015 16:12 EST)
ELECTRONICALLY SIGNED BY:	Jones MD,Mark A (2/27/2015 16:10 EST); Jones MD,Mark A (2/27/2015 16:07 EST); Depp MD,Timothy B (2/25/2015 16:12 EST)

Addendum by Jones MD, Mark A on 27 February 2015 16:10
Attending Attestation: I have seen this patient on rounds, examined them, reviewed their laboratory and radiographic information. I agree with the student's/ resident's/physician extender's assessment and plan above. MAJ.

Vent support
7.46/22.4/136/15.6/-606 p/f 340
CXR stable
On ancef per NSG for drain
WBC 14
HGB 10
Na 129 - hyponatremia (chronic) related to his ETOH use likely
GI consult appreciated - nothing further at this time
He is not a candidate for liver tx - although his MELD score is 37 which places him greater than 50% mortality at baseline even without the terrible TBI
Bili now 24
Discussion to be held with family to outline very poor prognosis and develop plan.

Progress Notes

Total critical care = 32 minutes.

MAJ.

Electronically Signed & Verified on 02/27/2015 16:10
by Jones MD, Mark A

STICU Progress Note

Patient: **DILLON, EDMUND** **MRN: R012719295** **FIN: R1505401814**
Age: **56 years** Sex: **Male** DOB: **10/13/58**
Associated Diagnoses: **None**
Author: **Depp MD, Timothy B**

Chief Complaint

56yo M s/p fall with acute on chronic subdurals and large R ICH, worsening s/p hemicraniectomy, in the setting of apparent acute liver failure and elevation of bilirubin.

2/24/15: Worsening status, family updated at bedside, CVC inserted L groin for access given patients rapid fluctuation between hypo and hypernatremia. Neurosurgery recommends supportive measures at this time.
2/25/15: Some continued withdraw to pain. Jaundice much worse. PICC placed. NSG drain pulled. GI will watch hold off on intervention for now.

Review of Systems

Status: Unable to obtain..

Histories

Past Medical History

Resolved
Alcoholism (792E1B04-FED7-48CF-9C4C-9C74AABCAAF5): Resolved.
Skin cancer (2536564013): Resolved..

Physical Examination

VS/Measurements

Vital Signs

02/25/15 14:00		
	Temperature Bladder	**38.4 DegC HIGH**
	Temperature Bladder,degF	101.1 DegF Normal
	Heart Rate Monitored	**112 bpm HIGH**
	Respiratory Rate	**42 br/min >HHI**
	Pulse Ox Sat	100 %
	NIBP Systolic	114 mmHg
	NIBP Diastolic	73 mmHg
	NIBP Mean Calculated	87 mmHg

NIBP Mean Monitored	82 mmHg
Invasive Systolic BP	117 mmHg
Invasive Diastolic BP	65 mmHg
Invasive MAP	77 mmHg

HENT: Stapled scalp wound appears intact. No apparent infection.
Neck: Supple.
Respiratory: Lungs are clear to auscultation, Respirations are non-labored, Breath sounds are equal.
Cardiovascular: Normal rate.
Gastrointestinal: Soft, Non-tender.
Integumentary: Warm, Dry, Significant jaundice.
Neurologic: Withdraws to pain on right.

Review / Management

Results review:

Labs (Last four charted values)

WBC	H 14.4	(FEB 25)	9.4	(FEB 24)	10.7	(FEB 23)		
Hgb	L 10.0	(FEB 25)	L 9.0	(FEB 24)	L 11.8	(FEB 23)		
Hct	L 27.5	(FEB 25)	L 28.4	(FEB 24)	L 37.5	(FEB 23)		
Plt	L 127	(FEB 25)	L 107	(FEB 24)	L 127	(FEB 23)		
Na	L 129	(FEB 25)	L 130	(FEB 24)	L 126	(FEB 24)	L 128	(FEB 24)
K	3.8	(FEB 25)	4.0	(FEB 24)	L 2.6	(FEB 24)	L 3.1	(FEB 23)
CO2	L 18	(FEB 25)	L 18	(FEB 24)	25	(FEB 23)		
Cl	100	(FEB 25)	98	(FEB 24)	L 82	(FEB 23)		
Cr	H 1.4	(FEB 25)	0.7	(FEB 24)	1.2	(FEB 23)		
BUN	H 27	(FEB 25)	H 21	(FEB 24)	H 26	(FEB 23)		
Glucose	H 115	(FEB 25)	85	(FEB 24)	H 118	(FEB 23)		
Mg	2.2	(FEB 25)	2.1	(FEB 24)	L 1.1	(FEB 24)		
Phos	3.1	(FEB 25)	3.8	(FEB 24)	L 1.3	(FEB 24)		
Ca	L 7.5	(FEB 25)	L 6.3	(FEB 24)	L 8.1	(FEB 23)		
INR	2.0	(FEB 25)	1.6	(FEB 23)	1.7	(FEB 23)		
PTT	H 37.3	(FEB 24)	33.9	(FEB 23)	H 39.9	(FEB 23)		

2/24/15 CT: S/p hemicrani, worsening ICH

Impression and Plan

56yo M s/p fall with acute on chronic subdurals and large R ICH, worsening s/p hemicraniectomy, in the setting of apparent acute liver failure and elevation of bilirubin

Procedures:
2/23 Hemicraniectomy

Consults:
Neurosurgery (Toussaint)
Palliative care (Jenkins)
Gastroenterology (Lowman)

Palliative: Are meeting with family to discuss goals of care and patient's status.

Respiratory
CXR: Similar to previous
ABG: (H) 7.46 (L) 22.4 (H) 136 (L) 15.6 -6.6

Infectious
No growth of urine and wound Cultures to date
Low grade temperatures

Cardiovascular
Mild tachycardia

Heme: Hemoglobin grossly stable from previous

Metabolic: Significant metabolic derangements, Sodium continues to be in the upper 120s, potassium, magnesium, calcium and phosphorous are correcting with replacement.

GI: Patient with elevated direct v. indirect bilirubin suggestive of obstruction, though portal congestion with pan-organomegaly is noted on abdominal CT, suggesting a subacute process..
GI has recommended conservative management at this time, will pursue more aggresive workup if patients neurologic function improves
Follow labs

Neuro: Very poor neurologic prognosis. Anticipate poor outcome. Have discussed with family. Neurosurgery following. Keppra. Consider further imaging if acute change. BP goal is sytolic less than 160.

MSK: No obvious injuries.

PPX
Hold anticoag
PPI

Dispo
Critically ill, STICU until stabilized

Progress Notes

Electronically Signed & Verified on 02/25/2015 16:12
by Depp MD, Timothy B

Electronically Signed & Verified on 02/27/15 16:07
by Jones MD, Mark A

DOCUMENT NAME: Physician Progress Notes
SERVICE DATE/TIME: 2/25/2015 17:06 EST
RESULT STATUS: Auth (Verified)
PERFORM INFORMATION: Maxey MD,Melissa (2/25/2015 17:11 EST)
ELECTRONICALLY SIGNED BY: Jones MD,Mark A (2/26/2015 07:54 EST); Maxey MD, Melissa (2/25/2015 17:11 EST)

Critical care note

Patient: **DILLON, EDMUND** **MRN: R012719295** **FIN: R1505401814**
Age: Sex: DOB:
Associated Diagnoses: **None**
Author: **Maxey MD, Melissa**

Critical Care Note

I spoke with the wife and extended family about the patient's overall poor prognosis, including brain injury, liver and kidney failure, respiratory failure and developing infection. They have agreed to change to comfort care while permitting the vent support only until tomorrow at 3PM when his daughter arrives. We will discontinue all medications except fentanyl and propofol if needed for anxiety. We will stop lab draws, imaging, tube feeds, and all other interventions except ventilatory support. He will be changed to a DNR2 with plans for DNR5 tomorrow.

Electronically Signed & Verified on 02/25/2015 17:11
by Maxey MD, Melissa

Electronically Signed & Verified on 02/26/15 07:54
by Jones MD, Mark A

DOCUMENT NAME: Physician Progress Notes
SERVICE DATE/TIME: 2/25/2015 22:00 EST
RESULT STATUS: Auth (Verified)
PERFORM INFORMATION: Hooks PA,Christopher C (2/26/2015 00:17 EST)
ELECTRONICALLY SIGNED BY: Toussaint MD,Charles P (2/26/2015 18:00 EST); Hooks PA, Christopher C (2/26/2015 00:17 EST)

Neurosurgery sign off note

Patient: **DILLON, EDMUND** **MRN: R012719295** **FIN: R1505401814**
Age: **56 years** Sex: **Male** DOB: **10/13/58**

Progress Notes

Associated Diagnoses: None
Author: Hooks PA, Christopher C

Chief Complaint

UTO-patient sedated
SAH, SDH with midline shift on head CT

History of Present Illness

56 y/o that fell today and brought to ER. Head CT revealed SAH and SDH with midline shift and neurosurgery was consulted. Patient has decompensated while in the ER and is about to get intubated. He is drowsy at time of exam and unable to communicate or contribute to history.

POD#2 right craniectomy for SDH. Pt status changed to DNR today.

Review of Systems

Unable to obtain due to patients condition

Health Status

Allergies: Unable to obtain due to patients condition

Current medications: Unable to obtain due to patients condition

Problem list:
Active Problems (5)
At risk for falls
At risk of pressure sore
At risk of venous thromboembolus
Cirrhosis
Frequent falls

home meds: none

Histories

Past Medical History:
Resolved
Alcoholism (792E1B04-FED7-48CF-9C4C-9C74AABCAAF5): Resolved.
Skin cancer (2536564013): Resolved., unknown due to patient's conditon

Family History: unknown due to patient's conditon

Procedure history: unknown due to patient's conditon

Social History

unknown due to patient's conditon.

Physical Examination

VS/Measurements

Vitals Signs (last 24 hrs)	Last Charted	Minimum		Maximum		
Resp Rate	H 28 (FEB 26 00:00)	20	(FEB 25 06:00)	C 44	(FEB 25 18:00)	
SBP	97 (FEB 26 00:00)	94	(FEB 25 22:00)	125	(FEB 25 02:00)	

DBP

61	(FEB 26 00:00)	59	(FEB 25 21:00)	73	(FEB 25 02:00)

General: intubated. does not follow commands. withdraws to pain. .
Eye: icteric sclera bilateral. pupils pinpoint bilateral.
HENT: laceration to back of head, post op dressing in place. drain in place. .
Neck: C collar.
Respiratory: intubated.
Cardiovascular: Normal rate.
Musculoskeletal: left sided weakness, does not follow commands. withdraws to pain all four extremities. .
Integumentary: jaundiced.
Neurologic: decreased sensation and movement on left side prior to craniectomy, Not alert.
Glasgow Coma Scale: Eye opening response (No response = 1), Motor response (Withdraws from noxious stimulus = 4), Verbal response (Mute = 1), Total score 6 (intubated).

Review / Management

Results review:

Labs (Last four charted values)

WBC	H 14.4	(FEB 25)	9.4	(FEB 24)	10.7	(FEB 23)		
Hgb	L 10.0	(FEB 25)	L 9.0	(FEB 24)	L 11.8	(FEB 23)		
Hct	L 27.5	(FEB 25)	L 28.4	(FEB 24)	L 37.5	(FEB 23)		
Plt								
	L 127	(FEB 25)	L 107	(FEB 24)	L 127	(FEB 23)		
Na								
	L 129	(FEB 25)	L 130	(FEB 24)	L 126	(FEB 24)	L 128	(FEB 24)
K								
	3.8	(FEB 25)	4.0	(FEB 24)	L 2.6	(FEB 24)	L 3.1	(FEB 23)
CO2	L 18	(FEB 25)	L 18	(FEB 24)	25	(FEB 23)		
Cl								
	100	(FEB 25)	98	(FEB 24)	L 82	(FEB 23)		
Cr								
	H 1.4	(FEB 25)	0.7	(FEB 24)	1.2	(FEB 23)		
BUN	H 27	(FEB 25)	H 21	(FEB 24)	H 26	(FEB 23)		
Glucose	H 115	(FEB 25)	85	(FEB 24)	H 118	(FEB 23)		
Mg	2.2	(FEB 25)	2.1	(FEB 24)	L 1.1	(FEB 24)		
Phos	3.1	(FEB 25)	3.8	(FEB 24)	L 1.3	(FEB 24)		
Ca								
	L 7.5	(FEB 25)	L 6.3	(FEB 24)	L 8.1	(FEB 23)		
INR	2.0	(FEB 25)	1.6	(FEB 23)	1.7	(FEB 23)		
PTT	H 37.3	(FEB 24)	33.9	(FEB 23)	H 39.9	(FEB 23)		

Impression and Plan

SDH, SAH
Plan:

Facility Info: Palmetto Health Richland 5 Richland Medical Park Columbia, SC 29203-	**Patient Info:** DILLON, EDMUND	**MRN:** R012719295 **FIN:** R1505401814
Attending Physician: Jones MD,Mark A **Admitting Physician:** Jones MD,Mark A	**Pt. Age:** **Date of Birth:** **CMRN:** 001376880	

Progress Notes

Drain removed.

No further neurosurgical intervention. Neurosurgery will sign off at this time. Sutures should be removed in 12 days.

Electronically Signed & Verified on 02/26/2015 00:17
by Hooks PA, Christopher C

Electronically Signed & Verified on 02/26/15 18:00
by Toussaint MD, Charles P

Non Medication Orders

Order: Auto Diff			
Order Start Date/Time: 2/25/2015 04:00 EST			
Order Date/Time: 2/25/2015 03:19 EST			
Order Status: Canceled	Department Status: Canceled	Catalog Type: Laboratory	Activity Type: General Lab
End-state Date/Time: 2/25/2015 06:18 EST		End-state Reason:	
Ordered and Electronically Signed By: SYSTEM,SYSTEM		Consulting Physician:	
Entered By: SYSTEM,SYSTEM on 2/25/2015 06:18 EST			
Order Details: 02/25/15 4:00:00, Timed Study, TS - Timed Study OT, 0, occurrences, Specimen: Blood, 9138587.000000, 02/24/15 15:17:00, 02/25/15 4:00:00			
Order Comment:			
Action Type: Order	Action Date/Time: 2/25/2015 03:19 EST	Action Personnel: SYSTEM,SYSTEM	
Responsible Provider: Depp MD,Timothy B	Supervising Provider:	Communication Type: Discern Expert	
Order Details: 02/25/15 4:00:00, Timed Study, TS - Timed Study OT, 0, occurrences, Specimen: Blood, 9138587.000000, 02/24/15 15:17:00, 02/25/15 4:00:00			
Review Information:			
Doctor Cosign: Not Required			
Order Comment:			
Action Type: Status Change	Action Date/Time: 2/25/2015 03:19 EST	Action Personnel: SYSTEM,SYSTEM	
Responsible Provider: Depp MD,Timothy B	Supervising Provider:	Communication Type:	
Order Details: 02/25/15 4:00:00, Timed Study, TS - Timed Study OT, 0, occurrences, Specimen: Blood, 9138587.000000, 02/24/15 15:17:00, 02/25/15 4:00:00			
Review Information:			
Doctor Cosign: Not Required			
Order Comment:			
Action Type: Cancel	Action Date/Time: 2/25/2015 06:18 EST	Action Personnel: SYSTEM,SYSTEM	
Responsible Provider: SYSTEM,SYSTEM	Supervising Provider:	Communication Type: Discern Expert	
Order Details: 02/25/15 4:00:00, Timed Study, TS - Timed Study OT, 0, occurrences, Specimen: Blood, 9138587.000000, 02/24/15 15:17:00, 02/25/15 4:00:00			
Review Information:			
Doctor Cosign: Not Required			
Order Comment:			

Non Medication Orders

Order: Diff Morphology			
Order Start Date/Time: 2/25/2015 03:00 EST			
Order Date/Time: 2/25/2015 06:18 EST			
Order Status: Completed	Department Status: Completed	Catalog Type: Laboratory	Activity Type: General Lab
End-state Date/Time: 2/25/2015 06:27 EST		End-state Reason:	
Ordered and Electronically Signed By: Depp MD,Timothy B		Consulting Physician:	
Entered By: Sheffield,Susan S on 2/25/2015 06:27 EST			
Order Details: 02/25/15 3:00:00, Timed Study, TS - Timed Study OT, 0, occurrences, Specimen: Blood, 9138587.000000, 02/25/15 3:00:00, 02/25/15 3:00:00			
Order Comment:			
Action Type: Order	Action Date/Time: 2/25/2015 06:18 EST	Action Personnel: SYSTEM,SYSTEM	
Responsible Provider: Depp MD,Timothy B	Supervising Provider:	Communication Type: Discern Expert	
Order Details: 02/25/15 3:00:00, Timed Study, TS - Timed Study OT, 0, occurrences, Specimen: Blood, 9138587.000000, 02/25/15 3:00:00, 02/25/15 3:00:00			
Review Information:			
Doctor Cosign: Not Required			
Order Comment:			
Action Type: Status Change	Action Date/Time: 2/25/2015 06:18 EST	Action Personnel: SYSTEM,SYSTEM	
Responsible Provider: Depp MD,Timothy B	Supervising Provider:	Communication Type:	
Order Details: 02/25/15 3:00:00, Timed Study, TS - Timed Study OT, 0, occurrences, Specimen: Blood, 9138587.000000, 02/25/15 3:00:00, 02/25/15 3:00:00			
Review Information:			
Doctor Cosign: Not Required			
Order Comment:			
Action Type: Complete	Action Date/Time: 2/25/2015 06:27 EST	Action Personnel: Sheffield,Susan S	
Responsible Provider: Depp MD,Timothy B	Supervising Provider:	Communication Type:	
Order Details: 02/25/15 3:00:00, Timed Study, TS - Timed Study OT, 0, occurrences, Specimen: Blood, 9138587.000000, 02/25/15 3:00:00, 02/25/15 3:00:00			
Review Information:			
Doctor Cosign: Not Required			
Order Comment:			

Non Medication Orders

Order: Glomerular Filtration Rate			
Order Start Date/Time: 2/25/2015 04:00 EST			
Order Date/Time: 2/25/2015 03:56 EST			
Order Status: Completed	Department Status: Completed	Catalog Type: Laboratory	Activity Type: General Lab
End-state Date/Time: 2/25/2015 03:56 EST		End-state Reason:	
Ordered and Electronically Signed By: Depp MD,Timothy B		Consulting Physician:	
Entered By: SYSTEM,SYSTEM on 2/25/2015 03:56 EST			
Order Details: 02/25/15 4:00:00, Timed Study, TS - Timed Study OT, 0, occurrences, Specimen: Blood, 9138588.000000, 02/24/15 15:17:00, 02/25/15 4:00:00			
Order Comment:			
Action Type: Order	Action Date/Time: 2/25/2015 03:56 EST	Action Personnel: SYSTEM,SYSTEM	
Responsible Provider: Depp MD,Timothy B	Supervising Provider:	Communication Type: Discern Expert	
Order Details: 02/25/15 4:00:00, Timed Study, TS - Timed Study OT, 0, occurrences, Specimen: Blood, 9138588.000000, 02/24/15 15:17:00, 02/25/15 4:00:00			
Review Information: Doctor Cosign: Not Required			
Order Comment:			
Action Type: Status Change	Action Date/Time: 2/25/2015 03:56 EST	Action Personnel: SYSTEM,SYSTEM	
Responsible Provider: Depp MD,Timothy B	Supervising Provider:	Communication Type:	
Order Details: 02/25/15 4:00:00, Timed Study, TS - Timed Study OT, 0, occurrences, Specimen: Blood, 9138588.000000, 02/24/15 15:17:00, 02/25/15 4:00:00			
Review Information: Doctor Cosign: Not Required			
Order Comment:			
Action Type: Complete	Action Date/Time: 2/25/2015 03:56 EST	Action Personnel: SYSTEM,SYSTEM	
Responsible Provider: Depp MD,Timothy B	Supervising Provider:	Communication Type:	
Order Details: 02/25/15 4:00:00, Timed Study, TS - Timed Study OT, 0, occurrences, Specimen: Blood, 9138588.000000, 02/24/15 15:17:00, 02/25/15 4:00:00			
Review Information: Doctor Cosign: Not Required			
Order Comment:			

Non Medication Orders

Order: Manual Diff

Order Start Date/Time: 2/25/2015 03:00 EST
Order Date/Time: 2/25/2015 06:17 EST
Order Status: Completed | Department Status: Completed | Catalog Type: Laboratory | Activity Type: General Lab
End-state Date/Time: 2/25/2015 06:27 EST | End-state Reason:
Ordered and Electronically Signed By: Depp MD,Timothy B | Consulting Physician:
Entered By: Sheffield,Susan S on 2/25/2015 06:27 EST
Order Details: 02/25/15 3:00:00, Timed Study, TS - Timed Study OT, 0, occurrences, Specimen: Blood, 9138587.000000, 02/25/15 3:00:00, 02/25/15 3:00:00
Order Comment:

Action Type: Order	Action Date/Time: 2/25/2015 06:17 EST	Action Personnel: SYSTEM,SYSTEM
Responsible Provider: Depp MD,Timothy B	Supervising Provider:	Communication Type: Discern Expert

Order Details: 02/25/15 3:00:00, Timed Study, TS - Timed Study OT, 0, occurrences, Specimen: Blood, 9138587.000000, 02/25/15 3:00:00, 02/25/15 3:00:00
Review Information:
Doctor Cosign: Not Required
Order Comment:

Action Type: Status Change	Action Date/Time: 2/25/2015 06:18 EST	Action Personnel: SYSTEM,SYSTEM
Responsible Provider: Depp MD,Timothy B	Supervising Provider:	Communication Type:

Order Details: 02/25/15 3:00:00, Timed Study, TS - Timed Study OT, 0, occurrences, Specimen: Blood, 9138587.000000, 02/25/15 3:00:00, 02/25/15 3:00:00
Review Information:
Doctor Cosign: Not Required
Order Comment:

Action Type: Complete	Action Date/Time: 2/25/2015 06:27 EST	Action Personnel: Sheffield,Susan S
Responsible Provider: Depp MD,Timothy B	Supervising Provider:	Communication Type:

Order Details: 02/25/15 3:00:00, Timed Study, TS - Timed Study OT, 0, occurrences, Specimen: Blood, 9138587.000000, 02/25/15 3:00:00, 02/25/15 3:00:00
Review Information:
Doctor Cosign: Not Required
Order Comment:

Non Medication Orders

Order: Ammonia Level		
Order Start Date/Time: 2/25/2015 08:40 EST		
Order Date/Time: 2/25/2015 08:35 EST		
Order Status: Completed	Department Status: Completed	Catalog Type: Laboratory	Activity Type: General Lab
End-state Date/Time: 2/25/2015 09:04 EST		End-state Reason:	
Ordered and Electronically Signed By: Maxey MD,Melissa		Consulting Physician:	
Entered By: Smith,Crystal L on 2/25/2015 09:04 EST			
Order Details: 02/25/15 8:35:00, ASAP, AP - ASAP OT, Specimen: Blood, 02/25/15 8:35:00, 02/25/15 8:35:00, Print Label			
Order Comment:			
Action Type: Order	Action Date/Time: 2/25/2015 08:35 EST	Action Personnel: Lomas RN,Charlotte G
Responsible Provider: Maxey MD,Melissa	Supervising Provider:	Communication Type: Inbox VORB
Order Details: 02/25/15 8:35:00, ASAP, AP - ASAP OT, Specimen: Blood, 02/25/15 8:35:00, 02/25/15 8:35:00, Print Label		
Review Information:		
Doctor Cosign: Electronically Signed, Maxey MD,Melissa on 2/28/2015 07:11 EST		
Order Comment:		
Action Type: Status Change	Action Date/Time: 2/25/2015 08:46 EST	Action Personnel: Jackson,Michele A
Responsible Provider: Maxey MD,Melissa	Supervising Provider:	Communication Type:
Order Details: 02/25/15 8:35:00, ASAP, AP - ASAP OT, Specimen: Blood, 02/25/15 8:35:00, 02/25/15 8:35:00, Print Label		
Review Information:		
Doctor Cosign: Not Required		
Order Comment:		
Action Type: Status Change	Action Date/Time: 2/25/2015 08:46 EST	Action Personnel: Jackson,Michele A
Responsible Provider: Maxey MD,Melissa	Supervising Provider:	Communication Type:
Order Details: 02/25/15 8:35:00, ASAP, AP - ASAP OT, Specimen: Blood, 02/25/15 8:35:00, 02/25/15 8:35:00, Print Label		
Review Information:		
Doctor Cosign: Not Required		
Order Comment:		
Action Type: Complete	Action Date/Time: 2/25/2015 09:04 EST	Action Personnel: Smith,Crystal L
Responsible Provider: Maxey MD,Melissa	Supervising Provider:	Communication Type:
Order Details: 02/25/15 8:35:00, ASAP, AP - ASAP OT, Specimen: Blood, 02/25/15 8:35:00, 02/25/15 8:35:00, Print Label		
Review Information:		
Doctor Cosign: Not Required		
Order Comment:		

Non Medication Orders

Order: Blood Gas,Arterial (ABG,Arterial)
Order Start Date/Time: 2/25/2015 04:00 EST
Order Date/Time: 2/24/2015 15:17 EST

Order Status: Completed	Department Status: Completed	Catalog Type: Respiratory Care Services	Activity Type: Adult Resp Care Tx/Proc
End-state Date/Time: 2/25/2015 05:48 EST		End-state Reason:	
Ordered and Electronically Signed By: Depp MD,Timothy B		Consulting Physician:	

Entered By: Thomas RCP,Lashunda D on 2/25/2015 05:48 EST
Order Details: 02/25/15 4:00:00, Routine, Stop 02/25/15 4:00:00
Order Comment:

Action Type: Order	Action Date/Time: 2/24/2015 15:18 EST	Action Personnel: Depp MD,Timothy B
Responsible Provider: Depp MD,Timothy B	Supervising Provider:	Communication Type: CPOE

Order Details: 02/25/15 4:00:00, Routine, Stop 02/25/15 4:00:00
Review Information:
Doctor Cosign: Not Required
Order Comment:

Action Type: Complete	Action Date/Time: 2/25/2015 05:48 EST	Action Personnel: Thomas RCP,Lashunda D
Responsible Provider: Depp MD,Timothy B	Supervising Provider:	Communication Type:

Order Details: 02/25/15 4:00:00, Routine, Stop 02/25/15 4:00:00
Review Information:
Doctor Cosign: Not Required
Order Comment:

Order: Blood Gas,Arterial (ABG,Arterial)
Order Start Date/Time: 2/26/2015 04:00 EST
Order Date/Time: 2/25/2015 21:42 EST

Order Status: Completed	Department Status: Completed	Catalog Type: Respiratory Care Services	Activity Type: Adult Resp Care Tx/Proc
End-state Date/Time: 2/26/2015 16:29 EST		End-state Reason:	
Ordered and Electronically Signed By: Depp MD,Timothy B		Consulting Physician:	

Entered By: Howells RCP,David W on 2/26/2015 16:29 EST
Order Details: 02/26/15 4:00:00, Routine, Stop 02/26/15 4:00:00
Order Comment:

Action Type: Order	Action Date/Time: 2/25/2015 21:43 EST	Action Personnel: Depp MD,Timothy B
Responsible Provider: Depp MD,Timothy B	Supervising Provider:	Communication Type: CPOE

Order Details: 02/26/15 4:00:00, Routine, Stop 02/26/15 4:00:00
Review Information:
Doctor Cosign: Not Required
Order Comment:

Action Type: Complete	Action Date/Time: 2/26/2015 16:29 EST	Action Personnel: Howells RCP,David W
Responsible Provider: Depp MD,Timothy B	Supervising Provider:	Communication Type:

Order Details: 02/26/15 4:00:00, Routine, Stop 02/26/15 4:00:00
Review Information:
Doctor Cosign: Not Required
Order Comment:

Non Medication Orders

Order: Calcium Ionized (Ionized Calcium)			
Order Start Date/Time: 2/25/2015 03:00 EST			
Order Date/Time: 2/24/2015 15:17 EST			
Order Status: Completed	Department Status: Completed	Catalog Type: Laboratory	Activity Type: General Lab
End-state Date/Time: 2/25/2015 03:39 EST		End-state Reason:	
Ordered and Electronically Signed By: Depp MD,Timothy B		Consulting Physician:	
Entered By: SYSTEM,SYSTEM on 2/25/2015 03:39 EST			
Order Details: 02/25/15 4:00:00, Timed Study, TS - Timed Study, Specimen: Blood, 02/24/15 15:17:00, 02/25/15 4:00:00, Print Label			
Order Comment:			
Action Type: Order	Action Date/Time: 2/24/2015 15:18 EST	Action Personnel: Depp MD,Timothy B	
Responsible Provider: Depp MD,Timothy B	Supervising Provider:	Communication Type: CPOE	
Order Details: 02/25/15 4:00:00, Timed Study, TS - Timed Study, Specimen: Blood, 02/24/15 15:17:00, 02/25/15 4:00:00, Print Label			
Review Information:			
Doctor Cosign: Not Required			
Order Comment:			
Action Type: Status Change	Action Date/Time: 2/25/2015 03:01 EST	Action Personnel: SYSTEM,SYSTEM	
Responsible Provider: Depp MD,Timothy B	Supervising Provider:	Communication Type:	
Order Details: 02/25/15 4:00:00, Timed Study, TS - Timed Study, Specimen: Blood, 02/24/15 15:17:00, 02/25/15 4:00:00, Print Label			
Review Information:			
Doctor Cosign: Not Required			
Order Comment:			
Action Type: Status Change	Action Date/Time: 2/25/2015 03:19 EST	Action Personnel: Goodwin,Jamyla A	
Responsible Provider: Depp MD,Timothy B	Supervising Provider:	Communication Type:	
Order Details: 02/25/15 4:00:00, Timed Study, TS - Timed Study, Specimen: Blood, 02/24/15 15:17:00, 02/25/15 4:00:00, Print Label			
Review Information:			
Doctor Cosign: Not Required			
Order Comment:			
Action Type: Status Change	Action Date/Time: 2/25/2015 03:19 EST	Action Personnel: Goodwin,Jamyla A	
Responsible Provider: Depp MD,Timothy B	Supervising Provider:	Communication Type:	
Order Details: 02/25/15 4:00:00, Timed Study, TS - Timed Study, Specimen: Blood, 02/24/15 15:17:00, 02/25/15 4:00:00, Print Label			
Review Information:			
Doctor Cosign: Not Required			
Order Comment:			
Action Type: Complete	Action Date/Time: 2/25/2015 03:39 EST	Action Personnel: SYSTEM,SYSTEM	
Responsible Provider: Depp MD,Timothy B	Supervising Provider:	Communication Type:	
Order Details: 02/25/15 4:00:00, Timed Study, TS - Timed Study, Specimen: Blood, 02/24/15 15:17:00, 02/25/15 4:00:00, Print Label			
Review Information:			
Doctor Cosign: Not Required			
Order Comment:			

Non Medication Orders

Order: Calcium Ionized (Ionized Calcium)

Order Start Date/Time: 2/25/2015 15:25 EST
Order Date/Time: 2/25/2015 13:07 EST
Order Status: Completed | Department Status: Completed | Catalog Type: Laboratory | Activity Type: General Lab
End-state Date/Time: 2/25/2015 15:56 EST | End-state Reason:
Ordered and Electronically Signed By: Maxey MD,Melissa | Consulting Physician:
Entered By: SYSTEM,SYSTEM on 2/25/2015 15:56 EST
Order Details: 02/25/15 13:07:00, ASAP, AP - ASAP OT, Specimen: Blood, 02/25/15 13:07:00, 02/25/15 13:07:00, Print Label
Order Comment:

Action Type: Order | Action Date/Time: 2/25/2015 13:07 EST | Action Personnel: Matheson RN,Crisna M
Responsible Provider: Maxey MD,Melissa | Supervising Provider: | Communication Type: Inbox VORB
Order Details: 02/25/15 13:07:00, ASAP, AP - ASAP OT, Specimen: Blood, 02/25/15 13:07:00, 02/25/15 13:07:00, Print Label
Review Information:
Doctor Cosign: Electronically Signed, Maxey MD,Melissa on 2/28/2015 07:11 EST
Order Comment:

Action Type: Status Change | Action Date/Time: 2/25/2015 15:27 EST | Action Personnel: Peake,Cynthia J
Responsible Provider: Maxey MD,Melissa | Supervising Provider: | Communication Type:
Order Details: 02/25/15 13:07:00, ASAP, AP - ASAP OT, Specimen: Blood, 02/25/15 13:07:00, 02/25/15 13:07:00, Print Label
Review Information:
Doctor Cosign: Not Required
Order Comment:

Action Type: Status Change | Action Date/Time: 2/25/2015 15:27 EST | Action Personnel: Peake,Cynthia J
Responsible Provider: Maxey MD,Melissa | Supervising Provider: | Communication Type:
Order Details: 02/25/15 13:07:00, ASAP, AP - ASAP OT, Specimen: Blood, 02/25/15 13:07:00, 02/25/15 13:07:00, Print Label
Review Information:
Doctor Cosign: Not Required
Order Comment:

Action Type: Complete | Action Date/Time: 2/25/2015 15:56 EST | Action Personnel: SYSTEM,SYSTEM
Responsible Provider: Maxey MD,Melissa | Supervising Provider: | Communication Type:
Order Details: 02/25/15 13:07:00, ASAP, AP - ASAP OT, Specimen: Blood, 02/25/15 13:07:00, 02/25/15 13:07:00, Print Label
Review Information:
Doctor Cosign: Not Required
Order Comment:

Non Medication Orders

Order: CBC W/Diff

Order Start Date/Time: 2/25/2015 03:00 EST
Order Date/Time: 2/24/2015 15:17 EST
Order Status: Completed | Department Status: Completed | Catalog Type: Laboratory | Activity Type: General Lab
End-state Date/Time: 2/25/2015 03:43 EST | End-state Reason:
Ordered and Electronically Signed By: Depp MD,Timothy B | Consulting Physician:
Entered By: Taylor,Paula S on 2/25/2015 03:43 EST
Order Details: 02/25/15 4:00:00, Timed Study, TS - Timed Study, Specimen: Blood, 02/24/15 15:17:00, 02/25/15 4:00:00, Print Label
Order Comment:

Action Type: Order | Action Date/Time: 2/24/2015 15:18 EST | Action Personnel: Depp MD,Timothy B
Responsible Provider: Depp MD,Timothy B | Supervising Provider: | Communication Type: CPOE
Order Details: 02/25/15 4:00:00, Timed Study, TS - Timed Study, Specimen: Blood, 02/24/15 15:17:00, 02/25/15 4:00:00, Print Label
Review Information:
Doctor Cosign: Not Required
Order Comment:

Action Type: Status Change | Action Date/Time: 2/25/2015 03:01 EST | Action Personnel: SYSTEM,SYSTEM
Responsible Provider: Depp MD,Timothy B | Supervising Provider: | Communication Type:
Order Details: 02/25/15 4:00:00, Timed Study, TS - Timed Study, Specimen: Blood, 02/24/15 15:17:00, 02/25/15 4:00:00, Print Label
Review Information:
Doctor Cosign: Not Required
Order Comment:

Action Type: Status Change | Action Date/Time: 2/25/2015 03:19 EST | Action Personnel: Goodwin,Jamyla A
Responsible Provider: Depp MD,Timothy B | Supervising Provider: | Communication Type:
Order Details: 02/25/15 4:00:00, Timed Study, TS - Timed Study, Specimen: Blood, 02/24/15 15:17:00, 02/25/15 4:00:00, Print Label
Review Information:
Doctor Cosign: Not Required
Order Comment:

Action Type: Status Change | Action Date/Time: 2/25/2015 03:19 EST | Action Personnel: Goodwin,Jamyla A
Responsible Provider: Depp MD,Timothy B | Supervising Provider: | Communication Type:
Order Details: 02/25/15 4:00:00, Timed Study, TS - Timed Study, Specimen: Blood, 02/24/15 15:17:00, 02/25/15 4:00:00, Print Label
Review Information:
Doctor Cosign: Not Required
Order Comment:

Action Type: Complete | Action Date/Time: 2/25/2015 03:43 EST | Action Personnel: Taylor,Paula S
Responsible Provider: Depp MD,Timothy B | Supervising Provider: | Communication Type:
Order Details: 02/25/15 4:00:00, Timed Study, TS - Timed Study, Specimen: Blood, 02/24/15 15:17:00, 02/25/15 4:00:00, Print Label
Review Information:
Doctor Cosign: Not Required
Order Comment:

Non Medication Orders

Order: Code Status
Order Start Date/Time: 2/25/2015 17:05 EST
Order Date/Time: 2/25/2015 17:05 EST
Order Status: Canceled | Department Status: Canceled | Catalog Type: Patient Care | Activity Type: CPOE
End-state Date/Time: 2/26/2015 19:59 EST | End-state Reason:
Ordered and Electronically Signed By: SYSTEM,SYSTEM | Consulting Physician:
Entered By: SYSTEM,SYSTEM on 2/26/2015 19:59 EST
Order Details: Start Date/Time 02/25/15 17:05:00, Code Status 2-Intubation Code=IC
Order Comment: No CPR, meds, labs, cardioversion, or tube feeds. Will continue vent support and IVF Cancelled by Rule
Action Type: Order | Action Date/Time: 2/25/2015 17:05 EST | Action Personnel: Maxey MD,Melissa
Responsible Provider: Maxey MD,Melissa | Supervising Provider: | Communication Type: CPOE
Order Details: Start Date/Time 02/25/15 17:05:00, Code Status 2-Intubation Code=IC
Review Information:
Nurse Review: Electronically Signed, Lomas RN,Charlotte G on 2/25/2015 17:21 EST
Doctor Cosign: Not Required
Order Comment: No CPR, meds, labs, cardioversion, or tube feeds. Will continue vent support and IVF
Action Type: Cancel | Action Date/Time: 2/26/2015 19:59 EST | Action Personnel: SYSTEM,SYSTEM
Responsible Provider: SYSTEM,SYSTEM | Supervising Provider: | Communication Type: Discern Expert
Order Details: Start Date/Time 02/25/15 17:05:00, Code Status 2-Intubation Code=IC
Review Information:
Doctor Cosign: Not Required
Order Comment: No CPR, meds, labs, cardioversion, or tube feeds. Will continue vent support and IVF Cancelled by Rule

Order: Code Status
Order Start Date/Time: 2/26/2015 19:59 EST
Order Date/Time: 2/26/2015 19:59 EST
Order Status: Canceled | Department Status: Canceled | Catalog Type: Patient Care | Activity Type: CPOE
End-state Date/Time: 2/27/2015 08:57 EST | End-state Reason:
Ordered and Electronically Signed By: SYSTEM,SYSTEM | Consulting Physician:
Entered By: SYSTEM,SYSTEM on 2/27/2015 08:57 EST
Order Details: Start Date/Time 02/26/15 19:59:00, Code Status 5-Allow Natural Death=AND
Order Comment:
Action Type: Order | Action Date/Time: 2/26/2015 19:59 EST | Action Personnel: Afshari MD,Ashkan
Responsible Provider: Afshari MD,Ashkan | Supervising Provider: | Communication Type: CPOE
Order Details: Start Date/Time 02/26/15 19:59:00, Code Status 5-Allow Natural Death=AND
Review Information:
Nurse Review: Electronically Signed, Blair RN,Larresha C on 2/26/2015 22:02 EST
Doctor Cosign: Not Required
Order Comment:
Action Type: Cancel | Action Date/Time: 2/27/2015 08:57 EST | Action Personnel: SYSTEM,SYSTEM
Responsible Provider: SYSTEM,SYSTEM | Supervising Provider: | Communication Type: Discern Expert
Order Details: Start Date/Time 02/26/15 19:59:00, Code Status 5-Allow Natural Death=AND
Review Information:
Doctor Cosign: Not Required
Order Comment: Cancelled by Rule

Non Medication Orders

Order: Comprehensive Metabolic Profile (CMP)		
Order Start Date/Time: 2/25/2015 03:00 EST		
Order Date/Time: 2/24/2015 15:17 EST		
Order Status: Completed	Department Status: Completed	Catalog Type: Laboratory — Activity Type: General Lab
End-state Date/Time: 2/25/2015 03:55 EST		End-state Reason:
Ordered and Electronically Signed By: Depp MD,Timothy B		Consulting Physician:
Entered By: Briggs,Shawna R on 2/25/2015 03:55 EST		
Order Details: 02/25/15 4:00:00, Timed Study, TS - Timed Study, Specimen: Blood, 02/24/15 15:17:00, 02/25/15 4:00:00, Print Label		
Order Comment:		
Action Type: Order	Action Date/Time: 2/24/2015 15:18 EST	Action Personnel: Depp MD,Timothy B
Responsible Provider: Depp MD,Timothy B	Supervising Provider:	Communication Type: CPOE
Order Details: 02/25/15 4:00:00, Timed Study, TS - Timed Study, Specimen: Blood, 02/24/15 15:17:00, 02/25/15 4:00:00, Print Label		
Review Information:		
Doctor Cosign: Not Required		
Order Comment:		
Action Type: Status Change	Action Date/Time: 2/25/2015 03:01 EST	Action Personnel: SYSTEM,SYSTEM
Responsible Provider: Depp MD,Timothy B	Supervising Provider:	Communication Type:
Order Details: 02/25/15 4:00:00, Timed Study, TS - Timed Study, Specimen: Blood, 02/24/15 15:17:00, 02/25/15 4:00:00, Print Label		
Review Information:		
Doctor Cosign: Not Required		
Order Comment:		
Action Type: Status Change	Action Date/Time: 2/25/2015 03:19 EST	Action Personnel: Goodwin,Jamyla A
Responsible Provider: Depp MD,Timothy B	Supervising Provider:	Communication Type:
Order Details: 02/25/15 4:00:00, Timed Study, TS - Timed Study, Specimen: Blood, 02/24/15 15:17:00, 02/25/15 4:00:00, Print Label		
Review Information:		
Doctor Cosign: Not Required		
Order Comment:		
Action Type: Status Change	Action Date/Time: 2/25/2015 03:19 EST	Action Personnel: Goodwin,Jamyla A
Responsible Provider: Depp MD,Timothy B	Supervising Provider:	Communication Type:
Order Details: 02/25/15 4:00:00, Timed Study, TS - Timed Study, Specimen: Blood, 02/24/15 15:17:00, 02/25/15 4:00:00, Print Label		
Review Information:		
Doctor Cosign: Not Required		
Order Comment:		
Action Type: Complete	Action Date/Time: 2/25/2015 03:55 EST	Action Personnel: Briggs,Shawna R
Responsible Provider: Depp MD,Timothy B	Supervising Provider:	Communication Type:
Order Details: 02/25/15 4:00:00, Timed Study, TS - Timed Study, Specimen: Blood, 02/24/15 15:17:00, 02/25/15 4:00:00, Print Label		
Review Information:		
Doctor Cosign: Not Required		
Order Comment:		

Non Medication Orders

Order: Consult Palliative Care (Palliative Care Consult)

Order Start Date/Time: 2/25/2015 16:04 EST
Order Date/Time: 2/25/2015 16:04 EST
Order Status: Completed | Department Status: Completed | Catalog Type: Patient Care | Activity Type: Home Care
End-state Date/Time: 2/26/2015 08:09 EST | End-state Reason:
Ordered and Electronically Signed By: Depp MD,Timothy B | Consulting Physician:
Entered By: McCarthy,Penny K on 2/26/2015 08:09 EST
Order Details: 02/25/15 16:04:00, Routine, Help with Medical Decision Making | Patient and Family Support, Dr. Jenkins has already seen.
Order Comment:

Action Type: Order | Action Date/Time: 2/25/2015 16:05 EST | Action Personnel: Depp MD,Timothy B
Responsible Provider: Depp MD,Timothy B | Supervising Provider: | Communication Type: CPOE
Order Details: 02/25/15 16:04:00, Routine, Help with Medical Decision Making | Patient and Family Support, Patient with intracranial hemorrhage and presumed acute alcoholic hepatitis, very sick with likely poor outcome. Family support and discussion appreciated. Tha...
Review Information:
Nurse Review: Electronically Signed, Lomas RN,Charlotte G on 2/25/2015 17:21 EST
Doctor Cosign: Not Required
Order Comment:

Action Type: Modify | Action Date/Time: 2/25/2015 16:07 EST | Action Personnel: Depp MD,Timothy B
Responsible Provider: Depp MD,Timothy B | Supervising Provider: | Communication Type: CPOE
Order Details: 02/25/15 16:04:00, Routine, Help with Medical Decision Making | Patient and Family Support, Dr. Jenkins has already seen.
Review Information:
Nurse Review: Electronically Signed, Lomas RN,Charlotte G on 2/25/2015 17:21 EST
Doctor Cosign: Not Required
Order Comment:

Action Type: Complete | Action Date/Time: 2/26/2015 08:09 EST | Action Personnel: McCarthy,Penny K
Responsible Provider: Depp MD,Timothy B | Supervising Provider: | Communication Type:
Order Details: 02/25/15 16:04:00, Routine, Help with Medical Decision Making | Patient and Family Support, Dr. Jenkins has already seen.
Review Information:
Doctor Cosign: Not Required
Order Comment:

Order: Consult Physical Therapy (Physical Therapy Consult)

Order Start Date/Time: 2/23/2015 14:56 EST
Order Date/Time: 2/23/2015 14:56 EST
Order Status: Discontinued | Department Status: Discontinued | Catalog Type: Rehabilitation Services | Activity Type: PT Consults
End-state Date/Time: 2/25/2015 14:12 EST | End-state Reason:
Ordered and Electronically Signed By: Stachowiak PA,James R | Consulting Physician:
Entered By: Adelhardt PT,DPT,Allison S on 2/25/2015 14:12 EST
Order Details: 02/23/15 14:56:00, Routine, Reason: Evaluation-Treatment
Order Comment:

Action Type: Order | Action Date/Time: 2/23/2015 15:00 EST | Action Personnel: Stachowiak PA,James R
Responsible Provider: Stachowiak PA,James R | Supervising Provider: | Communication Type: CPOE
Order Details: 02/23/15 14:56:00, Routine, Reason: Evaluation-Treatment
Review Information:
Nurse Review: Electronically Signed, Grosse RN,Jennifer E on 2/23/2015 15:35 EST
Doctor Cosign: Not Required
Order Comment:

Action Type: Discontinue | Action Date/Time: 2/25/2015 14:12 EST | Action Personnel: Adelhardt PT,DPT,Allison S
Responsible Provider: Stachowiak PA,James R | Supervising Provider: | Communication Type: Sig Not Required
Order Details: 02/23/15 14:56:00, Routine, Reason: Evaluation-Treatment
Review Information:
Doctor Cosign: Not Required
Order Comment:

Non Medication Orders

Order: CR Abdomen 1 View GI Tube Verification			
Order Start Date/Time: 2/25/2015 12:13 EST			
Order Date/Time: 2/25/2015 12:13 EST			
Order Status: Completed	Department Status: Completed	Catalog Type: Radiology	Activity Type: Radiology
End-state Date/Time: 2/25/2015 13:56 EST		End-state Reason:	
Ordered and Electronically Signed By: Maxey MD,Melissa		Consulting Physician:	
Entered By: Hardin IV MD,Harry Simms on 2/25/2015 13:56 EST			
Order Details: 02/25/15 12:13:00, Stat, Reason: NGT placement, Transport: Stretcher			
Order Comment:			
Action Type: Order	Action Date/Time: 2/25/2015 12:58 EST	Action Personnel: Helman,Alison K	
Responsible Provider: Maxey MD,Melissa	Supervising Provider:	Communication Type: Inbox VORB	
Order Details: 02/25/15 12:13:00, Stat, Reason: NGT placement, Transport: Stretcher			
Review Information:			
Doctor Cosign: Electronically Signed, Maxey MD,Melissa on 2/28/2015 07:11 EST			
Order Comment:			
Action Type: Status Change	Action Date/Time: 2/25/2015 12:58 EST	Action Personnel: Helman,Alison K	
Responsible Provider: Maxey MD,Melissa	Supervising Provider:	Communication Type: Inbox VORB	
Order Details: 02/25/15 12:13:00, Stat, Reason: NGT placement, Transport: Stretcher			
Review Information:			
Doctor Cosign: Not Required			
Order Comment:			
Action Type: Status Change	Action Date/Time: 2/25/2015 12:58 EST	Action Personnel: Helman,Alison K	
Responsible Provider: Maxey MD,Melissa	Supervising Provider:	Communication Type: Inbox VORB	
Order Details: 02/25/15 12:13:00, Stat, Reason: NGT placement, Transport: Stretcher			
Review Information:			
Doctor Cosign: Not Required			
Order Comment:			
Action Type: Complete	Action Date/Time: 2/25/2015 13:56 EST	Action Personnel: Hardin IV MD,Harry Simms	
Responsible Provider: Maxey MD,Melissa	Supervising Provider:	Communication Type: Inbox VORB	
Order Details: 02/25/15 12:13:00, Stat, Reason: NGT placement, Transport: Stretcher			
Review Information:			
Doctor Cosign: Not Required			
Order Comment:			

Non Medication Orders

Order: CR Abdomen 1 View KUB (KUB Abdomen)

Order Start Date/Time: 2/25/2015 12:13 EST
Order Date/Time: 2/25/2015 12:13 EST
Order Status: Canceled | Department Status: Exam Replaced | Catalog Type: Radiology | Activity Type: Radiology
End-state Date/Time: 2/25/2015 12:58 EST | End-state Reason: Exam Replaced
Ordered and Electronically Signed By: Maxey MD,Melissa | Consulting Physician:
Entered By: Helman,Alison K on 2/25/2015 12:58 EST
Order Details: 02/25/15 12:13:00, Stat, Reason: NGT placement, Transport: Stretcher
Order Comment:

Action Type: Order	Action Date/Time: 2/25/2015 12:15 EST	Action Personnel: Lomas RN,Charlotte G
Responsible Provider: Maxey MD,Melissa	Supervising Provider:	Communication Type: Inbox VORB

Order Details: 02/25/15 12:13:00, Stat, Reason: NGT placement, Transport: Stretcher
Review Information:
Doctor Cosign: Electronically Signed, Maxey MD,Melissa on 2/28/2015 07:11 EST
Order Comment:

Action Type: Cancel	Action Date/Time: 2/25/2015 12:58 EST	Action Personnel: Helman,Alison K
Responsible Provider: Maxey MD,Melissa	Supervising Provider:	Communication Type: Inbox VORB

Order Details: 02/25/15 12:13:00, Stat, Reason: NGT placement, Transport: Stretcher
Review Information:
Doctor Cosign: Electronically Signed, Maxey MD,Melissa on 2/28/2015 07:11 EST
Order Comment:

Order: CR Abdomen 1 View KUB Portable (Abdomen 1 View KUB Portable)

Order Start Date/Time: 2/24/2015 12:02 EST
Order Date/Time: 2/24/2015 12:02 EST
Order Status: Completed | Department Status: Completed | Catalog Type: Radiology | Activity Type: Radiology
End-state Date/Time: 2/24/2015 15:57 EST | End-state Reason:
Ordered and Electronically Signed By: Guidelines of Care,* | Consulting Physician:
Entered By: Marcus MD,Matthew A on 2/24/2015 15:57 EST
Order Details: 02/24/15 12:02:00, ASAP, Reason: ng tube placement before feeding, Transport: Portable, OT 1 days
Order Comment:

Action Type: Order	Action Date/Time: 2/24/2015 12:03 EST	Action Personnel: Sullivan RN,Michael D
Responsible Provider: Guidelines of Care,*	Supervising Provider:	Communication Type: Sig Not Required

Order Details: 02/24/15 12:02:00, ASAP, Reason: ng tube placement before feeding, Transport: Portable, OT 1 days
Review Information:
Doctor Cosign: Not Required
Order Comment:

Action Type: Status Change	Action Date/Time: 2/24/2015 12:43 EST	Action Personnel: Ashford,Langston B
Responsible Provider: Guidelines of Care,*	Supervising Provider:	Communication Type: Sig Not Required

Order Details: 02/24/15 12:02:00, ASAP, Reason: ng tube placement before feeding, Transport: Portable, OT 1 days
Review Information:
Doctor Cosign: Not Required
Order Comment:

Action Type: Complete	Action Date/Time: 2/24/2015 15:57 EST	Action Personnel: Marcus MD,Matthew A
Responsible Provider: Guidelines of Care,*	Supervising Provider:	Communication Type: Sig Not Required

Order Details: 02/24/15 12:02:00, ASAP, Reason: ng tube placement before feeding, Transport: Portable, OT 1 days
Review Information:
Nurse Review: Electronically Signed, Sullivan RN,Michael D on 2/24/2015 16:19 EST
Doctor Cosign: Not Required
Order Comment:

Non Medication Orders

Order: CR Chest 1 View Portable (CXR Chest Portable)			
Order Start Date/Time: 2/25/2015 04:00 EST			
Order Date/Time: 2/24/2015 15:17 EST			
Order Status: Completed	Department Status: Completed	Catalog Type: Radiology	Activity Type: Radiology
End-state Date/Time: 2/25/2015 11:21 EST		End-state Reason:	
Ordered and Electronically Signed By: Depp MD,Timothy B		Consulting Physician:	
Entered By: Hardin IV MD,Harry Simms on 2/25/2015 11:21 EST			
Order Details: 02/25/15 4:00:00, Routine, Reason: intubated, Transport: Portable			
Order Comment:			
Action Type: Order	Action Date/Time: 2/24/2015 15:18 EST	Action Personnel: Depp MD,Timothy B	
Responsible Provider: Depp MD,Timothy B	Supervising Provider:	Communication Type: CPOE	
Order Details: 02/25/15 4:00:00, Routine, Reason: intubated, Transport: Portable			
Review Information:			
Doctor Cosign: Not Required			
Order Comment:			
Action Type: Status Change	Action Date/Time: 2/25/2015 04:00 EST	Action Personnel: Bouknight,Traci L	
Responsible Provider: Depp MD,Timothy B	Supervising Provider:	Communication Type: CPOE	
Order Details: 02/25/15 4:00:00, Routine, Reason: intubated, Transport: Portable			
Review Information:			
Doctor Cosign: Not Required			
Order Comment:			
Action Type: Complete	Action Date/Time: 2/25/2015 11:21 EST	Action Personnel: Hardin IV MD,Harry Simms	
Responsible Provider: Depp MD,Timothy B	Supervising Provider:	Communication Type: CPOE	
Order Details: 02/25/15 4:00:00, Routine, Reason: intubated, Transport: Portable			
Review Information:			
Doctor Cosign: Not Required			
Order Comment:			

Non Medication Orders

Order: CR Chest Post PICC Line
Order Start Date/Time: 2/25/2015 14:58 EST
Order Date/Time: 2/25/2015 14:58 EST
Order Status: Completed | Department Status: Completed | Catalog Type: Radiology | Activity Type: Radiology
End-state Date/Time: 2/25/2015 16:50 EST | End-state Reason:
Ordered and Electronically Signed By: Maxey MD,Melissa | Consulting Physician:
Entered By: Hardin IV MD,Harry Simms on 2/25/2015 16:50 EST
Order Details: 02/25/15 14:58:00, Stat, Reason: right arm PICC Line Placement, Transport: Portable
Order Comment:

Action Type: Order	Action Date/Time: 2/25/2015 14:58 EST	Action Personnel: Boatwright RN,Christine C
Responsible Provider: Maxey MD,Melissa	Supervising Provider:	Communication Type: Sig Required

Order Details: 02/25/15 14:58:00, Stat, Reason: right arm PICC Line Placement, Transport: Portable
Review Information:
Nurse Review: Electronically Signed, Matheson RN,Crisna M on 2/25/2015 15:09 EST
Doctor Cosign: Electronically Signed, Maxey MD,Melissa on 2/28/2015 07:11 EST
Order Comment:

Action Type: Status Change	Action Date/Time: 2/25/2015 15:01 EST	Action Personnel: Crosby,Stephanie N
Responsible Provider: Maxey MD,Melissa	Supervising Provider:	Communication Type: Sig Required

Order Details: 02/25/15 14:58:00, Stat, Reason: right arm PICC Line Placement, Transport: Portable
Review Information:
Doctor Cosign: Not Required
Order Comment:

Action Type: Status Change	Action Date/Time: 2/25/2015 15:32 EST	Action Personnel: Blair,Allison B
Responsible Provider: Maxey MD,Melissa	Supervising Provider:	Communication Type: Sig Required

Order Details: 02/25/15 14:58:00, Stat, Reason: right arm PICC Line Placement, Transport: Portable
Review Information:
Doctor Cosign: Not Required
Order Comment:

Action Type: Complete	Action Date/Time: 2/25/2015 16:50 EST	Action Personnel: Hardin IV MD,Harry Simms
Responsible Provider: Maxey MD,Melissa	Supervising Provider:	Communication Type: Sig Required

Order Details: 02/25/15 14:58:00, Stat, Reason: right arm PICC Line Placement, Transport: Portable
Review Information:
Doctor Cosign: Not Required
Order Comment:

Non Medication Orders

Order: Glucose POCT

Order Start Date/Time: 2/25/2015 16:12 EST
Order Date/Time: 2/25/2015 16:17 EST

Order Status: Completed	Department Status: Completed	Catalog Type: Laboratory	Activity Type: General Lab
End-state Date/Time: 2/25/2015 16:17 EST		End-state Reason:	
Ordered and Electronically Signed By: Jones MD,Mark A		Consulting Physician:	

Entered By: SYSTEM,SYSTEM on 2/25/2015 16:17 EST
Order Details: 02/25/15 16:12:57, Routine, RT - Routine, Specimen: Blood
Order Comment:

Action Type: Order	Action Date/Time: 2/25/2015 16:17 EST	Action Personnel: SYSTEM,SYSTEM
Responsible Provider: Jones MD,Mark A	Supervising Provider:	Communication Type: CPOE

Order Details: 02/25/15 16:12:57, Routine, RT - Routine, Specimen: Blood
Review Information:
Doctor Cosign: Not Required
Order Comment:

Action Type: Complete	Action Date/Time: 2/25/2015 16:17 EST	Action Personnel: SYSTEM,SYSTEM
Responsible Provider: Jones MD,Mark A	Supervising Provider:	Communication Type:

Order Details: 02/25/15 16:12:57, Routine, RT - Routine, Specimen: Blood
Review Information:
Doctor Cosign: Not Required
Order Comment:

Order: Glucose POCT

Order Start Date/Time: 2/26/2015 06:36 EST
Order Date/Time: 2/26/2015 06:41 EST

Order Status: Completed	Department Status: Completed	Catalog Type: Laboratory	Activity Type: General Lab
End-state Date/Time: 2/26/2015 06:41 EST		End-state Reason:	
Ordered and Electronically Signed By: Jones MD,Mark A		Consulting Physician:	

Entered By: SYSTEM,SYSTEM on 2/26/2015 06:41 EST
Order Details: 02/26/15 6:36:34, Routine, RT - Routine, Specimen: Blood
Order Comment:

Action Type: Order	Action Date/Time: 2/26/2015 06:41 EST	Action Personnel: SYSTEM,SYSTEM
Responsible Provider: Jones MD,Mark A	Supervising Provider:	Communication Type: CPOE

Order Details: 02/26/15 6:36:34, Routine, RT - Routine, Specimen: Blood
Review Information:
Doctor Cosign: Not Required
Order Comment:

Action Type: Complete	Action Date/Time: 2/26/2015 06:41 EST	Action Personnel: SYSTEM,SYSTEM
Responsible Provider: Jones MD,Mark A	Supervising Provider:	Communication Type:

Order Details: 02/26/15 6:36:34, Routine, RT - Routine, Specimen: Blood
Review Information:
Doctor Cosign: Not Required
Order Comment:

Non Medication Orders

Order: Incentive Spirometry,Nsg

Order Start Date/Time: 2/25/2015 09:00 EST			
Order Date/Time: 2/23/2015 14:56 EST			
Order Status: Discontinued	Department Status: Discontinued	Catalog Type: Patient Care	Activity Type: Asmt/Tx/Monitoring
End-state Date/Time: 2/27/2015 22:02 EST		End-state Reason:	
Ordered and Electronically Signed By: Stachowiak PA,James R		Consulting Physician:	
Entered By: SYSTEM,SYSTEM on 2/27/2015 22:02 EST			
Order Details: 02/25/15 9:00:00, 8am to 10pm			
Order Comment:			
Action Type: Order	Action Date/Time: 2/24/2015 11:06 EST	Action Personnel: Stachowiak PA,James R	
Responsible Provider: Stachowiak PA,James R	Supervising Provider:	Communication Type: CPOE	
Order Details: 02/25/15 9:00:00, 8am to 10pm			
Review Information:			
Doctor Cosign: Not Required			
Order Comment:			
Action Type: Discontinue	Action Date/Time: 2/27/2015 22:02 EST	Action Personnel: SYSTEM,SYSTEM	
Responsible Provider: Stachowiak PA,James R	Supervising Provider:	Communication Type:	
Order Details: 02/25/15 9:00:00, 8am to 10pm			
Review Information:			
Doctor Cosign: Not Required			
Order Comment:			

Order: Incentive Spirometry,Nsg

Order Start Date/Time: 2/25/2015 10:00 EST			
Order Date/Time: 2/23/2015 14:56 EST			
Order Status: Discontinued	Department Status: Discontinued	Catalog Type: Patient Care	Activity Type: Asmt/Tx/Monitoring
End-state Date/Time: 2/27/2015 22:02 EST		End-state Reason:	
Ordered and Electronically Signed By: Stachowiak PA,James R		Consulting Physician:	
Entered By: SYSTEM,SYSTEM on 2/27/2015 22:02 EST			
Order Details: 02/25/15 10:00:00, 8am to 10pm			
Order Comment:			
Action Type: Order	Action Date/Time: 2/24/2015 11:06 EST	Action Personnel: Stachowiak PA,James R	
Responsible Provider: Stachowiak PA,James R	Supervising Provider:	Communication Type: CPOE	
Order Details: 02/25/15 10:00:00, 8am to 10pm			
Review Information:			
Doctor Cosign: Not Required			
Order Comment:			
Action Type: Discontinue	Action Date/Time: 2/27/2015 22:02 EST	Action Personnel: SYSTEM,SYSTEM	
Responsible Provider: Stachowiak PA,James R	Supervising Provider:	Communication Type:	
Order Details: 02/25/15 10:00:00, 8am to 10pm			
Review Information:			
Doctor Cosign: Not Required			
Order Comment:			

Non Medication Orders

Order: Incentive Spirometry,Nsg			
Order Start Date/Time: 2/25/2015 11:00 EST			
Order Date/Time: 2/23/2015 14:56 EST			
Order Status: Discontinued	Department Status: Discontinued	Catalog Type: Patient Care	Activity Type: Asmt/Tx/Monitoring
End-state Date/Time: 2/27/2015 22:02 EST		End-state Reason:	
Ordered and Electronically Signed By: Stachowiak PA,James R		Consulting Physician:	
Entered By: SYSTEM,SYSTEM on 2/27/2015 22:02 EST			
Order Details: 02/25/15 11:00:00, 8am to 10pm			
Order Comment:			
Action Type: Order	Action Date/Time: 2/24/2015 11:06 EST	Action Personnel: Stachowiak PA,James R	
Responsible Provider: Stachowiak PA,James R	Supervising Provider:	Communication Type: CPOE	
Order Details: 02/25/15 11:00:00, 8am to 10pm			
Review Information:			
Doctor Cosign: Not Required			
Order Comment:			
Action Type: Discontinue	Action Date/Time: 2/27/2015 22:02 EST	Action Personnel: SYSTEM,SYSTEM	
Responsible Provider: Stachowiak PA,James R	Supervising Provider:	Communication Type:	
Order Details: 02/25/15 11:00:00, 8am to 10pm			
Review Information:			
Doctor Cosign: Not Required			
Order Comment:			

Order: Incentive Spirometry,Nsg			
Order Start Date/Time: 2/25/2015 12:00 EST			
Order Date/Time: 2/23/2015 14:56 EST			
Order Status: Discontinued	Department Status: Discontinued	Catalog Type: Patient Care	Activity Type: Asmt/Tx/Monitoring
End-state Date/Time: 2/27/2015 22:02 EST		End-state Reason:	
Ordered and Electronically Signed By: Stachowiak PA,James R		Consulting Physician:	
Entered By: SYSTEM,SYSTEM on 2/27/2015 22:02 EST			
Order Details: 02/25/15 12:00:00, 8am to 10pm			
Order Comment:			
Action Type: Order	Action Date/Time: 2/24/2015 16:33 EST	Action Personnel: Stachowiak PA,James R	
Responsible Provider: Stachowiak PA,James R	Supervising Provider:	Communication Type: CPOE	
Order Details: 02/25/15 12:00:00, 8am to 10pm			
Review Information:			
Doctor Cosign: Not Required			
Order Comment:			
Action Type: Discontinue	Action Date/Time: 2/27/2015 22:02 EST	Action Personnel: SYSTEM,SYSTEM	
Responsible Provider: Stachowiak PA,James R	Supervising Provider:	Communication Type:	
Order Details: 02/25/15 12:00:00, 8am to 10pm			
Review Information:			
Doctor Cosign: Not Required			
Order Comment:			

Non Medication Orders

Order: Incentive Spirometry,Nsg

Order Start Date/Time: 2/25/2015 13:00 EST			
Order Date/Time: 2/23/2015 14:56 EST			
Order Status: Discontinued	Department Status: Discontinued	Catalog Type: Patient Care	Activity Type: Asmt/Tx/Monitoring
End-state Date/Time: 2/27/2015 22:02 EST		End-state Reason:	
Ordered and Electronically Signed By: Stachowiak PA,James R		Consulting Physician:	
Entered By: SYSTEM,SYSTEM on 2/27/2015 22:02 EST			
Order Details: 02/25/15 13:00:00, 8am to 10pm			
Order Comment:			
Action Type: Order	Action Date/Time: 2/24/2015 16:33 EST		Action Personnel: Stachowiak PA,James R
Responsible Provider: Stachowiak PA,James R	Supervising Provider:		Communication Type: CPOE
Order Details: 02/25/15 13:00:00, 8am to 10pm			
Review Information:			
Doctor Cosign: Not Required			
Order Comment:			
Action Type: Discontinue	Action Date/Time: 2/27/2015 22:02 EST		Action Personnel: SYSTEM,SYSTEM
Responsible Provider: Stachowiak PA,James R	Supervising Provider:		Communication Type:
Order Details: 02/25/15 13:00:00, 8am to 10pm			
Review Information:			
Doctor Cosign: Not Required			
Order Comment:			

Order: Incentive Spirometry,Nsg

Order Start Date/Time: 2/25/2015 14:00 EST			
Order Date/Time: 2/23/2015 14:56 EST			
Order Status: Discontinued	Department Status: Discontinued	Catalog Type: Patient Care	Activity Type: Asmt/Tx/Monitoring
End-state Date/Time: 2/27/2015 22:02 EST		End-state Reason:	
Ordered and Electronically Signed By: Stachowiak PA,James R		Consulting Physician:	
Entered By: SYSTEM,SYSTEM on 2/27/2015 22:02 EST			
Order Details: 02/25/15 14:00:00, 8am to 10pm			
Order Comment:			
Action Type: Order	Action Date/Time: 2/24/2015 16:33 EST		Action Personnel: Stachowiak PA,James R
Responsible Provider: Stachowiak PA,James R	Supervising Provider:		Communication Type: CPOE
Order Details: 02/25/15 14:00:00, 8am to 10pm			
Review Information:			
Doctor Cosign: Not Required			
Order Comment:			
Action Type: Discontinue	Action Date/Time: 2/27/2015 22:02 EST		Action Personnel: SYSTEM,SYSTEM
Responsible Provider: Stachowiak PA,James R	Supervising Provider:		Communication Type:
Order Details: 02/25/15 14:00:00, 8am to 10pm			
Review Information:			
Doctor Cosign: Not Required			
Order Comment:			

Non Medication Orders

Order: Incentive Spirometry,Nsg

Order Start Date/Time: 2/25/2015 15:00 EST			
Order Date/Time: 2/23/2015 14:56 EST			
Order Status: Discontinued	Department Status: Discontinued	Catalog Type: Patient Care	Activity Type: Asmt/Tx/Monitoring
End-state Date/Time: 2/27/2015 22:02 EST		End-state Reason:	
Ordered and Electronically Signed By: Stachowiak PA,James R		Consulting Physician:	
Entered By: SYSTEM,SYSTEM on 2/27/2015 22:02 EST			
Order Details: 02/25/15 15:00:00, 8am to 10pm			
Order Comment:			
Action Type: Order	Action Date/Time: 2/24/2015 16:33 EST	Action Personnel: Stachowiak PA,James R	
Responsible Provider: Stachowiak PA,James R	Supervising Provider:	Communication Type: CPOE	
Order Details: 02/25/15 15:00:00, 8am to 10pm			
Review Information:			
Doctor Cosign: Not Required			
Order Comment:			
Action Type: Discontinue	Action Date/Time: 2/27/2015 22:02 EST	Action Personnel: SYSTEM,SYSTEM	
Responsible Provider: Stachowiak PA,James R	Supervising Provider:	Communication Type:	
Order Details: 02/25/15 15:00:00, 8am to 10pm			
Review Information:			
Doctor Cosign: Not Required			
Order Comment:			

Order: Incentive Spirometry,Nsg

Order Start Date/Time: 2/25/2015 16:00 EST			
Order Date/Time: 2/23/2015 14:56 EST			
Order Status: Discontinued	Department Status: Discontinued	Catalog Type: Patient Care	Activity Type: Asmt/Tx/Monitoring
End-state Date/Time: 2/27/2015 22:02 EST		End-state Reason:	
Ordered and Electronically Signed By: Stachowiak PA,James R		Consulting Physician:	
Entered By: SYSTEM,SYSTEM on 2/27/2015 22:02 EST			
Order Details: 02/25/15 16:00:00, 8am to 10pm			
Order Comment:			
Action Type: Order	Action Date/Time: 2/24/2015 16:33 EST	Action Personnel: Stachowiak PA,James R	
Responsible Provider: Stachowiak PA,James R	Supervising Provider:	Communication Type: CPOE	
Order Details: 02/25/15 16:00:00, 8am to 10pm			
Review Information:			
Doctor Cosign: Not Required			
Order Comment:			
Action Type: Discontinue	Action Date/Time: 2/27/2015 22:02 EST	Action Personnel: SYSTEM,SYSTEM	
Responsible Provider: Stachowiak PA,James R	Supervising Provider:	Communication Type:	
Order Details: 02/25/15 16:00:00, 8am to 10pm			
Review Information:			
Doctor Cosign: Not Required			
Order Comment:			

Non Medication Orders

Order: Incentive Spirometry,Nsg

Order Start Date/Time: 2/25/2015 17:00 EST			
Order Date/Time: 2/23/2015 14:56 EST			
Order Status: Discontinued	Department Status: Discontinued	Catalog Type: Patient Care	Activity Type: Asmt/Tx/Monitoring
End-state Date/Time: 2/27/2015 22:02 EST		End-state Reason:	
Ordered and Electronically Signed By: Stachowiak PA,James R		Consulting Physician:	
Entered By: SYSTEM,SYSTEM on 2/27/2015 22:02 EST			
Order Details: 02/25/15 17:00:00, 8am to 10pm			
Order Comment:			
Action Type: Order	Action Date/Time: 2/24/2015 22:41 EST		Action Personnel: Stachowiak PA,James R
Responsible Provider: Stachowiak PA,James R	Supervising Provider:		Communication Type: CPOE
Order Details: 02/25/15 17:00:00, 8am to 10pm			
Review Information:			
Doctor Cosign: Not Required			
Order Comment:			
Action Type: Discontinue	Action Date/Time: 2/27/2015 22:02 EST		Action Personnel: SYSTEM,SYSTEM
Responsible Provider: Stachowiak PA,James R	Supervising Provider:		Communication Type:
Order Details: 02/25/15 17:00:00, 8am to 10pm			
Review Information:			
Doctor Cosign: Not Required			
Order Comment:			

Order: Incentive Spirometry,Nsg

Order Start Date/Time: 2/25/2015 18:00 EST			
Order Date/Time: 2/23/2015 14:56 EST			
Order Status: Discontinued	Department Status: Discontinued	Catalog Type: Patient Care	Activity Type: Asmt/Tx/Monitoring
End-state Date/Time: 2/27/2015 22:02 EST		End-state Reason:	
Ordered and Electronically Signed By: Stachowiak PA,James R		Consulting Physician:	
Entered By: SYSTEM,SYSTEM on 2/27/2015 22:02 EST			
Order Details: 02/25/15 18:00:00, 8am to 10pm			
Order Comment:			
Action Type: Order	Action Date/Time: 2/24/2015 22:41 EST		Action Personnel: Stachowiak PA,James R
Responsible Provider: Stachowiak PA,James R	Supervising Provider:		Communication Type: CPOE
Order Details: 02/25/15 18:00:00, 8am to 10pm			
Review Information:			
Doctor Cosign: Not Required			
Order Comment:			
Action Type: Discontinue	Action Date/Time: 2/27/2015 22:02 EST		Action Personnel: SYSTEM,SYSTEM
Responsible Provider: Stachowiak PA,James R	Supervising Provider:		Communication Type:
Order Details: 02/25/15 18:00:00, 8am to 10pm			
Review Information:			
Doctor Cosign: Not Required			
Order Comment:			

Non Medication Orders

Order: Incentive Spirometry,Nsg

Order Start Date/Time: 2/25/2015 19:00 EST			
Order Date/Time: 2/23/2015 14:56 EST			
Order Status: Discontinued	Department Status: Discontinued	Catalog Type: Patient Care	Activity Type: Asmt/Tx/Monitoring
End-state Date/Time: 2/27/2015 22:02 EST		End-state Reason:	
Ordered and Electronically Signed By: Stachowiak PA,James R		Consulting Physician:	
Entered By: SYSTEM,SYSTEM on 2/27/2015 22:02 EST			
Order Details: 02/25/15 19:00:00, 8am to 10pm			
Order Comment:			
Action Type: Order	Action Date/Time: 2/24/2015 22:41 EST	Action Personnel: Stachowiak PA,James R	
Responsible Provider: Stachowiak PA,James R	Supervising Provider:	Communication Type: CPOE	
Order Details: 02/25/15 19:00:00, 8am to 10pm			
Review Information:			
Doctor Cosign: Not Required			
Order Comment:			
Action Type: Discontinue	Action Date/Time: 2/27/2015 22:02 EST	Action Personnel: SYSTEM,SYSTEM	
Responsible Provider: Stachowiak PA,James R	Supervising Provider:	Communication Type:	
Order Details: 02/25/15 19:00:00, 8am to 10pm			
Review Information:			
Doctor Cosign: Not Required			
Order Comment:			

Order: Incentive Spirometry,Nsg

Order Start Date/Time: 2/25/2015 20:00 EST			
Order Date/Time: 2/23/2015 14:56 EST			
Order Status: Discontinued	Department Status: Discontinued	Catalog Type: Patient Care	Activity Type: Asmt/Tx/Monitoring
End-state Date/Time: 2/27/2015 22:02 EST		End-state Reason:	
Ordered and Electronically Signed By: Stachowiak PA,James R		Consulting Physician:	
Entered By: SYSTEM,SYSTEM on 2/27/2015 22:02 EST			
Order Details: 02/25/15 20:00:00, 8am to 10pm			
Order Comment:			
Action Type: Order	Action Date/Time: 2/24/2015 22:41 EST	Action Personnel: Stachowiak PA,James R	
Responsible Provider: Stachowiak PA,James R	Supervising Provider:	Communication Type: CPOE	
Order Details: 02/25/15 20:00:00, 8am to 10pm			
Review Information:			
Doctor Cosign: Not Required			
Order Comment:			
Action Type: Discontinue	Action Date/Time: 2/27/2015 22:02 EST	Action Personnel: SYSTEM,SYSTEM	
Responsible Provider: Stachowiak PA,James R	Supervising Provider:	Communication Type:	
Order Details: 02/25/15 20:00:00, 8am to 10pm			
Review Information:			
Doctor Cosign: Not Required			
Order Comment:			

Non Medication Orders

Order: Incentive Spirometry,Nsg

Order Start Date/Time: 2/25/2015 21:00 EST			
Order Date/Time: 2/23/2015 14:56 EST			
Order Status: Discontinued	Department Status: Discontinued	Catalog Type: Patient Care	Activity Type: Asmt/Tx/Monitoring
End-state Date/Time: 2/27/2015 22:02 EST		End-state Reason:	
Ordered and Electronically Signed By: Stachowiak PA,James R		Consulting Physician:	
Entered By: SYSTEM,SYSTEM on 2/27/2015 22:02 EST			
Order Details: 02/25/15 21:00:00, 8am to 10pm			
Order Comment:			
Action Type: Order	Action Date/Time: 2/24/2015 22:41 EST		Action Personnel: Stachowiak PA,James R
Responsible Provider: Stachowiak PA,James R	Supervising Provider:		Communication Type: CPOE
Order Details: 02/25/15 21:00:00, 8am to 10pm			
Review Information:			
Doctor Cosign: Not Required			
Order Comment:			
Action Type: Discontinue	Action Date/Time: 2/27/2015 22:02 EST		Action Personnel: SYSTEM,SYSTEM
Responsible Provider: Stachowiak PA,James R	Supervising Provider:		Communication Type:
Order Details: 02/25/15 21:00:00, 8am to 10pm			
Review Information:			
Doctor Cosign: Not Required			
Order Comment:			

Order: Incentive Spirometry,Nsg

Order Start Date/Time: 2/25/2015 22:00 EST			
Order Date/Time: 2/23/2015 14:56 EST			
Order Status: Discontinued	Department Status: Discontinued	Catalog Type: Patient Care	Activity Type: Asmt/Tx/Monitoring
End-state Date/Time: 2/27/2015 22:02 EST		End-state Reason:	
Ordered and Electronically Signed By: Stachowiak PA,James R		Consulting Physician:	
Entered By: SYSTEM,SYSTEM on 2/27/2015 22:02 EST			
Order Details: 02/25/15 22:00:00, 8am to 10pm			
Order Comment:			
Action Type: Order	Action Date/Time: 2/24/2015 22:41 EST		Action Personnel: Stachowiak PA,James R
Responsible Provider: Stachowiak PA,James R	Supervising Provider:		Communication Type: CPOE
Order Details: 02/25/15 22:00:00, 8am to 10pm			
Review Information:			
Doctor Cosign: Not Required			
Order Comment:			
Action Type: Discontinue	Action Date/Time: 2/27/2015 22:02 EST		Action Personnel: SYSTEM,SYSTEM
Responsible Provider: Stachowiak PA,James R	Supervising Provider:		Communication Type:
Order Details: 02/25/15 22:00:00, 8am to 10pm			
Review Information:			
Doctor Cosign: Not Required			
Order Comment:			

Non Medication Orders

Order: Line Care

Order Start Date/Time: 2/25/2015 16:11 EST
Order Date/Time: 2/25/2015 16:11 EST
Order Status: Discontinued | Department Status: Discontinued | Catalog Type: Patient Care | Activity Type: Infusion Therapy
End-state Date/Time: 2/27/2015 22:02 EST | End-state Reason:
Ordered and Electronically Signed By: Maxey MD,Melissa | Consulting Physician:
Entered By: SYSTEM,SYSTEM on 2/27/2015 22:02 EST
Order Details: 02/25/15 16:11:00, Assessment of PICC line documentation to include external catheter length.
Order Comment:

Action Type: Order	Action Date/Time: 2/25/2015 16:11 EST	Action Personnel: Vaughan RN,Shannon L
Responsible Provider: Maxey MD,Melissa	Supervising Provider:	Communication Type: Sig Required

Order Details: 02/25/15 16:11:00, Assessment of PICC line documentation to include external catheter length.
Review Information:
Doctor Cosign: Not Required
Order Comment:

Action Type: Discontinue	Action Date/Time: 2/27/2015 22:02 EST	Action Personnel: SYSTEM,SYSTEM
Responsible Provider: Maxey MD,Melissa	Supervising Provider:	Communication Type:

Order Details: 02/25/15 16:11:00, Assessment of PICC line documentation to include external catheter length.
Review Information:
Doctor Cosign: Not Required
Order Comment:

Order: Line Care

Order Start Date/Time: 2/25/2015 16:11 EST
Order Date/Time: 2/25/2015 16:11 EST
Order Status: Discontinued | Department Status: Discontinued | Catalog Type: Patient Care | Activity Type: Infusion Therapy
End-state Date/Time: 2/27/2015 17:54 EST | End-state Reason:
Ordered and Electronically Signed By: Maxey MD,Melissa | Consulting Physician:
Entered By: SYSTEM,SYSTEM on 2/27/2015 17:54 EST
Order Details: 02/25/15 16:11:00, As Directed, Occlusion troubleshoot and treatment per Hospital protocol.
Order Comment:

Action Type: Order	Action Date/Time: 2/25/2015 16:11 EST	Action Personnel: Vaughan RN,Shannon L
Responsible Provider: Maxey MD,Melissa	Supervising Provider:	Communication Type: Sig Required

Order Details: 02/25/15 16:11:00, As Directed, Occlusion troubleshoot and treatment per Hospital protocol.
Review Information:
Nurse Review: Electronically Signed, Lomas RN,Charlotte G on 2/25/2015 17:21 EST
Doctor Cosign: Not Required
Order Comment:

Action Type: Discontinue	Action Date/Time: 2/27/2015 17:54 EST	Action Personnel: SYSTEM,SYSTEM
Responsible Provider: Maxey MD,Melissa	Supervising Provider:	Communication Type:

Order Details: 02/25/15 16:11:00, As Directed, Occlusion troubleshoot and treatment per Hospital protocol.
Review Information:
Doctor Cosign: Not Required
Order Comment:

Non Medication Orders

Order: Line Care
Order Start Date/Time: 2/25/2015 17:00 EST
Order Date/Time: 2/25/2015 16:11 EST
Order Status: Discontinued | Department Status: Discontinued | Catalog Type: Patient Care | Activity Type: Infusion Therapy
End-state Date/Time: 2/27/2015 22:02 EST | End-state Reason:
Ordered and Electronically Signed By: Maxey MD,Melissa | Consulting Physician:
Entered By: SYSTEM,SYSTEM on 2/27/2015 22:02 EST
Order Details: 02/25/15 17:00:00, PICC Line Valve change q24 hours if infusing blood, blood products, lipids, or TPN
Order Comment:
Action Type: Order | Action Date/Time: 2/25/2015 16:11 EST | Action Personnel: Vaughan RN,Shannon L
Responsible Provider: Maxey MD,Melissa | Supervising Provider: | Communication Type: Sig Required
Order Details: 02/25/15 17:00:00, PICC Line Valve change q24 hours if infusing blood, blood products, lipids, or TPN
Review Information:
Doctor Cosign: Not Required
Order Comment:
Action Type: Discontinue | Action Date/Time: 2/27/2015 22:02 EST | Action Personnel: SYSTEM,SYSTEM
Responsible Provider: Maxey MD,Melissa | Supervising Provider: | Communication Type:
Order Details: 02/25/15 17:00:00, PICC Line Valve change q24 hours if infusing blood, blood products, lipids, or TPN
Review Information:
Doctor Cosign: Not Required
Order Comment:

Order: Line Care
Order Start Date/Time: 2/25/2015 17:00 EST
Order Date/Time: 2/25/2015 16:11 EST
Order Status: Discontinued | Department Status: Discontinued | Catalog Type: Patient Care | Activity Type: Infusion Therapy
End-state Date/Time: 2/27/2015 22:02 EST | End-state Reason:
Ordered and Electronically Signed By: Maxey MD,Melissa | Consulting Physician:
Entered By: SYSTEM,SYSTEM on 2/27/2015 22:02 EST
Order Details: 02/25/15 17:00:00, PICC Line Valve Change q96hrs and prior to blood culture draw
Order Comment:
Action Type: Order | Action Date/Time: 2/25/2015 16:11 EST | Action Personnel: Vaughan RN,Shannon L
Responsible Provider: Maxey MD,Melissa | Supervising Provider: | Communication Type: Sig Required
Order Details: 02/25/15 17:00:00, PICC Line Valve Change q96hrs and prior to blood culture draw
Review Information:
Doctor Cosign: Not Required
Order Comment:
Action Type: Discontinue | Action Date/Time: 2/27/2015 22:02 EST | Action Personnel: SYSTEM,SYSTEM
Responsible Provider: Maxey MD,Melissa | Supervising Provider: | Communication Type:
Order Details: 02/25/15 17:00:00, PICC Line Valve Change q96hrs and prior to blood culture draw
Review Information:
Doctor Cosign: Not Required
Order Comment:

Non Medication Orders

Order: Line Care

Order Start Date/Time: 2/25/2015 17:00 EST
Order Date/Time: 2/25/2015 16:11 EST

Order Status: Discontinued	Department Status: Discontinued	Catalog Type: Patient Care	Activity Type: Infusion Therapy
End-state Date/Time: 2/27/2015 22:02 EST		End-state Reason:	
Ordered and Electronically Signed By: Maxey MD,Melissa		Consulting Physician:	

Entered By: SYSTEM,SYSTEM on 2/27/2015 22:02 EST
Order Details: 02/25/15 17:00:00, Tubing Change, PICC Line
Order Comment:

Action Type: Order	Action Date/Time: 2/25/2015 16:11 EST	Action Personnel: Vaughan RN,Shannon L
Responsible Provider: Maxey MD,Melissa	Supervising Provider:	Communication Type: Sig Required

Order Details: 02/25/15 17:00:00, Tubing Change, PICC Line
Review Information:
Doctor Cosign: Not Required
Order Comment:

Action Type: Discontinue	Action Date/Time: 2/27/2015 22:02 EST	Action Personnel: SYSTEM,SYSTEM
Responsible Provider: Maxey MD,Melissa	Supervising Provider:	Communication Type:

Order Details: 02/25/15 17:00:00, Tubing Change, PICC Line
Review Information:
Doctor Cosign: Not Required
Order Comment:

Order: Line Care

Order Start Date/Time: 2/25/2015 21:00 EST
Order Date/Time: 2/25/2015 16:11 EST

Order Status: Discontinued	Department Status: Discontinued	Catalog Type: Patient Care	Activity Type: Infusion Therapy
End-state Date/Time: 2/27/2015 22:02 EST		End-state Reason:	
Ordered and Electronically Signed By: Maxey MD,Melissa		Consulting Physician:	

Entered By: SYSTEM,SYSTEM on 2/27/2015 22:02 EST
Order Details: 02/25/15 21:00:00, Flush, Flush PICC line Q12hours, prior to and after each infusion and after blood sampling per hospital PGR**NO SYRINGE SMALLER THAN 10mL!
Order Comment:

Action Type: Order	Action Date/Time: 2/25/2015 16:11 EST	Action Personnel: Vaughan RN,Shannon L
Responsible Provider: Maxey MD,Melissa	Supervising Provider:	Communication Type: Sig Required

Order Details: 02/25/15 21:00:00, Flush, Flush PICC line Q12hours, prior to and after each infusion and after blood sampling per hospital PGR**NO SYRINGE SMALLER THAN 10mL!
Review Information:
Doctor Cosign: Not Required
Order Comment:

Action Type: Discontinue	Action Date/Time: 2/27/2015 22:02 EST	Action Personnel: SYSTEM,SYSTEM
Responsible Provider: Maxey MD,Melissa	Supervising Provider:	Communication Type:

Order Details: 02/25/15 21:00:00, Flush, Flush PICC line Q12hours, prior to and after each infusion and after blood sampling per hospital PGR**NO SYRINGE SMALLER THAN 10mL!
Review Information:
Doctor Cosign: Not Required
Order Comment:

Non Medication Orders

Order: Line Care

Order Start Date/Time: 2/25/2015 21:00 EST
Order Date/Time: 2/25/2015 16:11 EST
Order Status: Discontinued | Department Status: Discontinued | Catalog Type: Patient Care | Activity Type: Infusion Therapy
End-state Date/Time: 2/27/2015 22:02 EST | End-state Reason:
Ordered and Electronically Signed By: Maxey MD,Melissa | Consulting Physician:
Entered By: SYSTEM,SYSTEM on 2/27/2015 22:02 EST
Order Details: 02/25/15 21:00:00, PICC Line Valve change q12 hours for Propofol infusion or intermittent dose.
Order Comment:

Action Type: Order	Action Date/Time: 2/25/2015 16:11 EST	Action Personnel: Vaughan RN,Shannon L
Responsible Provider: Maxey MD,Melissa	Supervising Provider:	Communication Type: Sig Required

Order Details: 02/25/15 21:00:00, PICC Line Valve change q12 hours for Propofol infusion or intermittent dose.
Review Information:
Doctor Cosign: Not Required
Order Comment:

Action Type: Discontinue	Action Date/Time: 2/27/2015 22:02 EST	Action Personnel: SYSTEM,SYSTEM
Responsible Provider: Maxey MD,Melissa	Supervising Provider:	Communication Type:

Order Details: 02/25/15 21:00:00, PICC Line Valve change q12 hours for Propofol infusion or intermittent dose.
Review Information:
Doctor Cosign: Not Required
Order Comment:

Order: Line Care

Order Start Date/Time: 2/26/2015 09:00 EST
Order Date/Time: 2/25/2015 16:11 EST
Order Status: Discontinued | Department Status: Discontinued | Catalog Type: Patient Care | Activity Type: Infusion Therapy
End-state Date/Time: 2/27/2015 22:02 EST | End-state Reason:
Ordered and Electronically Signed By: Maxey MD,Melissa | Consulting Physician:
Entered By: SYSTEM,SYSTEM on 2/27/2015 22:02 EST
Order Details: 02/26/15 9:00:00, Dressing, PICC Line. Dsg change and arm circumference measurement every 7 days and prn.
Order Comment:

Action Type: Order	Action Date/Time: 2/25/2015 16:11 EST	Action Personnel: Vaughan RN,Shannon L
Responsible Provider: Maxey MD,Melissa	Supervising Provider:	Communication Type: Sig Required

Order Details: 02/26/15 9:00:00, Dressing, PICC Line. Dsg change and arm circumference measurement every 7 days and prn.
Review Information:
Doctor Cosign: Not Required
Order Comment:

Action Type: Discontinue	Action Date/Time: 2/27/2015 22:02 EST	Action Personnel: SYSTEM,SYSTEM
Responsible Provider: Maxey MD,Melissa	Supervising Provider:	Communication Type:

Order Details: 02/26/15 9:00:00, Dressing, PICC Line. Dsg change and arm circumference measurement every 7 days and prn.
Review Information:
Doctor Cosign: Not Required
Order Comment:

Non Medication Orders

Order: Magnesium Level		
Order Start Date/Time: 2/25/2015 03:00 EST		
Order Date/Time: 2/24/2015 15:17 EST		
Order Status: Completed	Department Status: Completed	Catalog Type: Laboratory	Activity Type: General Lab
End-state Date/Time: 2/25/2015 03:55 EST		End-state Reason:	
Ordered and Electronically Signed By: Depp MD,Timothy B		Consulting Physician:	
Entered By: Briggs,Shawna R on 2/25/2015 03:55 EST			
Order Details: 02/25/15 4:00:00, Timed Study, TS - Timed Study, Specimen: Blood, 02/24/15 15:17:00, 02/25/15 4:00:00, Print Label			
Order Comment:			
Action Type: Order	Action Date/Time: 2/24/2015 15:18 EST	Action Personnel: Depp MD,Timothy B
Responsible Provider: Depp MD,Timothy B	Supervising Provider:	Communication Type: CPOE
Order Details: 02/25/15 4:00:00, Timed Study, TS - Timed Study, Specimen: Blood, 02/24/15 15:17:00, 02/25/15 4:00:00, Print Label		
Review Information:		
Doctor Cosign: Not Required		
Order Comment:		
Action Type: Status Change	Action Date/Time: 2/25/2015 03:01 EST	Action Personnel: SYSTEM,SYSTEM
Responsible Provider: Depp MD,Timothy B	Supervising Provider:	Communication Type:
Order Details: 02/25/15 4:00:00, Timed Study, TS - Timed Study, Specimen: Blood, 02/24/15 15:17:00, 02/25/15 4:00:00, Print Label		
Review Information:		
Doctor Cosign: Not Required		
Order Comment:		
Action Type: Status Change	Action Date/Time: 2/25/2015 03:19 EST	Action Personnel: Goodwin,Jamyla A
Responsible Provider: Depp MD,Timothy B	Supervising Provider:	Communication Type:
Order Details: 02/25/15 4:00:00, Timed Study, TS - Timed Study, Specimen: Blood, 02/24/15 15:17:00, 02/25/15 4:00:00, Print Label		
Review Information:		
Doctor Cosign: Not Required		
Order Comment:		
Action Type: Status Change	Action Date/Time: 2/25/2015 03:19 EST	Action Personnel: Goodwin,Jamyla A
Responsible Provider: Depp MD,Timothy B	Supervising Provider:	Communication Type:
Order Details: 02/25/15 4:00:00, Timed Study, TS - Timed Study, Specimen: Blood, 02/24/15 15:17:00, 02/25/15 4:00:00, Print Label		
Review Information:		
Doctor Cosign: Not Required		
Order Comment:		
Action Type: Complete	Action Date/Time: 2/25/2015 03:55 EST	Action Personnel: Briggs,Shawna R
Responsible Provider: Depp MD,Timothy B	Supervising Provider:	Communication Type:
Order Details: 02/25/15 4:00:00, Timed Study, TS - Timed Study, Specimen: Blood, 02/24/15 15:17:00, 02/25/15 4:00:00, Print Label		
Review Information:		
Doctor Cosign: Not Required		
Order Comment:		

Non Medication Orders

Order: Ok for
Order Start Date/Time: 2/25/2015 09:00 EST
Order Date/Time: 2/24/2015 09:00 EST
Order Status: Discontinued | Department Status: Discontinued | Catalog Type: Patient Care | Activity Type: Patient Care
End-state Date/Time: 2/27/2015 22:02 EST | End-state Reason:
Ordered and Electronically Signed By: Maxey MD,Melissa | Consulting Physician:
Entered By: SYSTEM,SYSTEM on 2/27/2015 22:02 EST
Order Details: 02/25/15 9:00:00, keep bp map >60
Order Comment:
Action Type: Order | Action Date/Time: 2/24/2015 14:12 EST | Action Personnel: Sullivan RN,Michael D
Responsible Provider: Maxey MD,Melissa | Supervising Provider: | Communication Type: Inbox VORB
Order Details: 02/25/15 9:00:00, keep bp map >60
Review Information:
Doctor Cosign: Not Required
Order Comment:
Action Type: Discontinue | Action Date/Time: 2/27/2015 22:02 EST | Action Personnel: SYSTEM,SYSTEM
Responsible Provider: Maxey MD,Melissa | Supervising Provider: | Communication Type:
Order Details: 02/25/15 9:00:00, keep bp map >60
Review Information:
Doctor Cosign: Not Required
Order Comment:

Order: Ok for
Order Start Date/Time: 2/26/2015 09:00 EST
Order Date/Time: 2/24/2015 09:00 EST
Order Status: Discontinued | Department Status: Discontinued | Catalog Type: Patient Care | Activity Type: Patient Care
End-state Date/Time: 2/27/2015 22:02 EST | End-state Reason:
Ordered and Electronically Signed By: Maxey MD,Melissa | Consulting Physician:
Entered By: SYSTEM,SYSTEM on 2/27/2015 22:02 EST
Order Details: 02/26/15 9:00:00, keep bp map >60
Order Comment:
Action Type: Order | Action Date/Time: 2/25/2015 11:09 EST | Action Personnel: Sullivan RN,Michael D
Responsible Provider: Maxey MD,Melissa | Supervising Provider: | Communication Type: Inbox VORB
Order Details: 02/26/15 9:00:00, keep bp map >60
Review Information:
Doctor Cosign: Not Required
Order Comment:
Action Type: Discontinue | Action Date/Time: 2/27/2015 22:02 EST | Action Personnel: SYSTEM,SYSTEM
Responsible Provider: Maxey MD,Melissa | Supervising Provider: | Communication Type:
Order Details: 02/26/15 9:00:00, keep bp map >60
Review Information:
Doctor Cosign: Not Required
Order Comment:

Non Medication Orders

Order: Phosphorus Level		
Order Start Date/Time: 2/25/2015 03:00 EST		
Order Date/Time: 2/24/2015 15:17 EST		
Order Status: Completed	Department Status: Completed	Catalog Type: Laboratory — Activity Type: General Lab
End-state Date/Time: 2/25/2015 03:55 EST		End-state Reason:
Ordered and Electronically Signed By: Depp MD,Timothy B		Consulting Physician:
Entered By: Briggs,Shawna R on 2/25/2015 03:55 EST		
Order Details: 02/25/15 4:00:00, Timed Study, TS - Timed Study, Specimen: Blood, 02/24/15 15:17:00, 02/25/15 4:00:00, Print Label		
Order Comment:		
Action Type: Order	Action Date/Time: 2/24/2015 15:18 EST	Action Personnel: Depp MD,Timothy B
Responsible Provider: Depp MD,Timothy B	Supervising Provider:	Communication Type: CPOE
Order Details: 02/25/15 4:00:00, Timed Study, TS - Timed Study, Specimen: Blood, 02/24/15 15:17:00, 02/25/15 4:00:00, Print Label		
Review Information:		
Doctor Cosign: Not Required		
Order Comment:		
Action Type: Status Change	Action Date/Time: 2/25/2015 03:01 EST	Action Personnel: SYSTEM,SYSTEM
Responsible Provider: Depp MD,Timothy B	Supervising Provider:	Communication Type:
Order Details: 02/25/15 4:00:00, Timed Study, TS - Timed Study, Specimen: Blood, 02/24/15 15:17:00, 02/25/15 4:00:00, Print Label		
Review Information:		
Doctor Cosign: Not Required		
Order Comment:		
Action Type: Status Change	Action Date/Time: 2/25/2015 03:19 EST	Action Personnel: Goodwin,Jamyla A
Responsible Provider: Depp MD,Timothy B	Supervising Provider:	Communication Type:
Order Details: 02/25/15 4:00:00, Timed Study, TS - Timed Study, Specimen: Blood, 02/24/15 15:17:00, 02/25/15 4:00:00, Print Label		
Review Information:		
Doctor Cosign: Not Required		
Order Comment:		
Action Type: Status Change	Action Date/Time: 2/25/2015 03:19 EST	Action Personnel: Goodwin,Jamyla A
Responsible Provider: Depp MD,Timothy B	Supervising Provider:	Communication Type:
Order Details: 02/25/15 4:00:00, Timed Study, TS - Timed Study, Specimen: Blood, 02/24/15 15:17:00, 02/25/15 4:00:00, Print Label		
Review Information:		
Doctor Cosign: Not Required		
Order Comment:		
Action Type: Complete	Action Date/Time: 2/25/2015 03:55 EST	Action Personnel: Briggs,Shawna R
Responsible Provider: Depp MD,Timothy B	Supervising Provider:	Communication Type:
Order Details: 02/25/15 4:00:00, Timed Study, TS - Timed Study, Specimen: Blood, 02/24/15 15:17:00, 02/25/15 4:00:00, Print Label		
Review Information:		
Doctor Cosign: Not Required		
Order Comment:		

Non Medication Orders

Order: PICC Line Placement Consult

Order Start Date/Time: 2/25/2015 09:45 EST
Order Date/Time: 2/25/2015 09:45 EST
Order Status: Completed | Department Status: Completed | Catalog Type: Patient Care | Activity Type: Communication Orders
End-state Date/Time: 2/25/2015 15:01 EST | End-state Reason:
Ordered and Electronically Signed By: Maxey MD,Melissa | Consulting Physician:
Entered By: Boatwright RN,Christine C on 2/25/2015 15:01 EST
Order Details: 02/25/15 9:45:00, Other- see special instructions
Order Comment:

Action Type: Order	Action Date/Time: 2/25/2015 09:45 EST	Action Personnel: Maxey MD,Melissa
Responsible Provider: Maxey MD,Melissa	Supervising Provider:	Communication Type: CPOE

Order Details: 02/25/15 9:45:00, Other- see special instructions
Review Information:
Nurse Review: Electronically Signed, Matheson RN,Crisna M on 2/25/2015 10:01 EST
Doctor Cosign: Not Required
Order Comment:

Action Type: Complete	Action Date/Time: 2/25/2015 15:01 EST	Action Personnel: Boatwright RN,Christine C
Responsible Provider: Maxey MD,Melissa	Supervising Provider:	Communication Type:

Order Details: 02/25/15 9:45:00, Other- see special instructions
Review Information:
Nurse Review: Electronically Signed, Matheson RN,Crisna M on 2/25/2015 15:09 EST
Doctor Cosign: Not Required
Order Comment:

Order: Plasma (FFP)

Order Start Date/Time: 2/23/2015 14:56 EST
Order Date/Time: 2/23/2015 14:56 EST
Order Status: Completed | Department Status: Completed | Catalog Type: Laboratory | Activity Type: Blood Bank
End-state Date/Time: 2/23/2015 15:35 EST | End-state Reason:
Ordered and Electronically Signed By: Stachowiak PA,James R | Consulting Physician:
Entered By: King,Jason D on 2/23/2015 15:35 EST
Order Details: Stat, # of units 02, 1.7 39.9 Sec, Intracranial hemorrhage
Order Comment:

Action Type: Order	Action Date/Time: 2/23/2015 15:00 EST	Action Personnel: Stachowiak PA,James R
Responsible Provider: Stachowiak PA,James R	Supervising Provider:	Communication Type: CPOE

Order Details: Stat, # of units 02, 1.7 39.9 Sec, Intracranial hemorrhage
Review Information:
Nurse Review: Electronically Signed, Looney RN,Marisa A on 2/23/2015 20:26 EST
Doctor Cosign: Not Required
Order Comment:

Action Type: Status Change	Action Date/Time: 2/23/2015 15:00 EST	Action Personnel: SYSTEM,SYSTEM
Responsible Provider: Stachowiak PA,James R	Supervising Provider:	Communication Type:

Order Details: Stat, # of units 02, 1.7 39.9 Sec, Intracranial hemorrhage
Review Information:
Doctor Cosign: Not Required
Order Comment:

Action Type: Complete	Action Date/Time: 2/23/2015 15:35 EST	Action Personnel: King,Jason D
Responsible Provider: Stachowiak PA,James R	Supervising Provider:	Communication Type:

Order Details: Stat, # of units 02, 1.7 39.9 Sec, Intracranial hemorrhage
Review Information:
Doctor Cosign: Not Required
Order Comment:

Non Medication Orders

Order: Prothrombin Time with INR (PT,INR)

Order Start Date/Time: 2/25/2015 08:20 EST
Order Date/Time: 2/25/2015 07:28 EST
Order Status: Completed | Department Status: Completed | Catalog Type: Laboratory | Activity Type: General Lab
End-state Date/Time: 2/25/2015 08:52 EST | End-state Reason:
Ordered and Electronically Signed By: Maxey MD,Melissa | Consulting Physician:
Entered By: SYSTEM,SYSTEM on 2/25/2015 08:52 EST
Order Details: 02/25/15 7:28:00, Routine, RT - Routine OT, Specimen: Blood, 02/25/15 7:28:00, 02/25/15 8:00:00, Print Label
Order Comment:

Action Type: Order	Action Date/Time: 2/25/2015 07:28 EST	Action Personnel: Maxey MD,Melissa
Responsible Provider: Maxey MD,Melissa	Supervising Provider:	Communication Type: CPOE

Order Details: 02/25/15 7:28:00, Routine, RT - Routine OT, Specimen: Blood, 02/25/15 7:28:00, 02/25/15 8:00:00, Print Label
Review Information:
Nurse Review: Electronically Signed, Lomas RN,Charlotte G on 2/25/2015 07:36 EST
Doctor Cosign: Not Required
Order Comment:

Action Type: Status Change	Action Date/Time: 2/25/2015 08:00 EST	Action Personnel: SYSTEM,SYSTEM
Responsible Provider: Maxey MD,Melissa	Supervising Provider:	Communication Type:

Order Details: 02/25/15 7:28:00, Routine, RT - Routine OT, Specimen: Blood, 02/25/15 7:28:00, 02/25/15 8:00:00, Print Label
Review Information:
Doctor Cosign: Not Required
Order Comment:

Action Type: Status Change	Action Date/Time: 2/25/2015 08:33 EST	Action Personnel: Jackson,Michele A
Responsible Provider: Maxey MD,Melissa	Supervising Provider:	Communication Type:

Order Details: 02/25/15 7:28:00, Routine, RT - Routine OT, Specimen: Blood, 02/25/15 7:28:00, 02/25/15 8:00:00, Print Label
Review Information:
Doctor Cosign: Not Required
Order Comment:

Action Type: Status Change	Action Date/Time: 2/25/2015 08:33 EST	Action Personnel: Jackson,Michele A
Responsible Provider: Maxey MD,Melissa	Supervising Provider:	Communication Type:

Order Details: 02/25/15 7:28:00, Routine, RT - Routine OT, Specimen: Blood, 02/25/15 7:28:00, 02/25/15 8:00:00, Print Label
Review Information:
Doctor Cosign: Not Required
Order Comment:

Action Type: Complete	Action Date/Time: 2/25/2015 08:52 EST	Action Personnel: SYSTEM,SYSTEM
Responsible Provider: Maxey MD,Melissa	Supervising Provider:	Communication Type:

Order Details: 02/25/15 7:28:00, Routine, RT - Routine OT, Specimen: Blood, 02/25/15 7:28:00, 02/25/15 8:00:00, Print Label
Review Information:
Doctor Cosign: Not Required
Order Comment:

Non Medication Orders

Order: RT Non-Med Communication Order
Order Start Date/Time: 2/25/2015 21:43 EST
Order Date/Time: 2/25/2015 21:43 EST

Order Status: Completed	Department Status: Completed	Catalog Type: Respiratory Care Services	Activity Type: Adult Resp Care Tx/Proc
End-state Date/Time: 2/25/2015 23:53 EST		End-state Reason:	
Ordered and Electronically Signed By: SYSTEM,SYSTEM		Consulting Physician:	

Entered By: Anderson RCP,Benjamin A on 2/25/2015 23:53 EST
Order Details: 02/25/15 21:43:18
Order Comment: RT procedure: The order action of Order on DILLON, EDMUND for Blood Gas, Arterial has been received.

Action Type: Order	Action Date/Time: 2/25/2015 21:43 EST	Action Personnel: SYSTEM,SYSTEM
Responsible Provider: SYSTEM,SYSTEM	Supervising Provider:	Communication Type: Discern Expert

Order Details: 02/25/15 21:43:18
Review Information:
Doctor Cosign: Not Required
Order Comment: RT procedure: The order action of Order on DILLON, EDMUND for Blood Gas, Arterial has been received.

Action Type: Complete	Action Date/Time: 2/25/2015 23:53 EST	Action Personnel: Anderson RCP,Benjamin A
Responsible Provider: SYSTEM,SYSTEM	Supervising Provider:	Communication Type:

Order Details: 02/25/15 21:43:18
Review Information:
Doctor Cosign: Not Required
Order Comment:

Order: RT Non-Med Communication Order
Order Start Date/Time: 2/26/2015 23:42 EST
Order Date/Time: 2/26/2015 23:42 EST

Order Status: Completed	Department Status: Completed	Catalog Type: Respiratory Care Services	Activity Type: Adult Resp Care Tx/Proc
End-state Date/Time: 2/27/2015 00:04 EST		End-state Reason:	
Ordered and Electronically Signed By: SYSTEM,SYSTEM		Consulting Physician:	

Entered By: Anderson RCP,Benjamin A on 2/27/2015 00:04 EST
Order Details: 02/26/15 23:42:49
Order Comment: RT procedure: The order action of Order on DILLON, EDMUND for Suction, Resp Care has been received.

Action Type: Order	Action Date/Time: 2/26/2015 23:42 EST	Action Personnel: SYSTEM,SYSTEM
Responsible Provider: SYSTEM,SYSTEM	Supervising Provider:	Communication Type: Discern Expert

Order Details: 02/26/15 23:42:49
Review Information:
Doctor Cosign: Not Required
Order Comment: RT procedure: The order action of Order on DILLON, EDMUND for Suction, Resp Care has been received.

Action Type: Complete	Action Date/Time: 2/27/2015 00:04 EST	Action Personnel: Anderson RCP,Benjamin A
Responsible Provider: SYSTEM,SYSTEM	Supervising Provider:	Communication Type:

Order Details: 02/26/15 23:42:49
Review Information:
Doctor Cosign: Not Required
Order Comment:

Non Medication Orders

Order: Vital Signs

Order Start Date/Time: 2/25/2015 01:00 EST			
Order Date/Time: 2/23/2015 14:56 EST			
Order Status: Discontinued	Department Status: Discontinued	Catalog Type: Patient Care	Activity Type: Asmt/Tx/Monitoring
End-state Date/Time: 2/27/2015 22:02 EST		End-state Reason:	
Ordered and Electronically Signed By: Stachowiak PA,James R		Consulting Physician:	
Entered By: SYSTEM,SYSTEM on 2/27/2015 22:02 EST			
Order Details: 02/25/15 1:00:00			
Order Comment:			
Action Type: Order	Action Date/Time: 2/24/2015 04:27 EST	Action Personnel: Stachowiak PA,James R	
Responsible Provider: Stachowiak PA,James R	Supervising Provider:	Communication Type: CPOE	
Order Details: 02/25/15 1:00:00			
Review Information:			
Doctor Cosign: Not Required			
Order Comment:			
Action Type: Discontinue	Action Date/Time: 2/27/2015 22:02 EST	Action Personnel: SYSTEM,SYSTEM	
Responsible Provider: Stachowiak PA,James R	Supervising Provider:	Communication Type:	
Order Details: 02/25/15 1:00:00			
Review Information:			
Doctor Cosign: Not Required			
Order Comment:			

Order: Vital Signs

Order Start Date/Time: 2/25/2015 02:00 EST			
Order Date/Time: 2/23/2015 14:56 EST			
Order Status: Discontinued	Department Status: Discontinued	Catalog Type: Patient Care	Activity Type: Asmt/Tx/Monitoring
End-state Date/Time: 2/27/2015 22:02 EST		End-state Reason:	
Ordered and Electronically Signed By: Stachowiak PA,James R		Consulting Physician:	
Entered By: SYSTEM,SYSTEM on 2/27/2015 22:02 EST			
Order Details: 02/25/15 2:00:00			
Order Comment:			
Action Type: Order	Action Date/Time: 2/24/2015 04:27 EST	Action Personnel: Stachowiak PA,James R	
Responsible Provider: Stachowiak PA,James R	Supervising Provider:	Communication Type: CPOE	
Order Details: 02/25/15 2:00:00			
Review Information:			
Doctor Cosign: Not Required			
Order Comment:			
Action Type: Discontinue	Action Date/Time: 2/27/2015 22:02 EST	Action Personnel: SYSTEM,SYSTEM	
Responsible Provider: Stachowiak PA,James R	Supervising Provider:	Communication Type:	
Order Details: 02/25/15 2:00:00			
Review Information:			
Doctor Cosign: Not Required			
Order Comment:			

Non Medication Orders

Order: Vital Signs

Order Start Date/Time: 2/25/2015 03:00 EST
Order Date/Time: 2/23/2015 14:56 EST
Order Status: Discontinued | Department Status: Discontinued | Catalog Type: Patient Care | Activity Type: Asmt/Tx/Monitoring
End-state Date/Time: 2/27/2015 22:02 EST | End-state Reason:
Ordered and Electronically Signed By: Stachowiak PA,James R | Consulting Physician:
Entered By: SYSTEM,SYSTEM on 2/27/2015 22:02 EST
Order Details: 02/25/15 3:00:00
Order Comment:

Action Type: Order | Action Date/Time: 2/24/2015 04:27 EST | Action Personnel: Stachowiak PA,James R
Responsible Provider: Stachowiak PA,James R | Supervising Provider: | Communication Type: CPOE
Order Details: 02/25/15 3:00:00
Review Information:
Doctor Cosign: Not Required
Order Comment:

Action Type: Discontinue | Action Date/Time: 2/27/2015 22:02 EST | Action Personnel: SYSTEM,SYSTEM
Responsible Provider: Stachowiak PA,James R | Supervising Provider: | Communication Type:
Order Details: 02/25/15 3:00:00
Review Information:
Doctor Cosign: Not Required
Order Comment:

Order: Vital Signs

Order Start Date/Time: 2/25/2015 04:00 EST
Order Date/Time: 2/23/2015 14:56 EST
Order Status: Discontinued | Department Status: Discontinued | Catalog Type: Patient Care | Activity Type: Asmt/Tx/Monitoring
End-state Date/Time: 2/27/2015 22:02 EST | End-state Reason:
Ordered and Electronically Signed By: Stachowiak PA,James R | Consulting Physician:
Entered By: SYSTEM,SYSTEM on 2/27/2015 22:02 EST
Order Details: 02/25/15 4:00:00
Order Comment:

Action Type: Order | Action Date/Time: 2/24/2015 04:27 EST | Action Personnel: Stachowiak PA,James R
Responsible Provider: Stachowiak PA,James R | Supervising Provider: | Communication Type: CPOE
Order Details: 02/25/15 4:00:00
Review Information:
Doctor Cosign: Not Required
Order Comment:

Action Type: Discontinue | Action Date/Time: 2/27/2015 22:02 EST | Action Personnel: SYSTEM,SYSTEM
Responsible Provider: Stachowiak PA,James R | Supervising Provider: | Communication Type:
Order Details: 02/25/15 4:00:00
Review Information:
Doctor Cosign: Not Required
Order Comment:

Non Medication Orders

Order: Vital Signs

Order Start Date/Time: 2/25/2015 05:00 EST
Order Date/Time: 2/23/2015 14:56 EST

Order Status: Discontinued	Department Status: Discontinued	Catalog Type: Patient Care	Activity Type: Asmt/Tx/Monitoring
End-state Date/Time: 2/27/2015 22:02 EST		End-state Reason:	
Ordered and Electronically Signed By: Stachowiak PA,James R		Consulting Physician:	

Entered By: SYSTEM,SYSTEM on 2/27/2015 22:02 EST
Order Details: 02/25/15 5:00:00
Order Comment:

Action Type: Order	Action Date/Time: 2/24/2015 11:05 EST	Action Personnel: Stachowiak PA,James R
Responsible Provider: Stachowiak PA,James R	Supervising Provider:	Communication Type: CPOE

Order Details: 02/25/15 5:00:00
Review Information:
Doctor Cosign: Not Required
Order Comment:

Action Type: Discontinue	Action Date/Time: 2/27/2015 22:02 EST	Action Personnel: SYSTEM,SYSTEM
Responsible Provider: Stachowiak PA,James R	Supervising Provider:	Communication Type:

Order Details: 02/25/15 5:00:00
Review Information:
Doctor Cosign: Not Required
Order Comment:

Order: Vital Signs

Order Start Date/Time: 2/25/2015 06:00 EST
Order Date/Time: 2/23/2015 14:56 EST

Order Status: Discontinued	Department Status: Discontinued	Catalog Type: Patient Care	Activity Type: Asmt/Tx/Monitoring
End-state Date/Time: 2/27/2015 22:02 EST		End-state Reason:	
Ordered and Electronically Signed By: Stachowiak PA,James R		Consulting Physician:	

Entered By: SYSTEM,SYSTEM on 2/27/2015 22:02 EST
Order Details: 02/25/15 6:00:00
Order Comment:

Action Type: Order	Action Date/Time: 2/24/2015 11:05 EST	Action Personnel: Stachowiak PA,James R
Responsible Provider: Stachowiak PA,James R	Supervising Provider:	Communication Type: CPOE

Order Details: 02/25/15 6:00:00
Review Information:
Doctor Cosign: Not Required
Order Comment:

Action Type: Discontinue	Action Date/Time: 2/27/2015 22:02 EST	Action Personnel: SYSTEM,SYSTEM
Responsible Provider: Stachowiak PA,James R	Supervising Provider:	Communication Type:

Order Details: 02/25/15 6:00:00
Review Information:
Doctor Cosign: Not Required
Order Comment:

Non Medication Orders

Order: Vital Signs
Order Start Date/Time: 2/25/2015 07:00 EST
Order Date/Time: 2/23/2015 14:56 EST
Order Status: Discontinued | Department Status: Discontinued | Catalog Type: Patient Care | Activity Type: Asmt/Tx/Monitoring
End-state Date/Time: 2/27/2015 22:02 EST | End-state Reason:
Ordered and Electronically Signed By: Stachowiak PA,James R | Consulting Physician:
Entered By: SYSTEM,SYSTEM on 2/27/2015 22:02 EST
Order Details: 02/25/15 7:00:00
Order Comment:
Action Type: Order | Action Date/Time: 2/24/2015 11:05 EST | Action Personnel: Stachowiak PA,James R
Responsible Provider: Stachowiak PA,James R | Supervising Provider: | Communication Type: CPOE
Order Details: 02/25/15 7:00:00
Review Information:
Doctor Cosign: Not Required
Order Comment:
Action Type: Discontinue | Action Date/Time: 2/27/2015 22:02 EST | Action Personnel: SYSTEM,SYSTEM
Responsible Provider: Stachowiak PA,James R | Supervising Provider: | Communication Type:
Order Details: 02/25/15 7:00:00
Review Information:
Doctor Cosign: Not Required
Order Comment:

Order: Vital Signs
Order Start Date/Time: 2/25/2015 08:00 EST
Order Date/Time: 2/23/2015 14:56 EST
Order Status: Discontinued | Department Status: Discontinued | Catalog Type: Patient Care | Activity Type: Asmt/Tx/Monitoring
End-state Date/Time: 2/27/2015 22:02 EST | End-state Reason:
Ordered and Electronically Signed By: Stachowiak PA,James R | Consulting Physician:
Entered By: SYSTEM,SYSTEM on 2/27/2015 22:02 EST
Order Details: 02/25/15 8:00:00
Order Comment:
Action Type: Order | Action Date/Time: 2/24/2015 11:05 EST | Action Personnel: Stachowiak PA,James R
Responsible Provider: Stachowiak PA,James R | Supervising Provider: | Communication Type: CPOE
Order Details: 02/25/15 8:00:00
Review Information:
Doctor Cosign: Not Required
Order Comment:
Action Type: Discontinue | Action Date/Time: 2/27/2015 22:02 EST | Action Personnel: SYSTEM,SYSTEM
Responsible Provider: Stachowiak PA,James R | Supervising Provider: | Communication Type:
Order Details: 02/25/15 8:00:00
Review Information:
Doctor Cosign: Not Required
Order Comment:

Non Medication Orders

Order: Vital Signs			
Order Start Date/Time: 2/25/2015 09:00 EST			
Order Date/Time: 2/23/2015 14:56 EST			
Order Status: Discontinued	Department Status: Discontinued	Catalog Type: Patient Care	Activity Type: Asmt/Tx/Monitoring
End-state Date/Time: 2/27/2015 22:02 EST		End-state Reason:	
Ordered and Electronically Signed By: Stachowiak PA,James R		Consulting Physician:	
Entered By: SYSTEM,SYSTEM on 2/27/2015 22:02 EST			
Order Details: 02/25/15 9:00:00			
Order Comment:			
Action Type: Order	Action Date/Time: 2/24/2015 11:05 EST	Action Personnel: Stachowiak PA,James R	
Responsible Provider: Stachowiak PA,James R	Supervising Provider:	Communication Type: CPOE	
Order Details: 02/25/15 9:00:00			
Review Information:			
Doctor Cosign: Not Required			
Order Comment:			
Action Type: Discontinue	Action Date/Time: 2/27/2015 22:02 EST	Action Personnel: SYSTEM,SYSTEM	
Responsible Provider: Stachowiak PA,James R	Supervising Provider:	Communication Type:	
Order Details: 02/25/15 9:00:00			
Review Information:			
Doctor Cosign: Not Required			
Order Comment:			

Order: Vital Signs			
Order Start Date/Time: 2/25/2015 10:00 EST			
Order Date/Time: 2/23/2015 14:56 EST			
Order Status: Discontinued	Department Status: Discontinued	Catalog Type: Patient Care	Activity Type: Asmt/Tx/Monitoring
End-state Date/Time: 2/27/2015 22:02 EST		End-state Reason:	
Ordered and Electronically Signed By: Stachowiak PA,James R		Consulting Physician:	
Entered By: SYSTEM,SYSTEM on 2/27/2015 22:02 EST			
Order Details: 02/25/15 10:00:00			
Order Comment:			
Action Type: Order	Action Date/Time: 2/24/2015 11:05 EST	Action Personnel: Stachowiak PA,James R	
Responsible Provider: Stachowiak PA,James R	Supervising Provider:	Communication Type: CPOE	
Order Details: 02/25/15 10:00:00			
Review Information:			
Doctor Cosign: Not Required			
Order Comment:			
Action Type: Discontinue	Action Date/Time: 2/27/2015 22:02 EST	Action Personnel: SYSTEM,SYSTEM	
Responsible Provider: Stachowiak PA,James R	Supervising Provider:	Communication Type:	
Order Details: 02/25/15 10:00:00			
Review Information:			
Doctor Cosign: Not Required			
Order Comment:			

Non Medication Orders

Order: Vital Signs

Order Start Date/Time: 2/25/2015 11:00 EST			
Order Date/Time: 2/23/2015 14:56 EST			
Order Status: Discontinued	Department Status: Discontinued	Catalog Type: Patient Care	Activity Type: Asmt/Tx/Monitoring
End-state Date/Time: 2/27/2015 22:02 EST		End-state Reason:	
Ordered and Electronically Signed By: Stachowiak PA,James R		Consulting Physician:	
Entered By: SYSTEM,SYSTEM on 2/27/2015 22:02 EST			
Order Details: 02/25/15 11:00:00			
Order Comment:			
Action Type: Order	Action Date/Time: 2/24/2015 11:05 EST	Action Personnel: Stachowiak PA,James R	
Responsible Provider: Stachowiak PA,James R	Supervising Provider:	Communication Type: CPOE	
Order Details: 02/25/15 11:00:00			
Review Information:			
Doctor Cosign: Not Required			
Order Comment:			
Action Type: Discontinue	Action Date/Time: 2/27/2015 22:02 EST	Action Personnel: SYSTEM,SYSTEM	
Responsible Provider: Stachowiak PA,James R	Supervising Provider:	Communication Type:	
Order Details: 02/25/15 11:00:00			
Review Information:			
Doctor Cosign: Not Required			
Order Comment:			

Order: Vital Signs

Order Start Date/Time: 2/25/2015 12:00 EST			
Order Date/Time: 2/23/2015 14:56 EST			
Order Status: Discontinued	Department Status: Discontinued	Catalog Type: Patient Care	Activity Type: Asmt/Tx/Monitoring
End-state Date/Time: 2/27/2015 22:02 EST		End-state Reason:	
Ordered and Electronically Signed By: Stachowiak PA,James R		Consulting Physician:	
Entered By: SYSTEM,SYSTEM on 2/27/2015 22:02 EST			
Order Details: 02/25/15 12:00:00			
Order Comment:			
Action Type: Order	Action Date/Time: 2/24/2015 16:33 EST	Action Personnel: Stachowiak PA,James R	
Responsible Provider: Stachowiak PA,James R	Supervising Provider:	Communication Type: CPOE	
Order Details: 02/25/15 12:00:00			
Review Information:			
Doctor Cosign: Not Required			
Order Comment:			
Action Type: Discontinue	Action Date/Time: 2/27/2015 22:02 EST	Action Personnel: SYSTEM,SYSTEM	
Responsible Provider: Stachowiak PA,James R	Supervising Provider:	Communication Type:	
Order Details: 02/25/15 12:00:00			
Review Information:			
Doctor Cosign: Not Required			
Order Comment:			

Non Medication Orders

Order: Vital Signs			
Order Start Date/Time: 2/25/2015 13:00 EST			
Order Date/Time: 2/23/2015 14:56 EST			
Order Status: Discontinued	Department Status: Discontinued	Catalog Type: Patient Care	Activity Type: Asmt/Tx/Monitoring
End-state Date/Time: 2/27/2015 22:02 EST		End-state Reason:	
Ordered and Electronically Signed By: Stachowiak PA,James R		Consulting Physician:	
Entered By: SYSTEM,SYSTEM on 2/27/2015 22:02 EST			
Order Details: 02/25/15 13:00:00			
Order Comment:			
Action Type: Order	Action Date/Time: 2/24/2015 16:33 EST	Action Personnel: Stachowiak PA,James R	
Responsible Provider: Stachowiak PA,James R	Supervising Provider:	Communication Type: CPOE	
Order Details: 02/25/15 13:00:00			
Review Information:			
Doctor Cosign: Not Required			
Order Comment:			
Action Type: Discontinue	Action Date/Time: 2/27/2015 22:02 EST	Action Personnel: SYSTEM,SYSTEM	
Responsible Provider: Stachowiak PA,James R	Supervising Provider:	Communication Type:	
Order Details: 02/25/15 13:00:00			
Review Information:			
Doctor Cosign: Not Required			
Order Comment:			

Order: Vital Signs			
Order Start Date/Time: 2/25/2015 14:00 EST			
Order Date/Time: 2/23/2015 14:56 EST			
Order Status: Discontinued	Department Status: Discontinued	Catalog Type: Patient Care	Activity Type: Asmt/Tx/Monitoring
End-state Date/Time: 2/27/2015 22:02 EST		End-state Reason:	
Ordered and Electronically Signed By: Stachowiak PA,James R		Consulting Physician:	
Entered By: SYSTEM,SYSTEM on 2/27/2015 22:02 EST			
Order Details: 02/25/15 14:00:00			
Order Comment:			
Action Type: Order	Action Date/Time: 2/24/2015 16:33 EST	Action Personnel: Stachowiak PA,James R	
Responsible Provider: Stachowiak PA,James R	Supervising Provider:	Communication Type: CPOE	
Order Details: 02/25/15 14:00:00			
Review Information:			
Doctor Cosign: Not Required			
Order Comment:			
Action Type: Discontinue	Action Date/Time: 2/27/2015 22:02 EST	Action Personnel: SYSTEM,SYSTEM	
Responsible Provider: Stachowiak PA,James R	Supervising Provider:	Communication Type:	
Order Details: 02/25/15 14:00:00			
Review Information:			
Doctor Cosign: Not Required			
Order Comment:			

Non Medication Orders

Order: Vital Signs

Order Start Date/Time: 2/25/2015 15:00 EST
Order Date/Time: 2/23/2015 14:56 EST
Order Status: Discontinued | Department Status: Discontinued | Catalog Type: Patient Care | Activity Type: Asmt/Tx/Monitoring
End-state Date/Time: 2/27/2015 22:02 EST | End-state Reason:
Ordered and Electronically Signed By: Stachowiak PA,James R | Consulting Physician:
Entered By: SYSTEM,SYSTEM on 2/27/2015 22:02 EST
Order Details: 02/25/15 15:00:00
Order Comment:

Action Type: Order | Action Date/Time: 2/24/2015 16:33 EST | Action Personnel: Stachowiak PA,James R
Responsible Provider: Stachowiak PA,James R | Supervising Provider: | Communication Type: CPOE
Order Details: 02/25/15 15:00:00
Review Information:
Doctor Cosign: Not Required
Order Comment:

Action Type: Discontinue | Action Date/Time: 2/27/2015 22:02 EST | Action Personnel: SYSTEM,SYSTEM
Responsible Provider: Stachowiak PA,James R | Supervising Provider: | Communication Type:
Order Details: 02/25/15 15:00:00
Review Information:
Doctor Cosign: Not Required
Order Comment:

Order: Vital Signs

Order Start Date/Time: 2/25/2015 16:00 EST
Order Date/Time: 2/23/2015 14:56 EST
Order Status: Discontinued | Department Status: Discontinued | Catalog Type: Patient Care | Activity Type: Asmt/Tx/Monitoring
End-state Date/Time: 2/27/2015 22:02 EST | End-state Reason:
Ordered and Electronically Signed By: Stachowiak PA,James R | Consulting Physician:
Entered By: SYSTEM,SYSTEM on 2/27/2015 22:02 EST
Order Details: 02/25/15 16:00:00
Order Comment:

Action Type: Order | Action Date/Time: 2/24/2015 16:33 EST | Action Personnel: Stachowiak PA,James R
Responsible Provider: Stachowiak PA,James R | Supervising Provider: | Communication Type: CPOE
Order Details: 02/25/15 16:00:00
Review Information:
Doctor Cosign: Not Required
Order Comment:

Action Type: Discontinue | Action Date/Time: 2/27/2015 22:02 EST | Action Personnel: SYSTEM,SYSTEM
Responsible Provider: Stachowiak PA,James R | Supervising Provider: | Communication Type:
Order Details: 02/25/15 16:00:00
Review Information:
Doctor Cosign: Not Required
Order Comment:

Non Medication Orders

Order: Vital Signs

Order Start Date/Time: 2/25/2015 17:00 EST			
Order Date/Time: 2/23/2015 14:56 EST			
Order Status: Discontinued	Department Status: Discontinued	Catalog Type: Patient Care	Activity Type: Asmt/Tx/Monitoring
End-state Date/Time: 2/27/2015 22:02 EST		End-state Reason:	
Ordered and Electronically Signed By: Stachowiak PA,James R		Consulting Physician:	
Entered By: SYSTEM,SYSTEM on 2/27/2015 22:02 EST			
Order Details: 02/25/15 17:00:00			
Order Comment:			
Action Type: Order	Action Date/Time: 2/24/2015 22:41 EST	Action Personnel: Stachowiak PA,James R	
Responsible Provider: Stachowiak PA,James R	Supervising Provider:	Communication Type: CPOE	
Order Details: 02/25/15 17:00:00			
Review Information:			
Doctor Cosign: Not Required			
Order Comment:			
Action Type: Discontinue	Action Date/Time: 2/27/2015 22:02 EST	Action Personnel: SYSTEM,SYSTEM	
Responsible Provider: Stachowiak PA,James R	Supervising Provider:	Communication Type:	
Order Details: 02/25/15 17:00:00			
Review Information:			
Doctor Cosign: Not Required			
Order Comment:			

Order: Vital Signs

Order Start Date/Time: 2/25/2015 18:00 EST			
Order Date/Time: 2/23/2015 14:56 EST			
Order Status: Discontinued	Department Status: Discontinued	Catalog Type: Patient Care	Activity Type: Asmt/Tx/Monitoring
End-state Date/Time: 2/27/2015 22:02 EST		End-state Reason:	
Ordered and Electronically Signed By: Stachowiak PA,James R		Consulting Physician:	
Entered By: SYSTEM,SYSTEM on 2/27/2015 22:02 EST			
Order Details: 02/25/15 18:00:00			
Order Comment:			
Action Type: Order	Action Date/Time: 2/24/2015 22:41 EST	Action Personnel: Stachowiak PA,James R	
Responsible Provider: Stachowiak PA,James R	Supervising Provider:	Communication Type: CPOE	
Order Details: 02/25/15 18:00:00			
Review Information:			
Doctor Cosign: Not Required			
Order Comment:			
Action Type: Discontinue	Action Date/Time: 2/27/2015 22:02 EST	Action Personnel: SYSTEM,SYSTEM	
Responsible Provider: Stachowiak PA,James R	Supervising Provider:	Communication Type:	
Order Details: 02/25/15 18:00:00			
Review Information:			
Doctor Cosign: Not Required			
Order Comment:			

Non Medication Orders

Order: Vital Signs

Order Start Date/Time: 2/25/2015 19:00 EST
Order Date/Time: 2/23/2015 14:56 EST
Order Status: Discontinued | Department Status: Discontinued | Catalog Type: Patient Care | Activity Type: Asmt/Tx/Monitoring
End-state Date/Time: 2/27/2015 22:02 EST | End-state Reason:
Ordered and Electronically Signed By: Stachowiak PA,James R | Consulting Physician:
Entered By: SYSTEM,SYSTEM on 2/27/2015 22:02 EST
Order Details: 02/25/15 19:00:00
Order Comment:

Action Type: Order | Action Date/Time: 2/24/2015 22:41 EST | Action Personnel: Stachowiak PA,James R
Responsible Provider: Stachowiak PA,James R | Supervising Provider: | Communication Type: CPOE
Order Details: 02/25/15 19:00:00
Review Information:
Doctor Cosign: Not Required
Order Comment:

Action Type: Discontinue | Action Date/Time: 2/27/2015 22:02 EST | Action Personnel: SYSTEM,SYSTEM
Responsible Provider: Stachowiak PA,James R | Supervising Provider: | Communication Type:
Order Details: 02/25/15 19:00:00
Review Information:
Doctor Cosign: Not Required
Order Comment:

Order: Vital Signs

Order Start Date/Time: 2/25/2015 20:00 EST
Order Date/Time: 2/23/2015 14:56 EST
Order Status: Discontinued | Department Status: Discontinued | Catalog Type: Patient Care | Activity Type: Asmt/Tx/Monitoring
End-state Date/Time: 2/27/2015 22:02 EST | End-state Reason:
Ordered and Electronically Signed By: Stachowiak PA,James R | Consulting Physician:
Entered By: SYSTEM,SYSTEM on 2/27/2015 22:02 EST
Order Details: 02/25/15 20:00:00
Order Comment:

Action Type: Order | Action Date/Time: 2/24/2015 22:41 EST | Action Personnel: Stachowiak PA,James R
Responsible Provider: Stachowiak PA,James R | Supervising Provider: | Communication Type: CPOE
Order Details: 02/25/15 20:00:00
Review Information:
Doctor Cosign: Not Required
Order Comment:

Action Type: Discontinue | Action Date/Time: 2/27/2015 22:02 EST | Action Personnel: SYSTEM,SYSTEM
Responsible Provider: Stachowiak PA,James R | Supervising Provider: | Communication Type:
Order Details: 02/25/15 20:00:00
Review Information:
Doctor Cosign: Not Required
Order Comment:

Non Medication Orders

Order: Vital Signs			
Order Start Date/Time: 2/25/2015 21:00 EST			
Order Date/Time: 2/23/2015 14:56 EST			
Order Status: Discontinued	Department Status: Discontinued	Catalog Type: Patient Care	Activity Type: Asmt/Tx/Monitoring
End-state Date/Time: 2/27/2015 22:02 EST		End-state Reason:	
Ordered and Electronically Signed By: Stachowiak PA,James R		Consulting Physician:	
Entered By: SYSTEM,SYSTEM on 2/27/2015 22:02 EST			
Order Details: 02/25/15 21:00:00			
Order Comment:			
Action Type: Order	Action Date/Time: 2/24/2015 22:41 EST	Action Personnel: Stachowiak PA,James R	
Responsible Provider: Stachowiak PA,James R	Supervising Provider:	Communication Type: CPOE	
Order Details: 02/25/15 21:00:00			
Review Information:			
Doctor Cosign: Not Required			
Order Comment:			
Action Type: Discontinue	Action Date/Time: 2/27/2015 22:02 EST	Action Personnel: SYSTEM,SYSTEM	
Responsible Provider: Stachowiak PA,James R	Supervising Provider:	Communication Type:	
Order Details: 02/25/15 21:00:00			
Review Information:			
Doctor Cosign: Not Required			
Order Comment:			

Order: Vital Signs			
Order Start Date/Time: 2/25/2015 22:00 EST			
Order Date/Time: 2/23/2015 14:56 EST			
Order Status: Discontinued	Department Status: Discontinued	Catalog Type: Patient Care	Activity Type: Asmt/Tx/Monitoring
End-state Date/Time: 2/27/2015 22:02 EST		End-state Reason:	
Ordered and Electronically Signed By: Stachowiak PA,James R		Consulting Physician:	
Entered By: SYSTEM,SYSTEM on 2/27/2015 22:02 EST			
Order Details: 02/25/15 22:00:00			
Order Comment:			
Action Type: Order	Action Date/Time: 2/24/2015 22:41 EST	Action Personnel: Stachowiak PA,James R	
Responsible Provider: Stachowiak PA,James R	Supervising Provider:	Communication Type: CPOE	
Order Details: 02/25/15 22:00:00			
Review Information:			
Doctor Cosign: Not Required			
Order Comment:			
Action Type: Discontinue	Action Date/Time: 2/27/2015 22:02 EST	Action Personnel: SYSTEM,SYSTEM	
Responsible Provider: Stachowiak PA,James R	Supervising Provider:	Communication Type:	
Order Details: 02/25/15 22:00:00			
Review Information:			
Doctor Cosign: Not Required			
Order Comment:			

Non Medication Orders

Order: Vital Signs

Order Start Date/Time: 2/25/2015 23:00 EST			
Order Date/Time: 2/23/2015 14:56 EST			
Order Status: Discontinued	Department Status: Discontinued	Catalog Type: Patient Care	Activity Type: Asmt/Tx/Monitoring
End-state Date/Time: 2/27/2015 22:02 EST		End-state Reason:	
Ordered and Electronically Signed By: Stachowiak PA,James R		Consulting Physician:	
Entered By: SYSTEM,SYSTEM on 2/27/2015 22:02 EST			
Order Details: 02/25/15 23:00:00			
Order Comment:			
Action Type: Order	Action Date/Time: 2/25/2015 04:26 EST		Action Personnel: Stachowiak PA,James R
Responsible Provider: Stachowiak PA,James R	Supervising Provider:		Communication Type: CPOE
Order Details: 02/25/15 23:00:00			
Review Information:			
Doctor Cosign: Not Required			
Order Comment:			
Action Type: Discontinue	Action Date/Time: 2/27/2015 22:02 EST		Action Personnel: SYSTEM,SYSTEM
Responsible Provider: Stachowiak PA,James R	Supervising Provider:		Communication Type:
Order Details: 02/25/15 23:00:00			
Review Information:			
Doctor Cosign: Not Required			
Order Comment:			

Order: Vital Signs

Order Start Date/Time: 2/26/2015 00:00 EST			
Order Date/Time: 2/23/2015 14:56 EST			
Order Status: Discontinued	Department Status: Discontinued	Catalog Type: Patient Care	Activity Type: Asmt/Tx/Monitoring
End-state Date/Time: 2/27/2015 22:02 EST		End-state Reason:	
Ordered and Electronically Signed By: Stachowiak PA,James R		Consulting Physician:	
Entered By: SYSTEM,SYSTEM on 2/27/2015 22:02 EST			
Order Details: 02/26/15 0:00:00			
Order Comment:			
Action Type: Order	Action Date/Time: 2/25/2015 04:26 EST		Action Personnel: Stachowiak PA,James R
Responsible Provider: Stachowiak PA,James R	Supervising Provider:		Communication Type: CPOE
Order Details: 02/26/15 0:00:00			
Review Information:			
Doctor Cosign: Not Required			
Order Comment:			
Action Type: Discontinue	Action Date/Time: 2/27/2015 22:02 EST		Action Personnel: SYSTEM,SYSTEM
Responsible Provider: Stachowiak PA,James R	Supervising Provider:		Communication Type:
Order Details: 02/26/15 0:00:00			
Review Information:			
Doctor Cosign: Not Required			
Order Comment:			

Medication Orders

Order: cefazolin (Ancef)

Order Start Date/Time: 2/25/2015 06:00 EST
Order Date/Time: 2/23/2015 19:39 EST
Order Status: Completed | Clinical Category: Medications | Medication Type: Inpatient
End-state Date/Time: 2/25/2015 06:01 EST | End-state Reason:
Ordered and Electronically Signed By: Drawdy PA-C,Karen M | Consulting Physician:
Entered By: Kaelin RN,Kory F on 2/25/2015 06:01 EST
Order Details: 500 mg, IV, Start Date: 02/25/15 6:00:00
Order Comment: Diluted in 50mL. ok to d/c once drain is pulled

Order: levetiracetam (Keppra)

Order Start Date/Time: 2/25/2015 06:00 EST
Order Date/Time: 2/24/2015 09:04 EST
Order Status: Completed | Clinical Category: Medications | Medication Type: Inpatient
End-state Date/Time: 2/25/2015 06:01 EST | End-state Reason:
Ordered and Electronically Signed By: Drawdy PA-C,Karen M | Consulting Physician:
Entered By: Kaelin RN,Kory F on 2/25/2015 06:01 EST
Order Details: 500 mg, = 5 mL, IV, Start Date: 02/25/15 6:00:00, Stop date 02/25/15 6:00:00
Order Comment: Diluted in 100mL.may convert to po when clinically indicated at same dose. Duration = 7 days.

Order: Sodium Chloride 0.9% 1,000 mL + multivitamin adult injection 10 mL + thiamine (IV Additive) 250 mg + folic acid 1 mg

Order Start Date/Time: 2/25/2015 09:51 EST
Order Date/Time: 2/25/2015 09:52 EST
Order Status: Completed | Clinical Category: Continuous Solutions | Medication Type: Inpatient
End-state Date/Time: 2/25/2015 23:08 EST | End-state Reason:
Ordered and Electronically Signed By: Maxey MD,Melissa | Consulting Physician:
Entered By: SYSTEM,SYSTEM on 2/25/2015 23:10 EST
Order Details: 1,000 mL, 1,000 mL = Total Volume, IV, Routine, Start Date: 02/25/15 9:51:00, 1 doses, Stop date 02/25/15 23:08:00, @ 75 mL/hr, 13.3 hr, 74.8, kg
Order Comment: x 1 bag. Restart plain normal saline once banana bag is complete at 75mL/hr.

Order: calcium gluconate

Order Start Date/Time: 2/25/2015 17:00 EST
Order Date/Time: 2/25/2015 16:34 EST
Order Status: Discontinued | Clinical Category: Medications | Medication Type: Inpatient
End-state Date/Time: 2/25/2015 17:22 EST | End-state Reason:
Ordered and Electronically Signed By: Maxey MD,Melissa | Consulting Physician:
Entered By: Lomas RN,Charlotte G on 2/25/2015 17:23 EST
Order Details: 13.95 mEq, = 30 mL, IV, OT, Start Date: 02/25/15 17:00:00, Stop date 02/25/15 17:00:00
Order Comment: Give for ionized calcium level 0.9-1.09 mmol/L. Infuse over 30 minutes X 1 dose. Repeat lab 4 hours after replacement and notify physician on call if level is abnormal. Separate calcium and phosphorus infusions by 1 hour.

Order: fentanyl (IV additive) 1,350 mcg + Premix 135 mL

Order Start Date/Time: 2/25/2015 17:02 EST
Order Date/Time: 2/25/2015 17:02 EST
Order Status: Discontinued | Clinical Category: Continuous Solutions | Medication Type: Inpatient
End-state Date/Time: 2/27/2015 01:25 EST | End-state Reason:
Ordered and Electronically Signed By: Guidelines of Care,* | Consulting Physician:
Entered By: Bracanovich RN,Lisa A on 2/27/2015 01:25 EST
Order Details: 135 mL, 135 mL = Total Volume, IV, Routine, Start Date: 02/25/15 17:02:00, CPOT goal of 0, 74.8, kg
Order Comment: Usual Starting dose: Begin infusion at 25mcg/hr. Usual Max dose: 300mcg/hr. Conc=10 mcg/mL. Double Check. Sound-Alike-Look-Alike-Drug. For Critical Care Floors Only!! (SUBLIMAZE)

Medication Orders

Order: alteplase (Cathflo Activase)
Order Start Date/Time: 2/25/2015 17:11 EST
Order Date/Time: 2/25/2015 16:11 EST
Order Status: Discontinued | Clinical Category: Medications | Medication Type: Inpatient
End-state Date/Time: 2/27/2015 17:54 EST | End-state Reason:
Ordered and Electronically Signed By: Maxey MD,Melissa | Consulting Physician:
Entered By: SYSTEM,SYSTEM on 2/27/2015 17:54 EST
Order Details: 2 mg, = 2 mL, Inj, MISC, On call, PRN, Other (see instructions), to be used after type of occlusion determined for a sluggish line or possible occlusion of PICC line ONLY. Check for patency at 30 min & again @ 120 min. If unsuccessful may instill se...
Order Comment:

Order: acetaminophen (Tylenol)
Order Start Date/Time: 2/26/2015 23:17 EST
Order Date/Time: 2/26/2015 23:16 EST
Order Status: Discontinued | Clinical Category: Medications | Medication Type: Inpatient
End-state Date/Time: 2/27/2015 17:54 EST | End-state Reason:
Ordered and Electronically Signed By: Stachowiak PA,James R | Consulting Physician:
Entered By: SYSTEM,SYSTEM on 2/27/2015 17:54 EST
Order Details: 650 mg, = 20.3 mL, Susp, PO, q4hr(s), PRN, Fever, please profile liquid, Routine, Start Date: 02/26/15 23:17:00
Order Comment: Acetaminophen adult maximum dose = 4 grams per day.

Order: morphine
Order Start Date/Time: 2/27/2015 01:25 EST
Order Date/Time: 2/27/2015 01:24 EST
Order Status: Discontinued | Clinical Category: Medications | Medication Type: Inpatient
End-state Date/Time: 2/27/2015 17:54 EST | End-state Reason:
Ordered and Electronically Signed By: Smith MD,Robert S | Consulting Physician:
Entered By: SYSTEM,SYSTEM on 2/27/2015 17:54 EST
Order Details: 2 mg, = 1 mL, Inj, IV, q2hr(s), PRN, Pain - Severe, Routine, Start Date: 02/27/15 1:25:00
Order Comment: Double Check Sound-Alike-Look-Alike-Drug.

Order: glycopyrrolate (Robinul)
Order Start Date/Time: 2/27/2015 08:57 EST
Order Date/Time: 2/27/2015 08:57 EST
Order Status: Discontinued | Clinical Category: Medications | Medication Type: Inpatient
End-state Date/Time: 2/27/2015 17:54 EST | End-state Reason:
Ordered and Electronically Signed By: Depp MD,Timothy B | Consulting Physician:
Entered By: SYSTEM,SYSTEM on 2/27/2015 17:54 EST
Order Details: 0.1 mg, = 0.5 mL, Inj, SUBQ, qAM, PRN, Secretion Control, Routine, Start Date: 02/27/15 8:57:00
Order Comment:

Order: lorazepam (Ativan)
Order Start Date/Time: 2/27/2015 08:57 EST
Order Date/Time: 2/27/2015 08:57 EST
Order Status: Discontinued | Clinical Category: Medications | Medication Type: Inpatient
End-state Date/Time: 2/27/2015 17:54 EST | End-state Reason:
Ordered and Electronically Signed By: Depp MD,Timothy B | Consulting Physician:
Entered By: SYSTEM,SYSTEM on 2/27/2015 17:54 EST
Order Details: 1 mg, = 1 tab, Tab, PO, q4hr(s), PRN, Anxiety, May give via SL route if PO route not feasible. Give via IV if admistration by PO/SL routes not feasible., Routine, Start Date: 02/27/15 8:57:00
Order Comment: nstructions: May give via SL route if PO route not feasible. Give via IV if admistration by PO/SL routes not feasible.

DOCUMENT NAME:	Adult Nutrition Assessment
SERVICE DATE/TIME:	2/25/2015 13:38 EST
RESULT STATUS:	Auth (Verified)
PERFORM INFORMATION:	Justice RD,LD,Jessica A (2/25/2015 13:38 EST)
ELECTRONICALLY SIGNED BY:	Justice RD,LD,Jessica A (2/25/2015 13:38 EST)

Adult Nutrition Assessment Entered On: 02/25/2015 13:47
Performed On: 02/25/2015 13:38 by Justice RD,LD, Jessica A

Admission Data
Reason For Nutrition Intervention : Tube Feeding, Follow Up
Chief Complaint-Nutrition : Pt had CT of abdomen and GI consult: portal congestion with pan organomegaly and per GI, fatty infiltrates, diffuse colonic wall thickening related to ascites
Pallitative care meeting with family
Neuro with no intervention - poor prognosis

(As Of : 02/25/2015 13:48:00 EST)

Past Medical History

Alcoholism	*Name of Problem:* Alcoholism ; *Recorder:* Watson RN, Jennifer D; *Confirmation:* Confirmed ; *Classification:* Medical ; *Code:* 792E1B04-FED7-48CF-9C4C-9C74AABCAAF5 ; *Contributor System:* PowerChart ; *Last Updated:* 02/23/2015 12:10 ; *Life Cycle Status:* Resolved ; *Vocabulary:* SNOMED CT
Skin cancer	*Name of Problem:* Skin cancer ; *Recorder:* Looney RN, Marisa A; *Confirmation:* Confirmed ; *Classification:* Medical ; *Code:* 2536564013 ; *Contributor System:* PowerChart ; *Last*

Nutrition

Updated: 02/24/2015 03:43 ; *Life Cycle Status:* Resolved ;
Vocabulary: SNOMED CT

Labs and Medication
Pertinent Meds : IV elytes, dulcolax, ancef, keppra, protonix, NS @ 75 ml/hr
Abnormal Nutrition Labs : Reviewed Labs
(Comment: WBC:14.4, Hgb:10, Hematocrit:27.5, Na:129, K:3.8, Cl:100, Co2:18, BUN:27, Crea:1.4, Gluocse:115, Phosph:3.1, Mag:2.2, CA(I):1.03, Tmax:38, HR:101, RR:20, pH:7.46, paCO2:22.4, HCO3:15.6, Base:-6.6, Respiratory Alkalosis [Justice RD,LD, Jessica A - 02/25/2015 13:38])
Visceral Protein Status : Severe Depletion
Hydration Status : Positive Fluid Balance
Skin Condition-Nutrition : Not Intact

Justice RD,LD, Jessica A - 02/25/2015 13:38

Nutrition Anthropometrics
Height cm : 182.8 cm
Height in feet : 6 ft
Height in : 0 inch
Height cm Calculated : 182.88 cm
Weight Kg : 74.8 kg
BMI : 22.3846
Admission Weight : 74.8 kg
IBW : 81 kg
Weight Status : Emaciated

Justice RD,LD, Jessica A - 02/25/2015 13:38

Nutrition Requirements
Weight Used : Current
Kcal-kg : 30-35 kcal/kg
Protein-kg : >2.0 gm protein/kg
Kcalorie Needs : 2250-2650
CART:1662 kcal, RQ:0.77, RR:28, Covar:7
Protein Needs : 110-150
Fluid Needs : per MD

Justice RD,LD, Jessica A - 02/25/2015 13:38

Diet Information
Diet Order : NPO

Justice RD,LD, Jessica A - 02/25/2015 13:38

Enteral Nutrition
Tube Feeding Order : Other: Impact Peptide 1.5 at goal total volume: 1080 ml + 1 Healthy Shot Supplement to provide 1720 kcal, 126 gm protein and 832 ml FW with 100 ml q 4 hours LR flushes

Justice RD,LD, Jessica A - 02/25/2015 13:38

Nutrition Evaluation
Total Kcalories : 1720
Total Grams Protein : 126
Nutrition Free Water : 832
Kcalories-kg-day Adult : 23
Protein-kg-day Adult : 1.68

Nutrition

Nutrition Total Volume (cc) : 1080
Nutrition Assessment : CART study results show starvation mode with lower energy needs than estimated. To prevent overfeeding, will decrease volume but supplement protein shot. Pt with distention but with ascites. Pt electrolytes are acceptable and calcium being replaced
(Comment: UOP:745 ml in past 24 hours and per RN, decreased to 15 ml/hr for past 2 hours. Will add thiamine and vitamin supplementation to IVF bag and run at 75 ml/hr until complete. Then hang normal saline. Will also add in LR flushes to help with Na correction [Justice RD,LD, Jessica A - 02/25/2015 13:38])
Justice RD,LD, Jessica A - 02/25/2015 13:38

Nutrition Diagnosis Grid
1. Nutrition Diagnosis: : Malnutrition
Nutrition Problem Related To: : increased nutrient needs for traumatic brain injury, inadequate oral and nutrient intake, decreased abitlity to take in adequate intake, chronic illness, altered GI function
Nutrition Problem as Evidenced By: : ascites, edema, lean muscle and fat wating in upper and lower extremities, depleted electrolytes and risk for refeeding syndrome, conditions associated with increased metabolic demand and inflammatory state
Justice RD,LD, Jessica A - 02/25/2015 13:38

Nutrition Plan
Nutrition Intervention Grid
1. Nutrition Intervention: : Enteral Feeding Tube Flush, Enteral feeding tube insert, Enteral Nutrition Formula/Solution, Enteral Nutrition Site Care, Enteral/TPN nutrition tube flush
Goals Nutrition: : Tolerance of Feeds, Achieve Visceral Protein Levels WNL, Tolerance of Tube Feeding
Status Nutrition Goals: : Revised
Justice RD,LD, Jessica A - 02/25/2015 13:38
2. Nutrition Intervention: : Supplement folate, Supplement multivitamin, Supplement vitamin B1
Goals Nutrition: : Vitamin/Mineral Supplementation Within Recommended Range
Status Nutrition Goals: : Progressing, continue
Justice RD,LD, Jessica A - 02/25/2015 13:38
Nutrition Recommendation : Impact Peptide 1.5 at goal total volume: 1080 ml + 1 Healthy Shot Supplement to provide 1720 kcal, 126 gm protein and 832 ml FW with 100 ml q 4 hours LR flushes
250 mg thiamine, 1 mg folic acid, and 10 ml multivitamin in NS at 75 ml/hr rate
Justice RD,LD, Jessica A - 02/25/2015 13:38

Chaplaincy

DOCUMENT NAME: Chaplain Spiritual Assessment
SERVICE DATE/TIME: 2/25/2015 13:14 EST
RESULT STATUS: Auth (Verified)
PERFORM INFORMATION: Maganda,Fabian (2/25/2015 13:14 EST)
ELECTRONICALLY SIGNED BY:

Chaplain Spiritual Assessment
02/25/15 01:14 pm Performed by Maganda, Fabian
Entered on 02/25/15 01:14 pm

Referral

Chaplain Referral Source Census

Radiology

ACCESSION	EXAM DATE/TIME	PROCEDURE	ORDERING PROVIDER	STATUS
CR-15-0032223	2/25/2015 03:32 EST	CR Chest 1 View Portable	Depp MD,Timothy B	Auth (Verified)

Findings:

INFORMATION: 56-year-old male with respiratory failure.

COMPARISON: 02/24/2015.

FINDINGS: Endotracheal tube is well positioned. The esophagogastric tube is present in the distal thoracic esophagus and may be advanced 11 cm into the stomach.

The lungs are well expanded and clear and the cardiac silhouette is within normal limits. The osseous structures are intact.

IMPRESSION:

1. Esophagogastric tube may be advanced 11 cm into the stomach.

2. Lungs are clear.

**** Final **** *Trans On: 02/25/2015 09:02 by: CS*
Read by: Hardin IV MD, Harry Simms
Released By: Hardin IV MD, Harry Simms
Released on: 02/25/2015 11:21 *Technologist: Bouknight, Traci L*

ACCESSION	EXAM DATE/TIME	PROCEDURE	ORDERING PROVIDER	STATUS
CR-15-0032774	2/25/2015 12:58 EST	CR Abdomen 1 View GI Tube Verification	Maxey MD,Melissa	Auth (Verified)

Reason For Exam
(CR Abdomen 1 View GI Tube Verification) NGT placement

Radiology

ACCESSION	EXAM DATE/TIME	PROCEDURE	ORDERING PROVIDER	STATUS
CR-15-0032774	2/25/2015 12:58 EST	CR Abdomen 1 View GI Tube Verification	Maxey MD,Melissa	Auth (Verified)

Findings:

INFORMATION: 56-year-old male with NG tube placement.

COMPARISON: Earlier same day chest x-ray.

FINDINGS: NG tube has been advanced into the stomach. Visualized bowel gas pattern is nonobstructed. The lung bases are clear.

IMPRESSION: NG tube has been advanced into the stomach.

**** Final *** Trans On: 02/25/2015 12:59 by: CS*
Read by: Hardin IV MD, Harry Simms
Released By: Hardin IV MD, Harry Simms
Released on: 02/25/2015 13:56 Technologist: Helman, Alison K,Mixon, Lane S

ACCESSION	EXAM DATE/TIME	PROCEDURE	ORDERING PROVIDER	STATUS
CR-15-0032872	2/25/2015 15:32 EST	CR Chest Post PICC Line	Maxey MD,Melissa	Auth (Verified)

Reason For Exam
(CR Chest Post PICC Line) right arm PICC Line Placement

Findings:

CHEST

INFORMATION: 56-year-old male with PICC line placement.

COMPARISON: 02/25/15

FINDINGS: A right-sided PICC line has been placed in the mid SVC and may be advanced approximately 3 cm to the atriocaval junction. The lungs remain well expanded and clear. Endotracheal tube is unchanged in position and the esophagogastric tube has been advanced into the stomach.

IMPRESSION: Right-sided PICC line may be advanced 3 cm to the atriocaval junction if desired.

**** Final *** Trans On: 02/25/2015 16:07 by: TW*
Read by: Hardin IV MD, Harry Simms
Released By: Hardin IV MD, Harry Simms
Released on: 02/25/2015 16:50 Technologist: Crosby, Stephanie N

Medication Administration

Medications

Admin Date/Time: 2/25/2015 06:00 EST
Medication Name: **1 Rx Communication (Pharmacy Nursing Communication)**
Charted Date/Time: **2/25/2015 05:08 EST**
Ingredients: Pharmacy Nursing Communication 1 ea
Admin Details: (Auth) MISC
Action Details: Order: Stachowiak PA,James R 2/23/2015 14:56 EST; Perform: Kaelin RN,Kory F 2/25/2015 05:08 EST; VERIFY: Kaelin RN,Kory F 2/25/2015 05:08 EST

Admin Date/Time: 2/25/2015 06:01 EST
Medication Name: **bisacodyl (Dulcolax Laxative)**
Charted Date/Time: **2/25/2015 06:01 EST**
Ingredients: Dulcolax Laxative 10 mg 1 supp
Admin Details: (Auth) PR
Action Details: Order: Stachowiak PA,James R 2/23/2015 14:56 EST; Perform: Kaelin RN,Kory F 2/25/2015 06:01 EST; VERIFY: Kaelin RN,Kory F 2/25/2015 06:01 EST

Admin Date/Time: 2/25/2015 06:01 EST
Medication Name: **cefazolin (Ancef)**
Charted Date/Time: **2/25/2015 06:01 EST**
Ingredients: 23898 500 mg; 21001 50 mL
Admin Details: (Auth) IV, Left Femoral
Action Details: Order: Drawdy PA-C,Karen M 2/23/2015 19:39 EST; Perform: Kaelin RN,Kory F 2/25/2015 05:57 EST; VERIFY: Kaelin RN,Kory F 2/25/2015 05:57 EST

Admin Date/Time: 2/25/2015 06:01 EST
Medication Name: **levetiracetam (Keppra)**
Charted Date/Time: **2/25/2015 06:01 EST**
Ingredients: 30320 500 mg 5 mL; 21002 100 mL
Admin Details: (Auth) IV, Left Femoral
Action Details: Order: Drawdy PA-C,Karen M 2/24/2015 09:04 EST; Perform: Kaelin RN,Kory F 2/25/2015 05:57 EST; VERIFY: Kaelin RN,Kory F 2/25/2015 05:57 EST

Admin Date/Time: 2/25/2015 06:01 EST
Medication Name: **pantoprazole (Protonix)**
Charted Date/Time: **2/25/2015 06:01 EST**
Ingredients: 25623 20 mg
Admin Details: (Auth) IV, Left Antecubital Fossa
Action Details: Order: Maxey MD,Melissa 2/24/2015 14:37 EST; Perform: Kaelin RN,Kory F 2/25/2015 06:01 EST; VERIFY: Kaelin RN,Kory F 2/25/2015 06:01 EST

Admin Date/Time: 2/25/2015 08:35 EST
Medication Name: **calcium gluconate**
Charted Date/Time: **2/25/2015 08:35 EST**
Ingredients: 22022 13.95 mEq 30 mL; z21031 50 mL
Admin Details: (Auth) IV, Left Femoral
Action Details: Order: Guidelines of Care,* 2/25/2015 05:41 EST; Perform: Matheson RN,Crisna M 2/25/2015 08:34 EST; VERIFY: Matheson RN, Crisna M 2/25/2015 08:34 EST

Medication Administration

Medications

Admin Date/Time: 2/25/2015 08:35 EST
Medication Name: **fentanyl (fentanyl)**
Charted Date/Time: **2/25/2015 08:35 EST**
Ingredients: fentanyl 50 mcg 1 mL
Admin Details: (Auth) IV, Left Femoral
Action Details: Order: Maxey MD,Melissa 2/24/2015 14:17 EST; Perform: Matheson RN,Crisna M as proxy for Lomas RN,Charlotte G 2/25/2015 08:35 EST; VERIFY: Matheson RN,Crisna M 2/25/2015 08:35 EST
Reason for Medication: Matheson RN,Crisna M 2/25/2015 08:35 EST
Pain - Moderate

Admin Date/Time: 2/25/2015 09:05 EST
Medication Name: **fentanyl (fentanyl)**
Charted Date/Time: **2/25/2015 09:24 EST**
Admin Details: Auth (Verified)
CPOT Facial Expression: Relaxed, neutral; CPOT Body Movements: Absence of movements or normal position; CPOT Muscle Tension: Relaxed, neutral; CPOT Ventilator Compliance: Tolerating ventilator or movement; CPOT Ventilated Score: 0; Medication Effective: Yes; CPOT Unable to Self Report Pain: CPOT, patient ventilated
Action Details: Order: Maxey MD,Melissa 2/24/2015 14:17 EST; Perform: Matheson RN,Crisna M 2/25/2015 09:23 EST; VERIFY: Matheson RN,Crisna M 2/25/2015 09:23 EST

Admin Date/Time: 2/25/2015 18:00 EST
Medication Name: **1 Rx Communication (Pharmacy Nursing Communication)**
Charted Date/Time: **2/25/2015 17:27 EST**
Ingredients: Pharmacy Nursing Communication 1 ea
Admin Details: (Auth) MISC
Action Details: Order: Stachowiak PA,James R 2/23/2015 14:56 EST; Perform: Matheson RN,Crisna M 2/25/2015 17:27 EST; VERIFY: Matheson RN, Crisna M 2/25/2015 17:27 EST

Admin Date/Time: 2/26/2015 06:00 EST
Medication Name: **1 Rx Communication (Pharmacy Nursing Communication)**
Charted Date/Time: **2/26/2015 05:06 EST**
Ingredients: Pharmacy Nursing Communication 1 ea
Admin Details: (Auth) MISC
Action Details: Order: Stachowiak PA,James R 2/23/2015 14:56 EST; Perform: Milunas RN,Kaitlyn C 2/26/2015 05:06 EST; VERIFY: Milunas RN, Kaitlyn C 2/26/2015 05:06 EST

Admin Date/Time: 2/26/2015 18:00 EST
Medication Name: **1 Rx Communication (Pharmacy Nursing Communication)**
Charted Date/Time: **2/26/2015 20:53 EST**
Ingredients: Pharmacy Nursing Communication 1 ea
Admin Details: (Auth) MISC
Action Details: Order: Stachowiak PA,James R 2/23/2015 14:56 EST; Perform: Blair RN,Larresha C 2/26/2015 20:53 EST; VERIFY: Blair RN,Larresha C 2/26/2015 20:53 EST

Admin Date/Time: 2/26/2015 23:32 EST
Medication Name: **acetaminophen (Tylenol)**
Charted Date/Time: **2/26/2015 23:33 EST**
Ingredients: 30936 650 mg 20.3 mL
Admin Details: (Auth) PO
Action Details: Order: 2/26/2015 23:16 EST; Perform: Blair RN,Larresha C 2/26/2015 23:32 EST; VERIFY: Blair RN,Larresha C 2/26/2015 23:32 EST
Reason for Medication: Blair RN,Larresha C 2/26/2015 23:32 EST
Fever

Medication Administration

Continuous Infusions

Admin Date/Time: 2/25/2015 22:00 EST to 2/25/2015 22:59 EST
Medication Name: **fentanyl (IV additive) 1,350 mcg + Premix 135 mL**
Charted Date/Time: **2/25/2015 23:27 EST**
Ingredients: 32453 350 mcg; Premix 35 mL
Admin Details: (Infuse) (Auth) 35 mL, 10 mL/hr, PICC Line
Action Details: Order: Maxey MD,Melissa 2/25/2015 17:02 EST; Perform: Milunas RN,Kaitlyn C 2/25/2015 23:27 EST; VERIFY: Milunas RN,Kaitlyn C 2/25/2015 23:27 EST

Admin Date/Time: 2/25/2015 22:00 EST to 2/25/2015 22:59 EST
Medication Name: **Sodium Chloride 0.9% 1,000 mL**
Charted Date/Time: **2/25/2015 23:27 EST**
Ingredients: 21035 555 mL
Admin Details: (Infuse) (Auth) 555 mL, 125 mL/hr, Left Arm
Action Details: Order: Stachowiak PA,James R 2/23/2015 14:56 EST; Perform: Milunas RN,Kaitlyn C 2/25/2015 23:27 EST; VERIFY: Milunas RN, Kaitlyn C 2/25/2015 23:27 EST

Admin Date/Time: 2/26/2015 06:00 EST to 2/26/2015 06:59 EST
Medication Name: **Sodium Chloride 0.9% 1,000 mL**
Charted Date/Time: **2/26/2015 06:34 EST**
Ingredients: 21035 1054 mL
Admin Details: (Infuse) (Auth) 1054 mL, 125 mL/hr, Left Arm
Action Details: Order: Stachowiak PA,James R 2/23/2015 14:56 EST; Perform: Milunas RN,Kaitlyn C 2/26/2015 06:34 EST; VERIFY: Milunas RN, Kaitlyn C 2/26/2015 06:34 EST

Admin Date/Time: 2/26/2015 06:00 EST to 2/26/2015 06:59 EST
Medication Name: **fentanyl (IV additive) 1,350 mcg + Premix 135 mL**
Charted Date/Time: **2/26/2015 06:34 EST**
Ingredients: 32453 250 mcg; Premix 25 mL
Admin Details: (Infuse) (Auth) 25 mL, 10 mL/hr, PICC Line
Action Details: Order: Maxey MD,Melissa 2/25/2015 17:02 EST; Perform: Milunas RN,Kaitlyn C 2/26/2015 06:34 EST; VERIFY: Milunas RN,Kaitlyn C 2/26/2015 06:34 EST

Admin Date/Time: 2/26/2015 20:00 EST to 2/26/2015 20:59 EST
Medication Name: **Sodium Chloride 0.9% 1,000 mL**
Charted Date/Time: **2/26/2015 22:18 EST**
Ingredients: 21035 125 mL
Admin Details: (Infuse) (Auth) 125 mL, 125 mL/hr, Left Arm
Action Details: Order: Stachowiak PA,James R 2/23/2015 14:56 EST; Perform: Blair RN,Larresha C 2/26/2015 22:17 EST; VERIFY: Blair RN,Larresha C 2/26/2015 22:17 EST

Admin Date/Time: 2/26/2015 21:00 EST to 2/26/2015 21:59 EST
Medication Name: **Sodium Chloride 0.9% 1,000 mL**
Charted Date/Time: **2/26/2015 22:18 EST**
Ingredients: 21035 125 mL
Admin Details: (Infuse) (Auth) 125 mL, 125 mL/hr, Left Arm
Action Details: Order: Stachowiak PA,James R 2/23/2015 14:56 EST; Perform: Blair RN,Larresha C 2/26/2015 22:17 EST; VERIFY: Blair RN,Larresha C 2/26/2015 22:17 EST

DOCUMENT NAME: Patient & Family Education
SERVICE DATE/TIME: 2/25/2015 00:55 EST
RESULT STATUS: Auth (Verified)
PERFORM INFORMATION: Kaelin RN,Kory F (2/25/2015 00:55 EST)
ELECTRONICALLY SIGNED BY:

Patient & Family Education
02/25/15 00:55 am Performed by Kaelin RN, Kory F
Entered on 02/25/15 00:57 am

Patient & Family Education

Charting Department	Nursing
Patient Learning Preferences	Verbal

Interdisciplinary Plans of Care Education

Information Provided-VTE	VTE Treatment Plan
Info Provided-PUP Prevention Activities	Skin care
Info Provided-Pressure Ulcer/Wound	Skin Assessment
Information Provided-High Fall Risk	Bed, Chair Exit Alarms
Info Provided-Falls-Injury Factors	High Fall Risk Activity Precautions

Nursing-Nutrition-Surginet-L&D Pt-Fam Ed

Information Provided	Patient Safety

DOCUMENT NAME: Patient & Family Education
SERVICE DATE/TIME: 2/25/2015 09:42 EST
RESULT STATUS: Auth (Verified)
PERFORM INFORMATION: Matheson RN,Crisna M (2/25/2015 09:42 EST)
ELECTRONICALLY SIGNED BY:

Patient & Family Education
02/25/15 09:42 am Performed by Matheson RN, Crisna M
Entered on 02/25/15 09:58 am

Education

Patient & Family Education

Charting Department	Nursing
Person Educated	Patient, Family Member/Friend, Primary Caregiver
Patient Learning Preferences	Verbal

Interdisciplinary Plans of Care Education

Information Provided-VTE	DVT Signs and Symptoms
Info Provided-PUP Prevention Activities	Positioning, Helps with Turning Schedule
Information Provided-High Fall Risk	Bed, Chair Exit Alarms
Info Provided-Falls-Injury Factors	Use Call Light
Info Provided-Falls-Environmental Safety	Call Light Use, Conventional

Nursing-Nutrition-Surginet-L&D Pt-Fam Ed

Information Provided	Activities of Daily Living, Nutrition, Pain Control, Patient Safety, Plan of Care for the Shift, Precautions, Speak-up Instructions

---

DOCUMENT NAME:	Patient & Family Education
SERVICE DATE/TIME:	2/25/2015 14:15 EST
RESULT STATUS:	Auth (Verified)
PERFORM INFORMATION:	Boatwright RN,Christine C (2/25/2015 14:15 EST)
ELECTRONICALLY SIGNED BY:	

Patient & Family Education
02/25/15 02:15 pm Performed by Boatwright RN, Christine C
Entered on 02/25/15 02:41 pm

Patient & Family Education

Charting Department	Nursing
Person Educated	Patient, Family Member/Friend
Name of Person Educated	spouse at bedside
Patient Learning Preferences	Verbal
Caregiver-Other Willingness to Learn	Consents to Education
Patient Readiness to Learn	Fatigue/Pain/Medicated, Other: Pt intubated and sedated. Mfgr info booklet & ID card left at bedside
Caregiver-Other Readiness to Learn	No Barriers
Patient Outcomes-Participation	Unable to Teach
Caregiver-Other Outcomes-Participation	Verbalized Understanding
Education Method	Verbal, Written

Education

Patient Follow Up Needed None Needed

Nursing-Nutrition-Surginet-L&D Pt-Fam Ed

Information Provided Procedures, Other: PICC

DOCUMENT NAME: Patient & Family Education
SERVICE DATE/TIME: 2/25/2015 22:03 EST
RESULT STATUS: Auth (Verified)
PERFORM INFORMATION: Milunas RN,Kaitlyn C (2/25/2015 22:03 EST)
ELECTRONICALLY SIGNED BY:

Patient & Family Education
02/25/15 10:03 pm Performed by Milunas RN, Kaitlyn C
Entered on 02/25/15 10:06 pm

Patient & Family Education

Charting Department	Nursing
Patient Learning Preferences	Verbal
Patient Readiness to Learn	Cognitive/Sensory Impairment, Physical Impairment
Patient Outcomes-Participation	Family Involvement Necessary, Needs Encouragement, Needs Further Teaching, Needs Reinforcement, Unable to Teach
Education Method	Touch, Verbal
Patient Follow Up Needed	As Ordered

Interdisciplinary Plans of Care Education

Information Provided-VTE	DVT Signs and Symptoms
Info Provided-PUP Prevention Activities	Positioning, Helps with Turning Schedule, Skin care
Info Provided-Pressure Ulcer/Wound	Friction and Shear Avoidance, Positioning, Skin Assessment
Information Provided-High Fall Risk	Adherence to Fall Risk Specific Precautions, Bed, Chair Exit Alarms
Info Provided-Falls-Injury Factors	High Fall Risk Activity Precautions
Info Provided-Falls-Environmental Safety	Fall Prevention in the Home, Remove Clutter

Nursing-Nutrition-Surginet-L&D Pt-Fam Ed

Information Provided	Activities of Daily Living, Coping Skills, Fall Prevention Education, NPO, Oral care, Pain Control, Pain

Intake and Output

INTAKE		2/25/2015 - 2/26/2015				2/26/2015 - 2/27/2015			
All time in EST		7a.m. - 3p.m.	3p.m. - 11p.m.	11p.m. - 7a.m.	Total	7a.m. - 3p.m.	3p.m. - 11p.m.	11p.m. - 7a.m.	Total
Additive) 1 mg(1 mg folic acid + 250 mg thiamine + 10 mL multivitamin + 1000 mL Sodium Chloride 0.9%)									
Sodium Chloride 0.9% 1,000 mL(1000 mL Sodium Chloride 0.9%)	mL	1120	555	1054	2729	-	375	-	375
calcium gluconate + Sodium Chloride 0.9%	mL	80	-	-	80	-	-	-	-
fentanyl	mL	1	-	-	1	-	-	-	-
morphine	mL	-	-	-	-	-	-	3	3
Free Water	mL	100	-	-	100	-	-	-	-
Tube Feed	mL	103	-	-	103	-	-	-	-
Tube Feed Flush	mL	100	-	-	100	-	-	-	-
8 Hour Total	mL	**2004**	**590**	**1079**		**-**	**375**	**3**	
24 Hour Total	mL	**3673**				**378**			

OUTPUT		2/25/2015 - 2/26/2015				2/26/2015 - 2/27/2015			
All time in EST		7a.m. - 3p.m.	3p.m. - 11p.m.	11p.m. - 7a.m.	Total	7a.m. - 3p.m.	3p.m. - 11p.m.	11p.m. - 7a.m.	Total
Indwelling Catheter	mL	143	22	40	205	43	36	10	89
Bladder Scan - 0		-	1	-	1	-	-	-	-
8 Hour Total	mL	**143**	**22**	**40**		**43**	**36**	**10**	
24 Hour Total	mL	**205**				**89**			

INTAKE		2/27/2015 - 2/28/2015			
All time in EST		7a.m. - 3p.m.	3p.m. - 11p.m.	11p.m. - 7a.m.	Total
morphine	mL	2	-	-	2
8 Hour Total	mL	2	-	-	
24 Hour Total	mL	**2**			

OUTPUT		2/27/2015 - 2/28/2015			
All time in EST		7a.m. - 3p.m.	3p.m. - 11p.m.	11p.m. - 7a.m.	Total
8 Hour Total	mL	-	-	-	
24 Hour Total	mL	**No documented output results for date range**			

Clinical Range Total from 2/23/2015 to 2/28/2015

Total Intake (mL)	Total Output (mL)	Fluid Balance (mL)
14633.63	2014	12619.63

Case Management

DOCUMENT NAME:	MCM Evaluation
SERVICE DATE/TIME:	2/24/2015 11:41 EST
RESULT STATUS:	Auth (Verified)
PERFORM INFORMATION:	Butler RN,Kenneth M (2/24/2015 11:41 EST)
ELECTRONICALLY SIGNED BY:	Butler RN,Kenneth M (2/24/2015 11:41 EST)

DOCUMENT NAME: PT Rehab Note
SERVICE DATE/TIME: 2/25/2015 14:11 EST
RESULT STATUS: Auth (Verified)
PERFORM INFORMATION: Adelhardt PT,DPT,Allison S (2/25/2015 14:11 EST)
Electronically Signed and Verified By: Adelhardt PT,DPT,Allison S (2/25/2015 14:11 EST)

PT Rehab Note Entered On: 02/25/2015 14:12
Performed On: 02/25/2015 14:11 by Adelhardt PT, DPT, Allison S

Additional Information

Additional Information PT : Plan for family meeting today to discuss goals of care. Per RN pt still responsive to pain only. Will d/c PT. Please reconsult is neuro status improves and pt is able to participate with mobility eval.

Adelhardt PT, DPT, Allison S - 02/25/2015 14:11

Administrative

* Auth (Verified) *

Palmetto Health
Vascular Access-Acknowledgement of Education for
PERIPHERALLY INSERTED CENTRAL CATHETER (PICC)

PT ID LABEL

I understand that my physician, Dr. Mayfield has ordered the insertion of a **PERIPHERALLY INSERTED CENTRAL CATHETER** (PICC) as part of my care.

I understand that this catheter will be placed in a vein in my arm and that the end of the catheter will come to rest in my upper chest vein near my heart.

I understand that my health care team has determined that, at this time, a PICC would be the safest and most effective means of giving me my IV therapy.

The procedure will be attempted because I appear to be a good candidate. I realize there is a chance that it may not be successful on me. If attempts to place a PICC are unsuccessful, my physician will be notified for further options. I understand that only a Registered Nurse, Physician Assistant or Physician who has been specially trained to insert PICC's will perform the catheter insertion procedure.

My PICC will be inserted by Shannon Vaughan (RN/PA/MD)

I realize that this is an invasive procedure. Common complications associated with this procedure are:

1. Blood stream infection-infection into my blood stream.
2. Catheter infection-infection at the insertion site.
3. Phlebitis-inflammation of the vein wall.
4. Bleeding from the site
5. Hematoma-a collection of blood in the tissue under the skin.
6. Catheter dislodgement-movement of the catheter into or out of insertion.

DILLON, EDMUND
R1505401814
MR 012719295
JONES, MARK A
56Y M

Other risks associated with this procedure include:

1. Catheter migration-movement of the catheter tip from the original location.
2. Infiltration-leakage of fluid out of catheter and into the tissue surrounding the vein.
3. Vein thrombosis-a blood clot inside the vein near the catheter.
4. Fibrin sheath-a sleeve, composed of protein found in the blood surrounds the catheter in the vein.
5. Catheter rupture, fracture or occlusion which may necessitate removal of catheter.
6. Arterial puncture-a penetration of an artery in my arm close to the insertion site
7. Nerve damage-piercing a nerve located close to the insertion site.
8. Air embolism-air entering the catheter and traveling into the venous system

Appropriate measures will be taken to reduce the chances of these risks/complications from occurring. I have been informed of the likelihood of success of this procedure, but no guarantees have been made concerning the outcome and/or results of the procedure. I believe the benefits outweigh the risks.

By signing below, I acknowledge that I have read or had the above education explained to me and have had all my questions answered.

Date 2/25/15 Time 1415 Patient / Responsible Party Signature X Crystal P Dillon

Date 2/25/15 Time 1415 Signature and Title of Person Educating Patient Christine Boatwright

255001C

PowerPICC solo

REF 1395108QD
LOT REZA1040

255001C30mr 6/12 r12/14

DOCUMENT NAME:	Physician Progress Notes
SERVICE DATE/TIME:	2/26/2015 11:55 EST
RESULT STATUS:	Auth (Verified)
PERFORM INFORMATION:	Jenkins MD,Karin M (2/26/2015 12:07 EST)
SIGN INFORMATION:	Jenkins MD,Karin M (2/26/2015 12:07 EST)

Palliative Care Progress Note

Patient: **DILLON, EDMUND** **MRN: R012719295** **FIN: R1505401814**
Age: Sex: DOB:
Associated Diagnoses: **None**
Author: **Jenkins MD, Karin M**

Basic Information
56-year-old Caucasian gentleman admitted with subdural hematoma and subarachnoid hemorrhage with midline shift status post craniotomy for subdural hematoma now intubated and unresponsive on the ventilator.

Daughter, Robin and sister at bedside. They confirmed they are waiting for family to arrive then will do terminal extubation. Pt appears comfortable, on fentanyl gtt. No grimace or anxiety. Becomes tachypnic at times, resolved with suctioning.

Impression and Plan
Subarachnoid hemorrhage with acute on chronic subdural hematoma status post emergent evacuation on 2/23 - unresponsive except to painful stimuli on the ventilator, not on any sedatives other than 1 dose fentany received this am. Patient with very poor prognosis, worsening head CT with enlarging Right frontal hemorrhage,

MRP Clinical Documentation

Acute Alcoholic Hepatitis with elevated bilirubin, jaundice,
Chronic Alcoholic liver disease with evidence of fatty infiltration of the liver, coagulopathy, thrombocytopenia, ascites
history of skin cancer s/p removal
Acute renal failure
Leukocytosis
Coagulopathy s/p FFP

Sister concerned about MAPS in 60s. Discussed with her that this was acceptable and while her brother could pass at any time, he could live for a while with these MAPS. FAmily seems to be handling patient's iminent passing as best as possible. Wife not at bedside, but handling things OK per daughter. We extensively discussed that the patient may not die immediately after terminal extubation and possibly could live for hours to days. We discussed possibly moving him to 11th floor on hospice if this were the case. We discussed the need for them to let us know if he shows any signs of discomfort and agitation, but patient appears comfortable now. Asked that they call us if they had any further questions or concerns

PALLIATIVE CARE SPECIFIC

(b) SOCIAL: CONTEXTUALIZATION OF CARE Continue to work with patient and family
(c) PLAN: Continue to support patient and family
(d) CODE: **IC - to change to DNR 5 when all family arrives**
(e) PROGNOSIS: **Grave**

I had the opportunity to evaluate this patient, review all his medical records, perform a full medical examination.

Palliative care team will continue to see this patient to address physical, emotional and spiritual needs. We appreciate the opportunity to participate in the care of this patient. I spent **20** minutes with patient,daughter, sister, including history, examination, coordination of care.

Karin Jenkins, MD
352-0526

Electronically Signed & Verified on 02/26/2015 12:07
by Jenkins MD, Karin M

DOCUMENT NAME:	Physician Progress Notes
SERVICE DATE/TIME:	2/26/2015 08:06 EST
RESULT STATUS:	Modified
PERFORM INFORMATION:	Jones MD,Mark A (2/27/2015 16:35 EST); Depp MD,Timothy B (2/26/2015 08:17 EST)
SIGN INFORMATION:	Jones MD,Mark A (2/27/2015 16:35 EST); Jones MD,Mark A (2/27/2015 16:34 EST); Depp MD,Timothy B (2/26/2015 08:17 EST)

MRP Clinical Documentation

Addendum by Jones MD, Mark A on 27 February 2015 16:35
Attending Attestation: I have seen this patient on rounds, examined them, reviewed their laboratory and radiographic information. I agree with the student's/ resident's/physician extender's assessment and plan above. MAJ.

Family plans comfort care this afternoon once everyone arrives. Will plan to tx to hospice pending how he progresses after extubation. MAJ.

Electronically Signed & Verified on 02/27/2015 16:35
by Jones MD, Mark A

STICU Progress Note

Patient: **DILLON, EDMUND** **MRN: R012719295** **FIN: R1505401814**
Age: Sex: DOB:
Associated Diagnoses: **None**
Author: **Depp MD, Timothy B**

Chief Complaint

56yo M s/p fall with acute on chronic subdurals and large R ICH, worsening s/p hemicranieclomy, in the setting of apparent acute liver failure and elevation of bilirubin.

2/24/15: Worsening status, family updated at bedside, CVC inserted L groin for access given patients rapid fluctuation between hypo and hypernatremia. Neurosurgery recommends supportive measures at this time.
2/25/15: Some continued withdraw to pain. Jaundice much worse. PICC placed. NSG drain pulled. GI will watch hold off on intervention for now.
2/26/15: Family aware and discussing whether withdraw of care appropriate at this time. Patient on vent, minimal sedation, minimal activity

Review of Systems

Status: Unable to obtain..

Histories

Past Medical History

Resolved
Alcoholism (792E1B04-FED7-48CF-9C4C-9C74AABCAAF5): Resolved.
Skin cancer (2536564013): Resolved..

Physical Examination

VS/Measurements

Vital Signs

02/26/15 04:00		
	Temperature Bladder	37.2 DegC Normal
	Temperature Bladder,degF	99 DegF Normal
	Heart Rate Monitored	86 bpm Normal
	Respiratory Rate	**28 br/min HIGH**
	Pulse Ox Sat	100 %
	NIBP Systolic	98 mmHg
	NIBP Diastolic	60 mmHg

NIBP Mean Calculated	73 mmHg
NIBP Mean Monitored	72 mmHg

HENT: Stapled scalp wound appears intact. No apparent infection.
Neck: Supple.
Respiratory: Lungs are clear to auscultation, Breath sounds are equal, Symmetrical chest wall expansion.
Support: Airway in place.
Cardiovascular: Normal rate, Regular rhythm.
Gastrointestinal: Soft, Non-tender, mildly distended.
Integumentary: Warm, Dry, Significant jaundice.
Neurologic: Withdraws to pain on right.

Review / Management

Results review:

Labs (Last four charted values)

WBC		H 17.7	(FEB 26)	H 14.4	(FEB 25)	9.4	(FEB 24)	10.7	(FEB 23)
Hgb		L 10.0	(FEB 26)	L 10.0	(FEB 25)	L 9.0	(FEB 24)	L 11.8	(FEB 23)
Hct		L 27.7	(FEB 26)	L 27.5	(FEB 25)	L 28.4	(FEB 24)	L 37.5	(FEB 23)
Plt									
	L 144	(FEB 26)	L 127	(FEB 25)	L 107	(FEB 24)	L 127	(FEB 23)	
Na									
	L 133	(FEB 26)	L 129	(FEB 25)	L 130	(FEB 24)	L 126	(FEB 24)	
K									
	4.1	(FEB 26)	3.8	(FEB 25)	4.0	(FEB 24)	L 2.6	(FEB 24)	
CO2		L 14	(FEB 26)	L 18	(FEB 25)	L 18	(FEB 24)	25	(FEB 23)
Cl									
	104	(FEB 26)	100	(FEB 25)	98	(FEB 24)	L 82	(FEB 23)	
Cr									
	H 2.2	(FEB 26)	H 1.4	(FEB 25)	0.7	(FEB 24)	1.2	(FEB 23)	
BUN		H 35	(FEB 26)	H 27	(FEB 25)	H 21	(FEB 24)	H 26	(FEB 23)
Glucose		76	(FEB 26)	H 115	(FEB 25)	85	(FEB 24)	H 118	(FEB 23)
Mg		2.2	(FEB 25)	2.1	(FEB 24)	L 1.1	(FEB 24)		
Phos		4.2	(FEB 26)	3.1	(FEB 25)	3.8	(FEB 24)	L 1.3	(FEB 24)
Ca									
	L 7.0	(FEB 26)	L 7.5	(FEB 25)	L 6.3	(FEB 24)	L 8.1	(FEB 23)	
INR		2.0	(FEB 25)	1.6	(FEB 23)	1.7	(FEB 23)		
PTT		H 37.3	(FEB 24)	33.9	(FEB 23)	H 39.9	(FEB 23)		

2/24/15 CT: S/p hemicrani, worsening ICH

Impression and Plan

MRP Clinical Documentation

56yo M s/p fall with acute on chronic subdurals and large R ICH, worsening s/p hemicraniectomy, in the setting of apparent acute liver failure and elevation of bilirubin

Procedures:
2/23 Hemicraniectomy

Consults:
Neurosurgery (Toussaint)
Palliative care (Jenkins)
Gastroenterology (Lowman)

Palliative: Ongoing discussion with family regarding withdraw, DNR 2 at this point. Family to discuss withdraw of care this afternoon.

Respiratory
CXR: Similar to previous
ABG:
7.43 (L) 21 (H) 108 (L) 13.8 -8.8

Infectious
No growth of urine and wound Cultures to date
Low grade temperatures

Cardiovascular
Mild tachycardia

Heme: Hemoglobin grossly stable from previous

Metabolic: Significant metabolic derangements, Sodium improved, potassium, magnesium, calcium and phosphorous are correcting with replacement.

GI: Patient with elevated direct v. indirect bilirubin suggestive of obstruction, though portal congestion with pan-organomegaly is noted on abdominal CT, suggesting a subacute process..
GI has recommended conservative management at this time, will pursue more aggresive workup if patients neurologic function improves
Follow labs

Neuro: Very poor neurologic prognosis. Anticipate poor outcome. Have discussed with family. Neurosurgery following. Keppra. Consider further imaging if acute change. BP goal is sytolic less than 160.

MSK: No obvious injuries.

PPX
Hold anticoag
PPI

Dispo
Critically ill. STICU until stabilized, will be appropriate for hospice when extubated, should he continue to breathe on his own.

Nursing Direct Charting

Vital Signs

Procedure	Units	Reference Range	Recorded Time Recorded By Recorded Date	20:00 EST Blair RN,Larresha C 2/26/2015	19:00 EST Blair RN,Larresha C 2/26/2015	18:00 EST Wallace RN,Teondra M 2/26/2015
Temperature Bladder	DegC	[36-38]		38.0	-	-
Temperature Bladder,degF	DegF	[96-102]		100.4	-	-
Heart Rate Monitored	bpm	[60-100]		98	96	100
Respiratory Rate	br/min	[12-20]		37*	32*	41*
Pulse Ox Sat	%			97	98	98
FiO2	%			40	-	-
Oxygen Modality				CPAP	-	-
NIBP Systolic	mmHg			92	80	89
NIBP Diastolic	mmHg			52	52	56
NIBP Mean Calculated	mmHg			65	61	67
NIBP Mean Monitored	mmHg			64	60	65
Pulse Ox Monitoring				Continuous	-	-
RASS				-4	-	-

Procedure	Units	Reference Range	Recorded Time Recorded By Recorded Date	17:00 EST Wallace RN,Teondra M 2/26/2015	16:00 EST Wallace RN,Teondra M 2/26/2015	15:43 EST Wilson RCS,Lauren R 2/26/2015
Temperature Bladder	DegC	[36-38]		-	37.3	-
Temperature Bladder,degF	DegF	[96-102]		-	99.1	-
Heart Rate Monitored	bpm	[60-100]		100	96	96
Respiratory Rate	br/min	[12-20]		36*	35*	-
Pulse Ox Sat	%			97	98	99
NIBP Systolic	mmHg			92	90	-
NIBP Diastolic	mmHg			54	53	-
NIBP Mean Calculated	mmHg			67	65	-
NIBP Mean Monitored	mmHg			63	63	-

Procedure	Units	Reference Range	Recorded Time Recorded By Recorded Date	15:00 EST Wallace RN,Teondra M 2/26/2015	14:00 EST Wallace RN,Teondra M 2/26/2015	13:00 EST Wallace RN,Teondra M 2/26/2015
Heart Rate Monitored	bpm	[60-100]		-	92	98
Respiratory Rate	br/min	[12-20]		36*	38*	36*
Pulse Ox Sat	%			-	98	98
NIBP Systolic	mmHg			84	96	91
NIBP Diastolic	mmHg			50	60	58
NIBP Mean Calculated	mmHg			61	72	69
NIBP Mean Monitored	mmHg			65	67	65

Procedure	Units	Reference Range	Recorded Time Recorded By Recorded Date	12:06 EST Wilson RCS,Lauren R 2/26/2015	12:00 EST Wallace RN,Teondra M 2/26/2015	11:00 EST Wallace RN,Teondra M 2/26/2015
Temperature Bladder	DegC	[36-38]		-	37.2	-
Temperature Bladder,degF	DegF	[96-102]		-	99	-
Heart Rate Monitored	bpm	[60-100]		90	-	91
Respiratory Rate	br/min	[12-20]		-	34*	30*
Pulse Ox Sat	%			98	99	98

Nursing Direct Charting

Vital Signs

		Recorded Time	12:06 EST	12:00 EST	11:00 EST
		Recorded By	Wilson RCS,Lauren R	Wallace RN,Teondra M	Wallace RN,Teondra M
		Recorded Date	2/26/2015	2/26/2015	2/26/2015
Procedure	Units	Reference Range			
NIBP Systolic	mmHg		-	90	83
NIBP Diastolic	mmHg		-	54	53
NIBP Mean Calculated	mmHg		-	66	63
NIBP Mean Monitored	mmHg		-	65	62

		Recorded Time	10:00 EST	09:33 EST	09:00 EST
		Recorded By	Wallace RN,Teondra M	Wilson RCS,Lauren R	Wallace RN,Teondra M
		Recorded Date	2/26/2015	2/26/2015	2/26/2015
Procedure	Units	Reference Range			
Heart Rate Monitored	bpm	[60-100]	90	90	-
Respiratory Rate	br/min	[12-20]	*30H*	-	*29H*
Pulse Ox Sat	%		98	97	-
NIBP Systolic	mmHg		90	-	84
NIBP Diastolic	mmHg		53	-	55
NIBP Mean Calculated	mmHg		65	-	65
NIBP Mean Monitored	mmHg		62	-	63

		Recorded Time	08:00 EST	07:00 EST	06:00 EST
		Recorded By	Wallace RN,Teondra M	Wallace RN,Teondra M	Milunas RN,Kaitlyn C
		Recorded Date	2/26/2015	2/26/2015	2/26/2015
Procedure	Units	Reference Range			
Temperature Bladder	DegC	[36-38]	37.4	-	-
Temperature Bladder,degF	DegF	[96-102]	99.3	-	-
Heart Rate Monitored	bpm	[60-100]	86	87	86
Respiratory Rate	br/min	[12-20]	*29H*	*28H*	*29H*
Pulse Ox Sat	%		99 98	99	98
FiO2	%		40	-	-
Oxygen Modality			CPAP	-	-
NIBP Systolic	mmHg		88	90	89
NIBP Diastolic	mmHg		54	54	57
NIBP Mean Calculated	mmHg		65	66	68
NIBP Mean Monitored	mmHg		62	65	69
Pulse Ox Monitoring			Continuous	-	-
RASS			-4	-	-

		Recorded Time	05:15 EST	05:00 EST	04:40 EST
		Recorded By	Milunas RN,Kaitlyn C	Milunas RN,Kaitlyn C	Anderson RCP,Benjamin A
		Recorded Date	2/26/2015	2/26/2015	2/26/2015
Procedure	Units	Reference Range			
Heart Rate Monitored	bpm	[60-100]	-	85	88
Respiratory Rate	br/min	[12-20]	-	*28H*	-
Pulse Ox Sat	%		96	97	100
FiO2	%		40	-	-
Oxygen Modality			CPAP, ET Tube	-	-
NIBP Systolic	mmHg		-	94	-
NIBP Diastolic	mmHg		-	58	-
NIBP Mean Calculated	mmHg		-	70	-

Procedure	Units	Recorded By Recorded Date Reference Range	Blair RN,Larresha C 2/26/2015	Blair RN,Larresha C 2/26/2015	Blair RN,Larresha C 2/26/2015
Temperature Bladder	DegC	[36-38]	-	-	37.9
Temperature Bladder,degF	DegF	[96-102]	-	-	100.2
Heart Rate Monitored	bpm	[60-100]	110H	105H	104H
Respiratory Rate	br/min	[12-20]	51H	46H	46H
Pulse Ox Sat	%		92	90	89
NIBP Systolic	mmHg		111	104	99
NIBP Diastolic	mmHg		64	59	59
NIBP Mean Calculated	mmHg		80	74	72
NIBP Mean Monitored	mmHg		76	72	72
Pulse Ox Monitoring			-	-	Continuous

Facility Info: Palmetto Health Richland
5 Richland Medical Park
Columbia, SC 29203-

Patient Info: DILLON, EDMUND

MRN: R012719295

FIN: R1505401814

Attending Physician: Jones MD,Mark A
Admitting Physician: Jones MD,Mark A

Pt. A
Date of Birth:
CMRN: 001376880

Nursing Direct Charting

Vital Signs

Procedure	Units	Reference Range	Recorded Time: 05:15 EST Recorded By: Milunas RN,Kaitlyn C Recorded Date: 2/26/2015	05:00 EST Milunas RN,Kaitlyn C 2/26/2015	04:40 EST Anderson RCP,Benjamin A 2/26/2015
NIBP Mean Monitored	mmHg		-	67	-
Pulse Ox Monitoring			Continuous	-	-

Procedure	Units	Reference Range	Recorded Time: 04:00 EST Recorded By: Milunas RN,Kaitlyn C Recorded Date: 2/26/2015	03:00 EST Milunas RN,Kaitlyn C 2/26/2015	02:00 EST Milunas RN,Kaitlyn C 2/26/2015
Temperature Bladder	DegC	[36-38]	37.2	-	-
Temperature Bladder,degF	DegF	[96-102]	99	-	-
Heart Rate Monitored	bpm	[60-100]	86	85	93
Respiratory Rate	br/min	[12-20]	28 H	29 H	28 H
Pulse Ox Sat	%		100	100	100
NIBP Systolic	mmHg		98	92	92
NIBP Diastolic	mmHg		60	58	56
NIBP Mean Calculated	mmHg		73	69	68
NIBP Mean Monitored	mmHg		72	66	66
Invasive Systolic BP	mmHg		-	-	100
Invasive Diastolic BP	mmHg		-	-	50
Invasive MAP	mmHg		-	-	64
RASS			-4	-	-

Procedure	Units	Reference Range	Recorded Time: 01:00 EST Recorded By: Milunas RN,Kaitlyn C Recorded Date: 2/26/2015	00:00 EST Milunas RN,Kaitlyn C 2/26/2015	23:13 EST Anderson RCP,Benjamin A 2/25/2015
Temperature Bladder	DegC	[36-38]	-	37.5	-
Temperature Bladder,degF	DegF	[96-102]	-	99.5	-
Heart Rate Monitored	bpm	[60-100]	91	92	90
Respiratory Rate	br/min	[12-20]	29 H	28 H 31 H	-
Pulse Ox Sat	%		100	99 98	99
NIBP Systolic	mmHg		93	97	-
NIBP Diastolic	mmHg		57	61	-
NIBP Mean Calculated	mmHg		69	73	-
NIBP Mean Monitored	mmHg		66	75	-
Invasive Systolic BP	mmHg		95	94	-
Invasive Diastolic BP	mmHg		51	56	-
Invasive MAP	mmHg		63	70	-
RASS			-	-4	-

Procedure	Units	Reference Range	Recorded By Recorded Date	Wallace RN,Teondra M 2/26/2015	Milunas RN,Kaitlyn C 2/26/2015
Over the needle 20 gauge Left Antecubital 02/23/2015					
Peripheral IV Activity:				Flushed	-
Peripheral IV Drainage Description:				None	-
Peripheral IV Site Condition:				No Redness or Edema	-
Peripheral IV Patency:				Patent	-

Facility Info: Palmetto Health Richland
5 Richland Medical Park
Columbia, SC 29203-

Patient Info: DILLON, EDMUND

MRN: R012719295

FIN: R1505401814

Attending Physician: Jones MD,Mark A
Admitting Physician: Jones MD,Mark A

Pt. Age:
Date of Birth:
CMRN: 001376880

Nursing Direct Charting

Invasive Lines

		Recorded Time	08:00 EST	03:00 EST
		Recorded By	Wallace RN,Teondra M	Milunas RN,Kaitlyn C
		Recorded Date	2/26/2015	2/26/2015
Procedure	Units	Reference Range		
Peripheral IV Dressing:			Occlusive, Transparent	-
Over the needle 18 gauge Right Lower Forearm 02/23/2015				
Peripheral IV Activity:			Flushed	-
Peripheral IV Drainage Description:			None	-
Peripheral IV Site Condition:			No Redness or Edema	-
Peripheral IV Patency:			Patent	-
Peripheral IV Dressing:			See Below T11	-
Radial artery Left				
Arterial Line Site Condition:			-	Ecchymotic, Edema
Arterial Line Site Care:			-	Direct pressure applied
Arterial Line Activity:			-	Discontinue
Arterial Line Removal:			-	D/C per nurse
Left, Femoral Vein Quad				
Interventions-CVL:			-	See Below T29
Central Line Removed By Clinician			-	Milunas RN, Kaitlyn C
Discontinue Central Line-Site Care			-	See Below T32
Central Line Removal Documentation			-	Open
Right, Upper, Arm PICC Triple 02/25/2015 14:59				
Central Line Status:			Blood return, Intact, Patent	-
Interventions-CVL:			See Below T36	-
Site Description-Central:			No complications	-
Necessity for Central Line			Hemodynamic Instability	-
Central Line Infiltration Score			0	-
Central Line Drainage Description:			None	-
Patency PICC Port 1			No complications	-
Patency PICC Port 2			No complications	-
Patency PICC Port 3			No complications	-

Textual Results

T11: 2/26/2015 08:00 EST (Peripheral IV Dressing:)
Dry, Intact, Occlusive, Transparent

T29: 2/26/2015 03:00 EST (Interventions-CVL:)
Dressing Changed, Pressure applied

T32: 2/26/2015 03:00 EST (Discontinue Central Line-Site Care)
Discontinue Central Line, Device Intact, Petrolatum Dressing, Pressure applied, Pressure dressing, Occlusive dressing

T36: 2/26/2015 08:00 EST (Interventions-CVL:)
Alcohol Scrub, Flushed with 10mL NS

Procedure	Units	Recorded By Recorded Date Reference Range	[illegible] Blair RN,Larresha C 2/26/2015	18:00 EST Wallace RN,Teondra M 2/26/2015
Orientation-LOC			Intubated, Obtunded/Unresponsive	-
Symmetry of Face			Symmetrical	-
Characteristics of Speech			Artificial airway	-
Neuro Interventions			Decrease stimuli	-
Nuchal Rigidity			Absent	-
PERRLA			Yes	-
Right Pupil Size	mm		2	-
Left Pupil Size	mm		2	-
Right Pupil Reaction			Equal, Reactive	-
Left Pupil Reaction			Equal, Reactive	-
Right Pupil Description			Regular, Round	-
Left Pupil Description			Regular, Round	-
All Extremities Strength			No Movement	-
All Extremities Tone			Flaccid	-

Nursing Direct Charting

Neuro

Procedure	Units	Reference Range	Recorded Time: 20:00 EST Recorded By: Blair RN,Larresha C Recorded Date: 2/26/2015	18:00 EST Wallace RN,Teondra M 2/26/2015
All Extremities Sensation			Present	-
Range of Motion Left Upper Extremity			Unable to move	-
Range of Motion Right Upper Extremity			Unable to move	-
Range of Motion Left Lower Extremity			Unable to move	-
Range of Motion Right Lower Extremity			Unable to move	-
Neurological Documentation			Neuro Documentation	-
Eye Opening Response			No response	-
Motor Response			Flexion withdrawal	-
Verbal Response			No response	-
Glasgow Coma Score			6	-
Stimulation Required			Deep Pain	-
Corneal			Present	-
Cough Reflex			Present	-
Gag			Present	-
Head of Bed			35 Degrees	35 Degrees
Interventions-Neuro Disorders			Decrease Stimuli	-

Procedure	Units	Reference Range	Recorded Time: 16:00 EST Recorded By: Wallace RN,Teondra M Recorded Date: 2/26/2015	15:43 EST Wilson RCS,Lauren R 2/26/2015
Neurological Documentation			System Review Unchanged Except	-
Eye Opening Response			No response	-
Motor Response			Flexion withdrawal	-
Verbal Response			No response	-
Glasgow Coma Score			6	-
Stimulation Required			Deep Pain	-
Head of Bed			35 Degrees	35 Degrees

Procedure	Units	Reference Range	Recorded Time: 14:00 EST Recorded By: Wallace RN,Teondra M Recorded Date: 2/26/2015	12:06 EST Wilson RCS,Lauren R 2/26/2015
Head of Bed			35 Degrees	30 Degrees

Procedure	Units	Reference Range	Recorded Time: 12:00 EST Recorded By: Wallace RN,Teondra M Recorded Date: 2/26/2015	10:00 EST Wallace RN,Teondra M 2/26/2015
Neurological Documentation			System Review Unchanged Except	-
Eye Opening Response			No response	-
Motor Response			Flexion withdrawal	-
Verbal Response			No response	-
Glasgow Coma Score			6	-
Stimulation Required			Deep Pain	-
Head of Bed			35 Degrees	35 Degrees

Nursing Direct Charting

Neuro

Procedure	Units	Reference Range	Recorded Time: 09:33 EST Recorded By: Wilson RCS,Lauren R Recorded Date: 2/26/2015	08:00 EST Wallace RN,Teondra M 2/26/2015
Orientation-LOC			-	Intubated, Obtunded/Unresponsive
Symmetry of Face			-	Symmetrical
Characteristics of Speech			-	Artificial airway
Neuro Interventions			-	Decrease stimuli, Reoriented
Nuchal Rigidity			-	Absent
PERRLA			-	Yes
Right Pupil Size	mm		-	2
Left Pupil Size	mm		-	2
Right Pupil Reaction			-	Equal, Reactive, Brisk
Left Pupil Reaction			-	Equal, Reactive, Brisk
Right Pupil Description			-	Regular, Round
Left Pupil Description			-	Regular, Round
All Extremities Strength			-	No Movement
All Extremities Tone			-	Flaccid
All Extremities Sensation			-	Present
Range of Motion Left Upper Extremity			-	Unable to move
Range of Motion Right Upper Extremity			-	Unable to move
Range of Motion Left Lower Extremity			-	Unable to move
Range of Motion Right Lower Extremity			-	Unable to move
Neurological Documentation			-	Neuro Documentation
Eye Opening Response			-	No response
Motor Response			-	Flexion withdrawal
Verbal Response			-	No response
Glasgow Coma Score			-	6
Stimulation Required			-	Deep Pain
Corneal			-	Present
Cough Reflex			-	Present
Gag			-	Present
Head of Bed			30 Degrees	35 Degrees
Interventions-Neuro Disorders			-	Decrease Stimuli, Reoriented

Procedure	Units	Reference Range	Recorded Time: 06:00 EST Recorded By: Milunas RN,Kaitlyn C Recorded Date: 2/26/2015	04:40 EST Anderson RCP,Benjamin A 2/26/2015
Head of Bed			30 Degrees	30 Degrees

Procedure	Units	Reference Range	Recorded Time: 04:00 EST Recorded By: Milunas RN,Kaitlyn C Recorded Date: 2/26/2015	02:00 EST Milunas RN,Kaitlyn C 2/26/2015	00:00 EST Milunas RN,Kaitlyn C 2/26/2015
Orientation-LOC			Intubated	-	Intubated
PERRLA			Yes	-	Yes
Right Pupil Size	mm		2	-	2
Left Pupil Size	mm		2	-	2
Right Pupil Reaction			Equal, Reactive	-	Equal, Reactive
Left Pupil Reaction			Equal, Reactive	-	Equal, Reactive
Right Pupil Description			Regular, Round	-	Regular, Round
Left Pupil Description			Regular, Round	-	Regular, Round

Facility Info: Palmetto Health Richland
5 Richland Medical Park
Columbia, SC 29203-

Attending Physician: Jones MD,Mark A
Admitting Physician: Jones MD,Mark A

Patient Info: DILLON, EDMUND
Pt. Age:
Date of Birth:
CMRN: 001376880

MRN: R012719295
FIN: R1505401814

Nursing Direct Charting

Neuro

Procedure	Units	Recorded Time Recorded By Recorded Date Reference Range	04:00 EST Milunas RN,Kaitlyn C 2/26/2015	02:00 EST Milunas RN,Kaitlyn C 2/26/2015	00:00 EST Milunas RN,Kaitlyn C 2/26/2015
Neurological Documentation			Neuro Documentation	-	Neuro Documentation
Eye Opening Response			No response	-	No response
Motor Response			Flexion withdrawal	-	Flexion withdrawal
Verbal Response			No response	-	No response
Glasgow Coma Score			6	-	6
Stimulation Required			-	-	Deep Pain
Head of Bed			30 Degrees	30 Degrees	30 Degrees

Nursing Direct Charting

Behavioral

Procedure	Units	Reference Range	Recorded Time Recorded By Recorded Date 20:00 EST Blair RN,Larresha C 2/26/2015	16:00 EST Wallace RN,Teondra M 2/26/2015	12:00 EST Wallace RN,Teondra M 2/26/2015
Affect			Unable To Assess	-	-
Behavioral Interventions			Decrease Stimuli	-	-
Behavior Documentation			Behavior Documentation	System Review Unchanged	System Review Unchanged

Procedure	Units	Reference Range	Recorded Time Recorded By Recorded Date 08:00 EST Wallace RN,Teondra M 2/26/2015	04:00 EST Milunas RN,Kaitlyn C 2/26/2015	00:00 EST Milunas RN,Kaitlyn C 2/26/2015
Affect			Unable To Assess	-	-
Behavioral Interventions			See Below T50	-	-
Behavior Documentation			Behavior Documentation	System Review Unchanged	System Review Unchanged
Activity/Behavioral State			See Below T53	-	-

Textual Results

T50: 2/26/2015 08:00 EST (Behavioral Interventions)
Decrease Stimuli, Encourage Expression, Encourage Family/Visitors, Family/SO at Bedside, Listen, Offer Information, Reassure, Redirect/Refocus, Set Limits

T53: 2/26/2015 08:00 EST (Activity/Behavioral State)
Active when Stimulated (Inappropriate)

	Recorded By Recorded Date	Blair RN,Larresha C 2/26/2015	Wallace RN,Teondra M 2/26/2015	[illegible] 2/26/2015
Procedure	Units Reference Range			
Sclera-Both Eyes		Yellow	-	-
EENT Documentation		EENT Documentation	System Review Unchanged	System Review Unchanged
EENT Interventions:		Cleaned, Examined	-	-
Both Eyes		Clear, No drainage	-	-
Both Ears		No drainage	-	-
Nasal Condition		Clear, No drainage	-	-
Mouth		No problems observed/reported	-	-
Teeth		No problems observed/reported	-	-
Throat		No problems observed/reported	-	-

	Recorded Time Recorded By Recorded Date	08:00 EST Wallace RN,Teondra M 2/26/2015	04:00 EST Milunas RN,Kaitlyn C 2/26/2015	00:00 EST Milunas RN,Kaitlyn C 2/26/2015
Procedure	Units Reference Range			
Sclera-Both Eyes		Yellow	-	-
EENT Documentation		EENT Documentation	System Review Unchanged	System Review Unchanged

Facility Info: Palmetto Health Richland
5 Richland Medical Park
Columbia, SC 29203-

Patient Info: DILLON, EDMUND

MRN: R012719295

FIN: R1505401814

Attending Physician: Jones MD,Mark A
Admitting Physician: Jones MD,Mark A

Pt. Age:
Date of Birth: 1
CMRN: 001376880

Nursing Direct Charting

EENT View

Procedure	Units	Recorded Time Recorded By Recorded Date Reference Range	08:00 EST Wallace RN,Teondra M 2/26/2015	04:00 EST Milunas RN,Kaitlyn C 2/26/2015	00:00 EST Milunas RN,Kaitlyn C 2/26/2015
EENT Interventions:					
Both Eyes			Cleaned, Examined	-	-
Both Ears			Clear, No drainage	-	-
Nasal Condition			No drainage, No pain	-	-
Mouth			Clear, No drainage	-	-
Teeth			No problems observed/reported	-	-
Throat			No problems observed/reported	-	-
			No problems observed/reported	-	-

Facility Info: Palmetto Health Richland
5 Richland Medical Park
Columbia, SC 29203-

Patient Info: DILLON, EDMUND

MRN: R012719295

FIN: R1505401814

Attending Physician: Jones MD,Mark A
Admitting Physician: Jones MD,Mark A

Pt. Age:
Date of Birth: 1(
CMRN: 001376880

Nursing Direct Charting

EENT View

		Recorded Time Recorded By Recorded Date	08:00 EST Wallace RN,Teondra M 2/26/2015	04:00 EST Milunas RN,Kaitlyn C 2/26/2015	00:00 EST Milunas RN,Kaitlyn C 2/26/2015
Procedure	**Units**	**Reference Range**			
EENT Interventions:			Cleaned, Examined	-	-
Both Eyes			Clear, No drainage	-	-
Both Ears			No drainage, No pain	-	-
Nasal Condition			Clear, No drainage	-	-
Mouth			No problems observed/reported	-	-
Teeth			No problems observed/reported	-	-
Throat			No problems observed/reported	-	-

Procedure	Units	Recorded By Recorded Date Reference Range	Blair RN,Larresha C 2/26/2015	Wallace RN,Teondra M 2/26/2015
Artificial Airway				
Artificial Airway Secured			ET Tube	-
Endotracheal Tube Size			Other: E- Tad	-
Trach Intervention			7.5	-
ET Tube Taped/Locked at	cm		Airway Safety Equipment	See Below T61
Activity During Pulse Ox			23	-
All Lobes			Resting in bed	-
Respiratory Pattern			Clear	-
Cough Description			Regular	-
ET secretions amount			Occasional	-
ET secretions color			Scant	-
ET secretions character			Tan/Beige	-
Suctioning			Thick	-
Respiratory Interventions			Done	-
Respiratory Documentation			Turn/Cough/Deep breathing	-
Tracheal Position			Respiratory Documentation	System Review Unchanged
Chest Motion			Midline	-
			Symmetrical	-

Textual Results

T61: 2/26/2015 16:00 EST (Trach Intervention)
Airway Safety Equipment, Checked, Emergency Equipment at bedside

Procedure	Units	Recorded Time Recorded By Recorded Date Reference Range	12:00 EST Wallace RN,Teondra M 2/26/2015	08:00 EST Wallace RN,Teondra M 2/26/2015
Artificial Airway				
Artificial Airway Secured			-	ET Tube
Endotracheal Tube Size			-	Other: ETAD
Trach Intervention			-	7.5
ET Tube Taped/Locked at	cm		See Below T62	See Below T63
Activity During Pulse Ox			-	23
All Lobes			-	Resting in bed
Respiratory Pattern			-	Clear
Cough Description			-	Regular, Unlabored, Tachypnea
ET secretions amount			-	Occasional
ET secretions color			-	Scant
ET secretions character			-	Tan/Beige
Suctioning			-	Thick
			-	Done

Nursing Direct Charting

Respiratory

		Recorded Time	12:00 EST	08:00 EST
		Recorded By	Wallace RN,Teondra M	Wallace RN,Teondra M
		Recorded Date	2/26/2015	2/26/2015
Procedure	Units	Reference Range		
Respiratory Interventions			-	See Below T64
Respiratory Documentation			System Review Unchanged	Respiratory Documentation
Tracheal Position			-	Midline
Chest Motion			-	Symmetrical

Textual Results
T62: 2/26/2015 12:00 EST (Trach Intervention)
Airway Safety Equipment, Checked, Emergency Equipment at bedside
T63: 2/26/2015 08:00 EST (Trach Intervention)
Airway Safety Equipment, Checked, Emergency Equipment at bedside
T64: 2/26/2015 08:00 EST (Respiratory Interventions)
Turn/Cough/Deep breathing, Suctioning, Encourage to cough, Oral suction, Place on O2, Place on Pulse Oximetry

		Recorded Time	05:15 EST	04:00 EST
		Recorded By	Milunas RN,Kaitlyn C	Milunas RN,Kaitlyn C
		Recorded Date	2/26/2015	2/26/2015
Procedure	Units	Reference Range		
Respiratory Documentation			System Review Unchanged Except	System Review Unchanged

		Recorded Time	00:00 EST	20:00 EST
		Recorded By	Milunas RN,Kaitlyn C	Milunas RN,Kaitlyn C
		Recorded Date	2/26/2015	2/25/2015
Procedure	Units	Reference Range		
Artificial Airway			-	ET Tube
Artificial Airway Secured			-	Other: etad
Endotracheal Tube Size			-	7.5
ET Tube Taped/Locked at	cm		-	23
Activity During Pulse Ox			-	Resting in bed
Upper Lobes-Bilateral			Coarse, Diminished	Coarse
Lower Lobes-Bilateral			Diminished	Diminished
Respiratory Pattern			-	Regular, Labored
Cough Description			-	Nonproductive
Respiratory Documentation			System Review Unchanged Except	Respiratory Documentation
Tracheal Position			-	Midline
Chest Motion			-	Symmetrical

Procedure	Units	Recorded Time Recorded By Recorded Date Reference Range	[illegible] Blair RN,Larresha C 2/26/2015	Wallace RN,Teondra M 2/26/2015
Rhythm Status			Normal Sinus	-
Jugular Vein Distention			JVD Absent	-
Nails			Pink	-
Brachial Pulse-Left			2+ Normal	-
Brachial Pulse-Right			2+ Normal	-
Radial Pulse-Left			2+ Normal	-
Radial Pulse-Right			2+ Normal	-
Dorsalis Pedis Pulse-Left			2+ Normal	-
Dorsalis Pedis Pulse-Right			2+ Normal	-
Posttibial Pulse-Left			2+ Normal	-
Posttibial Pulse-Right			2+ Normal	-
Heart Sounds			S1S2	-
Cardiac Monitor			Critical Care or High Risk	-
CV Lead			Lead II	-
V Leads			V1	-
Chest Discomfort			Absent	-
Sequential Compression Device			On	On
Cardiovascular Documentation			Cardiovascular Documentation	-
Capillary Refill Left Hand			2 Seconds	-
Capillary Refill Right Hand			2 Seconds	-
Capillary Refill Left Foot			2 Seconds	-
Capillary Refill Right Foot			2 Seconds	-
Generalized Edema			Dependent	-

Procedure	Units	Recorded Time Recorded By Recorded Date Reference Range	16:00 EST Wallace RN,Teondra M 2/26/2015	14:00 EST Wallace RN,Teondra M 2/26/2015	12:00 EST Wallace RN,Teondra M 2/26/2015
Sequential Compression Device			On	On	On
Cardiovascular Documentation			System Review Unchanged	-	System Review Unchanged

Facility Info: Palmetto Health Richland
5 Richland Medical Park
Columbia, SC 29203-

Patient Info: DILLON, EDMUND

MRN: R012719295

FIN: R1505401814

Attending Physician: Jones MD,Mark A
Admitting Physician: Jones MD,Mark A

Pt. Age:
Date of Birth:
CMRN: 001376880

Nursing Direct Charting

Cardiovascular

		Recorded Time	10:00 EST	08:00 EST	06:00 EST
		Recorded By	Wallace RN,Teondra M	Wallace RN,Teondra M	Milunas RN,Kaitlyn C
		Recorded Date	2/26/2015	2/26/2015	2/26/2015
Procedure	Units	Reference Range			
Rhythm Status			-	Normal Sinus	-
Jugular Vein Distention			-	JVD Absent, HOB 30 degrees	-
Nails			-	Pink	-
Brachial Pulse-Left			-	2+ Normal	-
Brachial Pulse-Right			-	2+ Normal	-
Radial Pulse-Left			-	2+ Normal	-
Radial Pulse-Right			-	2+ Normal	-
Dorsalis Pedis Pulse-Left			-	2+ Normal	-
Dorsalis Pedis Pulse-Right			-	2+ Normal	-
Posttibial Pulse-Left			-	2+ Normal	-
Posttibial Pulse-Right			-	2+ Normal	-
Heart Sounds			-	S1S2	-
Cardiac Monitor			-	Critical Care or High Risk	-
CV Lead			-	Lead II	-
V Leads			-	V1	-
Chest Discomfort			-	Absent	-
Sequential Compression Device			On	On	On
Cardiovascular Documentation			-	Cardiovascular Documentation	-
Capillary Refill Left Hand			-	2 Seconds	-
Capillary Refill Right Hand			-	2 Seconds	-
Capillary Refill Left Foot			-	2 Seconds	-
Capillary Refill Right Foot			-	2 Seconds	-
Generalized Edema			-	None	-

		Recorded Time	04:00 EST	02:00 EST	00:00 EST
		Recorded By	Milunas RN,Kaitlyn C	Milunas RN,Kaitlyn C	Milunas RN,Kaitlyn C
		Recorded Date	2/26/2015	2/26/2015	2/26/2015
Procedure	Units	Reference Range			
Radial Pulse-Left			2+ Normal	-	2+ Normal
Radial Pulse-Right			2+ Normal	-	2+ Normal
Dorsalis Pedis Pulse-Left			2+ Normal	-	2+ Normal
Dorsalis Pedis Pulse-Right			2+ Normal	-	2+ Normal
Sequential Compression Device			On	On	On
Cardiovascular Documentation			System Review Unchanged	-	System Review Unchanged

Procedure	Units	Recorded Date	2/26/2015	2/26/2015
		Reference Range		
Gastrointestinal Documentation			System Review Unchanged	System Review Unchanged

Procedure	Units	Recorded Time	08:00 EST	04:00 EST
		Recorded By	Wallace RN,Teondra M	Milunas RN,Kaitlyn C
		Recorded Date	2/26/2015	2/26/2015
		Reference Range		
Oral Problems			None	-
Bowel Control			Incontinent	-
All Quadrants			Hypoactive	-
GI Character			Distended, Firm, Rounded	-
GI Signs and Symptoms			No Complaints	-
Interventions -GI			HOB 30 degrees	-
Gastrointestinal Documentation			Gastrointestinal Documentation	System Review Unchanged
GI Tubes:			Nasogastric	-
GI Tube Location:			Right, Nare	-

Nursing Direct Charting

Gastrointestinal

		Recorded Time Recorded By Recorded Date	08:00 EST Wallace RN,Teondra M 2/26/2015	04:00 EST Milunas RN,Kaitlyn C 2/26/2015
Procedure	**Units**	**Reference Range**		
GI Tube Site:			Intact	-
GI Tube Status:			See Below T70	-
GI Tube Suction:			Low continuous suction	-
Output Description-GI:			None	-
Feeding			NPO	NPO

Textual Results
T70: 2/26/2015 08:00 EST (GI Tube Status:)
Patent, Flushed, Position Checked

		Recorded Time Recorded By Recorded Date	00:00 EST Milunas RN,Kaitlyn C 2/26/2015	20:00 EST Milunas RN,Kaitlyn C 2/25/2015
Procedure	**Units**	**Reference Range**		
Oral Problems			-	None
All Quadrants			-	Hypoactive
GI Character			-	Distended, Full
Interventions -GI			-	HOB 30 degrees
Gastrointestinal Documentation			System Review Unchanged	Gastrointestinal Documentation
GI Tubes:			-	Nasogastric
GI Tube Location:			-	Right, Nare
GI Tube Site:			-	Intact
GI Tube Status:			-	Patent
Feeding			NPO	NPO

Procedure	Units	Recorded By Recorded Date Reference Range	Wallace RN,Teondra M 2/26/2015	Wallace RN,Teondra M 2/26/2015	Milunas RN,Kaitlyn C 2/26/2015
Bladder			-	Nondistended	-
Renal-Urinary Documentation			System Review Unchanged	Renal/Urinary Documentation	System Review Unchanged
Necessity for Foley			-	End-of-Life Care	-
Urine Source-Device:			-	Foley Catheter	-
Urine Color:			-	Brown	-
Urine Character:			-	Concentrated	-
Urine Odor:			-	No Foul Odor	-
Urinary Catheter Secured			-	Securement Device	-
Foley Present			-	On Arrival to Unit	-
R-U Status-Intervention:			-	Care Done, Checked	-

Procedure	Units	Recorded Time Recorded By Recorded Date Reference Range	00:00 EST Milunas RN,Kaitlyn C 2/26/2015	20:00 EST Milunas RN,Kaitlyn C 2/25/2015
Bladder			-	Nondistended
Renal-Urinary Documentation			System Review Unchanged	Renal/Urinary Documentation
Necessity for Foley			-	Precise I&O Required
Urine Source-Device:			-	Foley Catheter
Urine Color:			-	Brown
Urine Character:			-	Concentrated
Urinary Catheter Secured			-	Securement Device
Foley Present			-	On Arrival to Unit
R-U Status-Intervention:			-	Checked, Draining, Foley Secured

Procedure	Units	Reference Range	Recorded Time Recorded By Recorded Date	16:00 EST Matheson RN,Crisna M 2/25/2015	12:00 EST Matheson RN,Crisna M 2/25/2015
Reproductive Documentation				System Review Unchanged	System Review Unchanged

Procedure	Units	Reference Range	Recorded Time Recorded By Recorded Date	08:00 EST Matheson RN,Crisna M 2/25/2015	04:00 EST Kaelin RN,Kory F 2/25/2015
Reproductive Documentation				Reproductive System WNL	System Review Unchanged

Procedure	Units	Reference Range	Recorded Time Recorded By Recorded Date	00:00 EST Kaelin RN,Kory F 2/25/2015	20:00 EST Kaelin RN,Kory F 2/24/2015
Reproductive Documentation				System Review Unchanged	Reproductive System WNL

Nursing Direct Charting

Integumentary

Procedure	Units	Reference Range	Recorded Time Recorded By Recorded Date	20:00 EST Blair RN,Larresha C 2/26/2015	18:00 EST Wallace RN,Teondra M 2/26/2015	16:00 EST Wallace RN,Teondra M 2/26/2015
Bony Prominences Inspected				Yes	-	-
Skin Color:				[illegible]	-	-
Skin Temperature:				Warm	-	-
Skin Condition				Not Intact	-	-
Skin Turgor				Normal	-	-
Mucous Membrane Description				Intact, Pink, Moist/Wet	-	-
Skin Preventive Measures				See Below T84	See Below T85	See Below T86
PUP Management Device				See Below T127	See Below T125	See Below T129
Integumentary Comment				See Below T170	-	-
Integumentary Documentation				Integumentary Documentation	-	System Review Unchanged

Textual Results

T84: 2/26/2015 20:00 EST (Skin Preventive Measures)
Heels Off-Loaded with Pillows, Position w/ pillows, Reposition Frequently

T85: 2/26/2015 18:00 EST (Skin Preventive Measures)
Heels Off-Loaded with Pillows, Position w/ pillows, Reposition Frequently

T86: 2/26/2015 16:00 EST (Skin Preventive Measures)
Heels Off-Loaded with Pillows, Position w/ pillows, Reposition Frequently

T127: 2/26/2015 20:00 EST (PUP Management Device)
Heels Off-Loaded with Pillows, Pillow for Positioning

T128: 2/26/2015 18:00 EST (PUP Management Device)
Heels Off-Loaded with Pillows, Pillow for Positioning, Pulmonary Bed

T129: 2/26/2015 16:00 EST (PUP Management Device)
Heels Off-Loaded with Pillows, Pillow for Positioning, Pulmonary Bed

T170: 2/26/2015 20:00 EST (Integumentary Comment)
Skin assessment with T.Wallace, RN

Corrected Results

c4: Skin Color:
Corrected from Normal on 2/27/2015 01:23 EST by Blair RN, Larresha C

Procedure	Units	Reference Range	Recorded Time Recorded By Recorded Date	14:00 EST Wallace RN,Teondra M 2/26/2015	12:00 EST Wallace RN,Teondra M 2/26/2015	10:00 EST Wallace RN,Teondra M 2/26/2015
Skin Preventive Measures				See Below T87	See Below T88 See Below T89	See Below T90 See Below T91
PUP Management Device				See Below T130	See Below T131 See Below T132	See Below T133 See Below T134
Integumentary Documentation				-	System Review Unchanged	-

Textual Results

T87: 2/26/2015 14:00 EST (Skin Preventive Measures)
Heels Off-Loaded with Pillows, Position w/ pillows, Reposition Frequently

T88: 2/26/2015 12:00 EST (Skin Preventive Measures)
Heels Off-Loaded with Pillows, Position w/ pillows, Reposition Frequently

T89: 2/26/2015 12:00 EST (Skin Preventive Measures)
Heels Off-Loaded with Pillows, Position w/ pillows, Reposition Frequently

T90: 2/26/2015 10:00 EST (Skin Preventive Measures)
Heels Off-Loaded with Pillows, Position w/ pillows, Reposition Frequently

T91: 2/26/2015 10:00 EST (Skin Preventive Measures)
Heels Off-Loaded with Pillows, Position w/ pillows, Reposition Frequently

Nursing Direct Charting

Integumentary

Textual Results
T130: 2/26/2015 14:00 EST (PUP Management Device)
Heels Off-Loaded with Pillows, Pillow for Positioning, Pulmonary Bed
T131: 2/26/2015 12:00 EST (PUP Management Device)
Heels Off-Loaded with Pillows, Pillow for Positioning, Pulmonary Bed
T132: 2/26/2015 12:00 EST (PUP Management Device)
Heels Off-Loaded with Pillows, Pillow for Positioning, Pulmonary Bed
T133: 2/26/2015 10:00 EST (PUP Management Device)
Heels Off-Loaded with Pillows, Pillow for Positioning, Pulmonary Bed
T134: 2/26/2015 10:00 EST (PUP Management Device)
Heels Off-Loaded with Pillows, Pillow for Positioning, Pulmonary Bed

Procedure	Units	Reference Range	Recorded Time Recorded By Recorded Date 08:00 EST Wallace RN,Teondra M 2/26/2015	06:00 EST Milunas RN,Kaitlyn C 2/26/2015	04:00 EST Milunas RN,Kaitlyn C 2/26/2015
Bony Prominences Inspected			Yes	-	-
Skin Color:			Normal	-	-
Skin Temperature:			Warm	-	-
Skin Condition			Not Intact	-	-
Skin Turgor			Normal	-	-
Mucous Membrane Description			Intact, Pink, Moist/Wet	-	-
Skin Preventive Measures			See Below T92 See Below T93	See Below T94	See Below T95
PUP Management Device			See Below T135 See Below T136	See Below T137	See Below T138
Integumentary Documentation			Integumentary Documentation	-	System Review Unchanged

Textual Results
T92: 2/26/2015 08:00 EST (Skin Preventive Measures)
Heels Off-Loaded with Pillows, Position w/ pillows, Reposition Frequently
T93: 2/26/2015 08:00 EST (Skin Preventive Measures)
Heels Off-Loaded with Pillows, Position w/ pillows, Reposition Frequently
T94: 2/26/2015 06:00 EST (Skin Preventive Measures)
Elbow Pad (minimizes friction), Heel Pad (minimizes friction), Heels Off-Loaded with Pillows, Position w/ pillows, Reposition Frequently
T95: 2/26/2015 04:00 EST (Skin Preventive Measures)
Elbow Pad (minimizes friction), Heel Pad (minimizes friction), Heels Off-Loaded with Pillows, Position w/ pillows, Reposition Frequently
T135: 2/26/2015 08:00 EST (PUP Management Device)
Heels Off-Loaded with Pillows, Pillow for Positioning, Pulmonary Bed
T136: 2/26/2015 08:00 EST (PUP Management Device)
Heels Off-Loaded with Pillows, Pillow for Positioning, Pulmonary Bed
T137: 2/26/2015 06:00 EST (PUP Management Device)
Floating Heels, Heel Elevation Device, other, Heels Off-Loaded with Elevation Device, Heels Off-Loaded with Pillows, Pillow for Positioning
T138: 2/26/2015 04:00 EST (PUP Management Device)
Floating Heels, Heel Elevation Device, other, Heels Off-Loaded with Elevation Device, Heels Off-Loaded with Pillows, Pillow for Positioning

Procedure	Units	Reference Range	Recorded Time Recorded By Recorded Date 02:00 EST Milunas RN,Kaitlyn C 2/26/2015	00:00 EST Milunas RN,Kaitlyn C 2/26/2015	22:00 EST Milunas RN,Kaitlyn C 2/25/2015
Skin Preventive Measures			See Below T96	See Below T97	See Below T98
PUP Management Device			See Below T139	See Below T140	See Below T141
Integumentary Documentation			-	System Review Unchanged	-

Textual Results
T96: 2/26/2015 02:00 EST (Skin Preventive Measures)

Procedure	Units	Recorded Date Reference Range	2/26/2015	2/26/2015
Musculoskeletal Documentation			System Review Unchanged	System Review Unchanged

Procedure	Units	Recorded Time Recorded By Recorded Date Reference Range	08:00 EST Wallace RN,Teondra M 2/26/2015	04:00 EST Milunas RN,Kaitlyn C 2/26/2015
Gait			Unable To Assess	-
Musculoskeletal Documentation			Musculoskeletal Documentation	System Review Unchanged
Musculoskeletal Condition:			Normal	-
Musculoskeletal Interventions:			See Below T197	-
Musculoskeletal Site:			All Extremities	-
Left Arm Movement			No Response	-
Right Arm Movement			No Response	-
Left Leg Movement			No Response	-

Nursing Direct Charting

Musculoskeletal System

		Recorded Time Recorded By Recorded Date	08:00 EST Wallace RN,Teondra M 2/26/2015	04:00 EST Milunas RN,Kaitlyn C 2/26/2015
Procedure	Units	Reference Range		
Right Leg Movement			No Response	-

Textual Results
T197: 2/26/2015 08:00 EST (Musculoskeletal Interventions:)
Bed Exercises, Elevate extremity, Repositioned, ROM Active, ROM Passive

		Recorded Time Recorded By Recorded Date	00:00 EST Milunas RN,Kaitlyn C 2/26/2015	20:00 EST Milunas RN,Kaitlyn C 2/25/2015
Procedure	Units	Reference Range		
Gait			-	Unable To Assess
Musculoskeletal Documentation			System Review Unchanged	Musculoskeletal Documentation
Musculoskeletal Condition:			-	Normal
Musculoskeletal Interventions:			-	Repositioned
Musculoskeletal Site:			-	All Extremities
Left Arm Movement			-	Spastic Flexion
Right Arm Movement			-	Spastic Flexion
Left Leg Movement			-	Spastic Flexion
Right Leg Movement			-	Spastic Flexion

Facility Info: Palmetto Health Richland
5 Richland Medical Park
Columbia, SC 29203-

Patient Info: DILLON, EDMUND

MRN: R012719295

FIN: R1505401814

Attending Physician: Jones MD,Mark A
Admitting Physician: Jones MD,Mark A

Pt. Age:
Date of Birth:
CMRN: 001376880

Nursing Direct Charting

Risk Precautions

Procedure	Units	Reference Range	Recorded Time: 00:55 EST Recorded By: Bracanovich RN,Lisa A Recorded Date: 2/27/2015	20:00 EST Blair RN,Larresha C 2/26/2015
Mental Status Fall Risk Morse			-	Forgets limitations
Morse Fall Risk Score			-	50
Participative in Fall Prevention			-	No

Textual Results

T200: 2/27/2015 00:55 EST (Safety)
Adequate day/night lighting, Bed alarm on, Bed Low/Brakes Locked, Call device within reach, Fall Prevention Education, ID Band Checked, ID Band on, Instruct to Call, Non-skid socks/shoes with non-skid soles, Phone within Reach, Pt/Family Able to Use, Siderails up x2, Uncluttered path for mobility

T201: 2/26/2015 20:00 EST (Safety)
Adequate day/night lighting, Bag-Valve Mask, suction at BS, Bed alarm on, ID Band Checked, ID Band on, Uncluttered path for mobility

Procedure	Units	Reference Range	Recorded Time Recorded By Recorded Date	08:00 EST Wallace RN,Teondra M 2/26/2015	20:00 EST Milunas RN,Kaitlyn C 2/25/2015
Safety				See Below T202	See Below T203
Suicide Risk				No	Unable to Evaluate
Abuse Signs				No indications	No indications
History of Fall in Last 3 Months Morse				No	Yes
Presence of Secondary Diagnosis Morse				Yes	Yes
Use of Ambulatory Aid Morse				None, bedrest, wheelchair, nurse	None, bedrest, wheelchair, nurse
IV/INT Fall Risk Morse				Yes	Yes
Gait Weak or Impaired Fall Risk Morse				Normal, bedrest, immobile	Normal, bedrest, immobile
Mental Status Fall Risk Morse				Forgets limitations	Forgets limitations
Morse Fall Risk Score				50	75
Participative in Fall Prevention				No	Yes

Textual Results

T202: 2/26/2015 08:00 EST (Safety)
Adequate day/night lighting, Bag-Valve Mask, suction at BS, Bed alarm on, Call device within reach, Fall Prevention Education, ID Band Checked, ID Band on, Individual patient alarm, Instruct to Call, Non-skid socks/shoes with non-skid soles, Removed unsafe toys-objects, Siderails up x3, Uncluttered path for mobility

T203: 2/25/2015 20:00 EST (Safety)
Adequate day/night lighting, Bed alarm on, Elbow protection, Fall Prevention Education, Family/Sitter at Bedside, ID Band Checked, ID Band on, Siderails up x3

Nursing Direct Charting

Patient Activity

Procedure	Units	Reference Range	Recorded Time Recorded By Recorded Date 20:00 EST Blair RN,Larresha C 2/26/2015	18:00 EST Wallace RN,Teondra M 2/26/2015	16:00 EST Wallace RN,Teondra M 2/26/2015
Patient Activity			In bed, Repositioned	In bed, Repositioned	In bed, Repositioned
Positioned			Supine/Back	Supine/Back	Supine/Back
Activity Response			Tolerated	Tolerated	Tolerated
Activity Assistance			Two person assistance	Two person assistance	Two person assistance

Procedure	Units	Reference Range	Recorded Time Recorded By Recorded Date 14:00 EST Wallace RN,Teondra M 2/26/2015	12:00 EST Wallace RN,Teondra M 2/26/2015	10:00 EST Wallace RN,Teondra M 2/26/2015
Patient Activity			In bed	In bed, Repositioned	In bed, Repositioned
Positioned			Supine/Back	Supine/Back	Supine/Back
Activity Response			Tolerated	Tolerated	Tolerated
Activity Assistance			Two person assistance	Two person assistance	Two person assistance

Corrected Results
c7: Patient Activity
Corrected from Awake on 2/26/2015 18:49 EST by Wallace RN, Teondra M

Procedure	Units	Reference Range	Recorded Time Recorded By Recorded Date 08:00 EST Wallace RN,Teondra M 2/26/2015	06:00 EST Milunas RN,Kaitlyn C 2/26/2015	04:00 EST Milunas RN,Kaitlyn C 2/26/2015
Patient Activity			In bed, Repositioned	Bedrest, In Crib	Bedrest, In bed
Positioned			Supine/Back	Supine/Back	Left Side
Accompanied By			-	-	Family
Activity Response			Tolerated	Tolerated	Tolerated
Activity Assistance			Two person assistance	Two person assistance	Two person assistance

Procedure	Units	Reference Range	Recorded Time Recorded By Recorded Date 04:00 EST Milunas RN,Kaitlyn C 2/26/2015	02:00 EST Milunas RN,Kaitlyn C 2/26/2015
Patient Activity			-	Bedrest, In bed, Repositioned
Positioned			-	Right Side
Person Contacted			Physician (Resident)	-
Regarding			Labs, Urine Output, VS Change R2	-
Care Provider Name			depp, md	-
Notification Response			At bedside, Orders Received R8	-
Activity Response			-	Tolerated
Activity Assistance			-	Two person assistance

Result Comments
R2: Regarding
Na 133 glucose 76 creatinine 2.2 ical 1.04 ABG results given to MD
R8: Notification Response
order to change vent to cpap. MD states to hold giving electrolyte replacements

Facility Info: Palmetto Health Richland
5 Richland Medical Park
Columbia, SC 29203-

Patient Info: DILLON, EDMUND

MRN: R012719295

FIN: R1505401814

Attending Physician: Jones MD,Mark A
Admitting Physician: Jones MD,Mark A

Pt. Age:
Date of Birth:
CMRN: 001376880

Nursing Direct Charting

Braden Scale

Procedure	Units	Reference Range	Recorded Time Recorded By Recorded Date	08:00 EST Wallace RN,Teondra M 2/26/2015	20:00 EST Milunas RN,Kaitlyn C 2/25/2015	08:00 EST Matheson RN,Crisna M 2/25/2015
Sensory Perception				Completely limited (1)	Very limited (2)	Very limited (2)
Moisture				Occasionally moist (3)	Occasionally moist (3)	Occasionally moist (3)
Activity				Bedfast (1)	Bedfast (1)	Bedfast (1)
Mobility Braden				Completely limited (1)	Completely limited (1)	Completely limited (1)
Nutrition				Probably inadequate (2)	Very poor (1)	Very poor (1)
Friction and Shear				Potential problem (2)	Potential problem (2)	Potential problem (2)
Braden Score				10	10	10

Facility Info: Palmetto Health Richland
5 Richland Medical Park
Columbia, SC 29203-

Attending Physician: Jones MD,Mark A
Admitting Physician: Jones MD,Mark A

Patient Info: DILLON, EDMUND

Pt. Age:
Date of Birth: 1
CMRN: 001376880

MRN: R012719295

FIN: R1505401814

Nursing Direct Charting

Braden Scale

Procedure	Units	Recorded Time Recorded By Recorded Date Reference Range	08:00 EST Wallace RN,Teondra M 2/26/2015	20:00 EST Milunas RN,Kaitlyn C 2/25/2015	08:00 EST Matheson RN,Crisna M 2/25/2015
Sensory Perception			Completely limited (1)	Very limited (2)	Very limited (2)
Moisture			Occasionally moist (3)	Occasionally moist (3)	Occasionally moist (3)
Activity			Bedfast (1)	Bedfast (1)	Bedfast (1)
Mobility Braden			Completely limited (1)	Completely limited (1)	Completely limited (1)
Nutrition			Probably inadequate (2)	Very poor (1)	Very poor (1)
Friction and Shear			Potential problem (2)	Potential problem (2)	Potential problem (2)
Braden Score			10	10	10

Relationship

Patient/Caregiver's Signature

Date/Time

Witness

Date/Time

DOCUMENT NAME:	Patient Summary
SERVICE DATE/TIME:	2/26/2015 21:20 EST
RESULT STATUS:	Auth (Verified)
PERFORM INFORMATION:	Blair RN,Larresha C (2/26/2015 21:20 EST)
ELECTRONICALLY SIGNED BY:	Blair RN,Larresha C (2/26/2015 21:20 EST)

Patient Summary

Patient Summary

Palmetto Health
Baptist Richland Parkridge

Name:DILLON, EDMUND **Current Date**:02/26/15 21:20:08
DOB: 12:00 AM **MRN**:R012719295 **FIN**:R1505401814
Visit Date:2/23/2015 3:04 PM

The following includes your discharge instructions, follow-up instructions, patient education materials, and information regarding your hospital stay.

Our Vision: To be remembered by each patient as providing the care and compassion we want for our families and ourselves.

Patient Follow-Up:

Discharge Instructions: What You Need To Know At Discharge

If at any time you feel that you have a life threatening emergency, call 911 or go directly to the nearest Emergency Department.

Inpatient Depart Summary

After you leave the hospital, you may call the Nursing unit within 24 hours of your discharge if you have any questions about these instructions.

Discharge Unit Telephone Number:
Discharge Prescriptions:
Diet:
Home Activity: ;
Home Activity Restrictions: ;

Driving:
Lifting:
Shower/Bath:
Return School/Work:

Worsening Symptoms
(When to Call the Doctor): ; ; ; ; ;

Discharge Resources (if needed):

If you would like a copy of your procedures and test, call the Health Information Management (Medical Record Department) Richland 803-434-7111, Baptist 803-296-5860, ParkRidge 803-907-1500

Drug and Alcohol abuse: LRADAC (Lexington/Richland Alcohol and Drug Abuse Counsel) Richland: 803-256-3100, Lexington: 803-733-1376; Palmetto Health Chemical Dependency Program 803-296-2416

Suicide Prevention: National Suicide Prevention Lifeline 1-800-273-8255

Stop Smoking/Tobacco Use: Call for classes on how to quit smoking. Education and counseling provided. Call 803-296-CARE or go to www.Palmettohealth.org or SC (DHEC) Tobacco Quitline 1-800-QUIT-NOW (800-784-8669) 8AM – 3AM daily. For youth: www.rageagainstthehaze.com

I understand that smoking and second-hand smoke increase my chances of suffering a heart attack, heart failure or stroke. I also understand that smoking and second-hand smoke may cause other illnesses that may shorten my life.

Allergies: NKA
Medications:

Inpatient Depart Summary

Relationship

Patient/Caregiver's Signature

Date/Time

Witness

Date/Time

DOCUMENT NAME: Clinical Summary
SERVICE DATE/TIME: 2/26/2015 21:20 EST
RESULT STATUS: Modified
PERFORM INFORMATION: Blair RN,Larresha C (2/26/2015 21:20 EST)
ELECTRONICALLY SIGNED BY: Blair RN,Larresha C (2/26/2015 21:20 EST); Leblanc-Wyckoff RN,Evanne M (2/23/2015 20:00 EST)

Clinical Summary

Clinical Summary

Name: DILLON, EDMUND **Current Date:** 02/26/15 21:20:07

DOB: 12:00 AM **MRN:** R012719295 **FIN:** R1505401814

Visit Date: 2/23/2015 3:04 PM

Allergies:

NKA

Reconciliation History

Admission:

Order Name	Details	Rec Actions	Reconciled & Electronically Signed By
02/25/15 14:07 bisacodyl (Dulcolax Laxative)	10 mg, = 1 supp, Supp, PR, daily, Routine, Start Date: 02/23/15 14:56:00	RECON_CONTINUE	Depp MD, Timothy B
02/25/15 14:07 1 Rx Communication (Pharmacy Nursing Communication)	Sedatives should not be given until pain is controlled (no pain) and RASS is still documented greater than +2, q12hr(s), Start Date: 02/23/15 18:00:00	RECON_CONTINUE	Depp MD, Timothy B
02/25/15 14:07 propofol (IV additive) 500 mg ÷ Premix 50 mL	50 mL, 50 mL = Total Volume, IV, Begin at 10 mcg/kg/min. Re-evaluation RASS every 15 min, increase 10mcg/kg/min untill RASS -4 to -5 achieved. If rate exceeds 50mcg/kg/min	RECON_CONTINUE	Depp MD, Timothy B

Inpatient Depart Summary

	then notify MD., Routine, Start Date: 02/23/15 14:56:00, Goal RASS -4 to -5, 77...		
02/25/15 14:07 levetiracetam (Keppra)	500 mg, = 5 mL, IV, 2xdaily, Routine, Start Date: 02/23/15 18:00:00, Stop date 03/02/15 6:00:00	RECON_CONTINUE	Depp MD, Timothy B
02/25/15 14:07 norepinephrine 4 mg + Sodium Chloride 0.9% 250 mL	250 mL, 250 mL = Total Volume, IV, Routine, Start Date: 02/24/15 8:37:00, MAP 60 goal, 74.8, kg	RECON_CONTINUE	Depp MD, Timothy B
02/25/15 14:07 pantoprazole (Protonix)	20 mg, Inj, IV, daily, Only if No gastric access and/or intestinal discontinuity., Routine, Start Date: 02/23/15 14:56:00	RECON_CONTINUE	Depp MD, Timothy B
02/25/15 14:07 fentanyl. (fentanyl)	50 mcg, = 1 mL, Inj, IV, q4hr(s), PRN, Pain - Moderate, Routine, Start Date: 02/24/15 14:18:00	RECON_CONTINUE	Depp MD, Timothy B
02/25/15 14:07 Sodium Chloride 0.9% 1,000 mL + multivitamin adult injection 10 mL + thiamine (IV Additive) 250 mg...	1,000 mL, 1,000 mL = Total Volume, IV, Routine, Start Date: 02/25/15 9:51:00, 1 doses, Stop date 02/25/15 23:08:00, @ 75 mL/hr, 13.3 hr, 74.8, kg	RECON_CONTINUE	Depp MD, Timothy B
02/25/15 14:07 Sodium Chloride 0.9% 1,000 mL	1,000 mL, 1,000 mL = Total Volume, IV, Routine, Start Date: 02/23/15 14:56:00, @ 75 mL/hr, 13.3 hr	RECON_CONTINUE	Depp MD, Timothy B
02/25/15 14:07 1 Rx Communication (Pharmacy Nursing Communication)	Keep total fluid intake (IV meds, drips, and tube feeds) no greater than 125cc/hr., daily, Start Date: 02/23/15 14:56:00	RECON_CONTINUE	Depp MD, Timothy B
02/25/15 14:07 1 Rx Adult IV Electrolyte Replacement Guidelines, Critical Care	Follow Guideline. Call MD prior to replacement if SCr is greater than 1.2, daily, Start Date: 02/23/15 14:56:00	RECON_CONTINUE	Depp MD, Timothy B
02/25/15 14:07 1 RX Alcohol Withdrawal Regimen, Sympton Triggered Guideline, 6017	Follow guidelines, daily, Start Date: 02/24/15 9:14:00	RECON_CONTINUE	Depp MD, Timothy B

LEGEND:

CANCEL DC...Medication has been discontinued

SUSPEND.....Pt not taking medication

ORDER....Current inpatient Medication

RECON_DO_NOT_COPY.... Mediation discontinued, patient will not be taking

CONVERT_INPAT... Home medication that patient will be taking as an inpatient medication

RECON_DO_NOT_CONT... Medication patient will not continue

RECON_DO_NOT CVNT... Medication that patient will not continue

RESUME.... Home medication or previous prescription that patient will continue when discharged home

End of List

Progress Notes

DOCUMENT NAME: Physician Progress Notes
SERVICE DATE/TIME: 2/26/2015 08:06 EST
RESULT STATUS: Modified
PERFORM INFORMATION: Jones MD,Mark A (2/27/2015 16:35 EST); Depp MD,Timothy B (2/26/2015 08:17 EST)
ELECTRONICALLY SIGNED BY: Jones MD,Mark A (2/27/2015 16:35 EST); Jones MD,Mark A (2/27/2015 16:34 EST); Depp MD,Timothy B (2/26/2015 08:17 EST)

Addendum by Jones MD, Mark A on 27 February 2015 16:35
Attending Attestation: I have seen this patient on rounds, examined them, reviewed their laboratory and radiographic information. I agree with the student's/ resident's/physician extender's assessment and plan above. MAJ.

Family plans comfort care this afternoon once everyone arrives. Will plan to tx to hospice pending how he progresses after extubation. MAJ.

Electronically Signed & Verified on 02/27/2015 16:35
by Jones MD, Mark A

STICU Progress Note

Patient: **DILLON, EDMUND** **MRN: R012719295** **FIN: R1505401814**
Age: [redacted] Sex: [redacted] DOB: [redacted]
Associated Diagnoses: **None**
Author: **Depp MD, Timothy B**

Chief Complaint

56yo M s/p fall with acute on chronic subdurals and large R ICH, worsening s/p hemicraniectomy, in the setting of apparent acute liver failure and elevation of bilirubin.

2/24/15: Worsening status, family updated at bedside, CVC inserted L groin for access given patients rapid fluctuation between hypo and hypernatremia. Neurosurgery recommends supportive measures at this time.
2/25/15: Some continued withdraw to pain. Jaundice much worse. PICC placed. NSG drain pulled. GI will watch hold off on intervention for now.
2/26/15: Family aware and discussing whether withdraw of care appropriate at this time. Patient on vent, minimal sedation, minimal activity

Review of Systems

Status: Unable to obtain..

Histories

Past Medical History

Resolved
Alcoholism (792E1B04-FED7-48CF-9C4C-9C74AABCAAF5): Resolved.
Skin cancer (2536564013): Resolved..

Physical Examination

VS/Measurements

Vital Signs

02/26/15 04:00

Temperature Bladder	37.2 DegC Normal
Temperature Bladder,degF	99 DegF Normal
Heart Rate Monitored	86 bpm Normal
Respiratory Rate	**28 br/min HIGH**
Pulse Ox Sat	100 %
NIBP Systolic	98 mmHg
NIBP Diastolic	60 mmHg
NIBP Mean Calculated	73 mmHg
NIBP Mean Monitored	72 mmHg

HENT: Stapled scalp wound appears intact. No apparent infection.
Neck: Supple.
Respiratory: Lungs are clear to auscultation, Breath sounds are equal, Symmetrical chest wall expansion.
Support: Airway in place.
Cardiovascular: Normal rate, Regular rhythm.
Gastrointestinal: Soft, Non-tender, mildly distended.
Integumentary: Warm, Dry, Significant jaundice.
Neurologic: Withdraws to pain on right.

Review / Management

Results review:

Labs (Last four charted values)

WBC	H 17.7	(FEB 26)	H 14.4	(FEB 25)	9.4	(FEB 24)	10.7	(FEB 23)
Hgb	L 10.0	(FEB 26)	L 10.0	(FEB 25)	L 9.0	(FEB 24)	L 11.8	(FEB 23)
Hct	L 27.7	(FEB 26)	L 27.5	(FEB 25)	L 28.4	(FEB 24)	L 37.5	(FEB 23)
Plt	L 144	(FEB 26)	L 127	(FEB 25)	L 107	(FEB 24)	L 127	(FEB 23)
Na	L 133	(FEB 26)	L 129	(FEB 25)	L 130	(FEB 24)	L 126	(FEB 24)

K	4.1	(FEB 26)	3.8	(FEB 25)	4.0	(FEB 24)	L 2.6	(FEB 24)		
CO2		L 14	(FEB 26)	L 18	(FEB 25)	L 18	(FEB 24)	25	(FEB 23)	
Cl	104	(FEB 26)	100	(FEB 25)	98	(FEB 24)	L 82	(FEB 23)		
Cr	H 2.2	(FEB 26)	H 1.4	(FEB 25)	0.7	(FEB 24)	1.2	(FEB 23)		
BUN		H 35	(FEB 26)	H 27	(FEB 25)	H 21	(FEB 24)	H 26	(FEB 23)	
Glucose		76	(FEB 26)	H 115	(FEB 25)	85	(FEB 24)	H 118	(FEB 23)	
Mg		2.2	(FEB 25)	2.1	(FEB 24)	L 1.1	(FEB 24)			
Phos		4.2	(FEB 26)	3.1	(FEB 25)	3.8	(FEB 24)	L 1.3	(FEB 24)	
Ca	L 7.0	(FEB 26)	L 7.5	(FEB 25)	L 6.3	(FEB 24)	L 8.1	(FEB 23)		
INR		2.0	(FEB 25)	1.6	(FEB 23)	1.7	(FEB 23)			
PTT		H 37.3	(FEB 24)	33.9	(FEB 23)	H 39.9	(FEB 23)			

2/24/15 CT: S/p hemicrani, worsening ICH

Impression and Plan

56yo M s/p fall with acute on chronic subdurals and large R ICH, worsening s/p hemicraniectomy, in the setting of apparent acute liver failure and elevation of bilirubin

Procedures:
2/23 Hemicraniectomy

Consults:
Neurosurgery (Toussaint)
Palliative care (Jenkins)
Gastroenterology (Lowman)

Palliative: Ongoing discussion with family regarding withdraw, DNR 2 at this point. Family to discuss withdraw of care this afternoon.

Respiratory
CXR: Similar to previous
ABG:
7.43 (L) 21 (H) 108 (L) 13.8 -8.8

Infectious
No growth of urine and wound Cultures to date
Low grade temperatures

Cardiovascular
Mild tachycardia

Heme: Hemoglobin grossly stable from previous

Progress Notes

Metabolic: Significant metabolic derangements. Sodium improved, potassium, magnesium, calcium and phosphorous are correcting with replacement.

GI: Patient with elevated direct v. indirect bilirubin suggestive of obstruction, though portal congestion with pan-organomegaly is noted on abdominal CT, suggesting a subacute process..
GI has recommended conservative management at this time, will pursue more aggresive workup if patients neurologic function improves
Follow labs

Neuro: Very poor neurologic prognosis. Anticipate poor outcome. Have discussed with family. Neurosurgery following. Keppra. Consider further imaging if acute change. BP goal is sytolic less than 160.

MSK: No obvious injuries.

PPX
Hold anticoag
PPI

Dispo
Critically ill, STICU until stabilized, will be appropriate for hospice when extubated, should he continue to breathe on his own.

Electronically Signed & Verified on 02/26/2015 08:17
by Depp MD, Timothy B

Electronically Signed & Verified on 02/27/15 16:34
by Jones MD, Mark A

DOCUMENT NAME:	Physician Progress Notes
SERVICE DATE/TIME:	2/26/2015 11:55 EST
RESULT STATUS:	Auth (Verified)
PERFORM INFORMATION:	Jenkins MD,Karin M (2/26/2015 12:07 EST)
ELECTRONICALLY SIGNED BY:	Jenkins MD,Karin M (2/26/2015 12:07 EST)

Palliative Care Progress Note

Patient: **DILLON, EDMUND** **MRN: R012719295** **FIN: R1505401814**
Age: Sex: **Male** DOB:
Associated Diagnoses: **None**
Author: **Jenkins MD, Karin M**

Basic Information
56-year-old Caucasian gentleman admitted with subdural hematoma and subarachnoid hemorrhage with midline shift status post craniotomy for subdural hematoma now intubated and unresponsive on the ventilator.

Daughter, Robin and sister at bedside. They confirmed they are waiting for family to arrive then will do terminal extubation. Pt appears comfortable, on fentanyl gtt. No grimace or anxiety. Becomes tachypnic at times, resolved with suctioning.

Impression and Plan
Subarachnoid hemorrhage with acute on chronic subdural hematoma status post emergent evacuation on 2/23 - unresponsive except to painful stimuli on the ventilator, not on any sedatives other than 1 dose fentany received this am. Patient with very poor prognosis, worsening head CT with enlarging Right frontal hemorrhage,

Progress Notes

Acute Alcoholic Hepatitis with elevated bilirubin, jaundice,
Chronic Alcoholic liver disease with evidence of fatty infiltration of the liver, coagulopathy, thrombocytopenia, ascites
history of skin cancer s/p removal
Acute renal failure
Leukocytosis
Coagulopathy s/p FFP

Sister concerned about MAPS in 60s. Discussed with her that this was acceptable and while her brother could pass at any time, he could live for a while with these MAPS. FAmily seems to be handling patient's iminent passing as best as possible. Wife not at bedside, but handling things OK per daughter. We extensively discussed that the patient may not die immediately after terminal extubation and possibly could live for hours to days. We discussed possibly moving him to 11th floor on hospice if this were the case. We discussed the need for them to let us know if he shows any signs of discomfort and agitation, but patient appears comfortable now. Asked that they call us if they had any further questions or concerns

PALLIATIVE CARE SPECIFIC

(b) SOCIAL: CONTEXTUALIZATION OF CARE Continue to work with patient and family
(c) PLAN: Continue to support patient and family
(d) CODE: **IC - to change to DNR 5 when all family arrives**
(e) PROGNOSIS: **Grave**

I had the opportunity to evaluate this patient, review all his medical records, perform a full medical examination.

Palliative care team will continue to see this patient to address physical, emotional and spiritual needs. We appreciate the opportunity to participate in the care of this patient. I spent **20** minutes with patient,daughter, sister, including history, examination, coordination of care.

Karin Jenkins, MD
352-0526

Electronically Signed & Verified on 02/26/2015 12:07
by Jenkins MD, Karin M

Non Medication Orders

Order: Auto Diff			
Order Start Date/Time: 2/26/2015 04:00 EST			
Order Date/Time: 2/26/2015 03:18 EST			
Order Status: Completed	Department Status: Completed	Catalog Type: Laboratory	Activity Type: General Lab
End-state Date/Time: 2/26/2015 04:58 EST		End-state Reason:	
Ordered and Electronically Signed By: Depp MD,Timothy B		Consulting Physician:	
Entered By: Shippy PhT,Tiffany M on 2/26/2015 04:58 EST			
Order Details: 02/26/15 4:00:00, Timed Study, TS - Timed Study OT, 0, occurrences, Specimen: Blood, 9169963.000000, 02/25/15 21:42:00, 02/26/15 4:00:00			
Order Comment:			
Action Type: Order	Action Date/Time: 2/26/2015 03:18 EST	Action Personnel: SYSTEM,SYSTEM	
Responsible Provider: Depp MD,Timothy B	Supervising Provider:	Communication Type: Discern Expert	
Order Details: 02/26/15 4:00:00, Timed Study, TS - Timed Study OT, 0, occurrences, Specimen: Blood, 9169963.000000, 02/25/15 21:42:00, 02/26/15 4:00:00			
Review Information:			
Doctor Cosign: Not Required			
Order Comment:			
Action Type: Status Change	Action Date/Time: 2/26/2015 03:18 EST	Action Personnel: SYSTEM,SYSTEM	
Responsible Provider: Depp MD,Timothy B	Supervising Provider:	Communication Type:	
Order Details: 02/26/15 4:00:00, Timed Study, TS - Timed Study OT, 0, occurrences, Specimen: Blood, 9169963.000000, 02/25/15 21:42:00, 02/26/15 4:00:00			
Review Information:			
Doctor Cosign: Not Required			
Order Comment:			
Action Type: Complete	Action Date/Time: 2/26/2015 04:58 EST	Action Personnel: Shippy PhT,Tiffany M	
Responsible Provider: Depp MD,Timothy B	Supervising Provider:	Communication Type:	
Order Details: 02/26/15 4:00:00, Timed Study, TS - Timed Study OT, 0, occurrences, Specimen: Blood, 9169963.000000, 02/25/15 21:42:00, 02/26/15 4:00:00			
Review Information:			
Doctor Cosign: Not Required			
Order Comment:			

Non Medication Orders

Order: Diff Morphology

Order Start Date/Time: 2/26/2015 03:07 EST
Order Date/Time: 2/26/2015 04:58 EST
Order Status: Completed | Department Status: Completed | Catalog Type: Laboratory | Activity Type: General Lab
End-state Date/Time: 2/26/2015 05:02 EST | End-state Reason:
Ordered and Electronically Signed By: Depp MD,Timothy B | Consulting Physician:
Entered By: Shippy PhT,Tiffany M on 2/26/2015 05:02 EST
Order Details: 02/26/15 3:07:00, Timed Study, TS - Timed Study OT, 0, occurrences, Specimen: Blood, 9169963.000000, 02/26/15 3:07:00, 02/26/15 3:07:00
Order Comment:

Action Type: Order | Action Date/Time: 2/26/2015 04:58 EST | Action Personnel: SYSTEM,SYSTEM
Responsible Provider: Depp MD,Timothy B | Supervising Provider: | Communication Type: Discern Expert
Order Details: 02/26/15 3:07:00, Timed Study, TS - Timed Study OT, 0, occurrences, Specimen: Blood, 9169963.000000, 02/26/15 3:07:00, 02/26/15 3:07:00
Review Information:
Doctor Cosign: Not Required
Order Comment:

Action Type: Status Change | Action Date/Time: 2/26/2015 04:58 EST | Action Personnel: SYSTEM,SYSTEM
Responsible Provider: Depp MD,Timothy B | Supervising Provider: | Communication Type:
Order Details: 02/26/15 3:07:00, Timed Study, TS - Timed Study OT, 0, occurrences, Specimen: Blood, 9169963.000000, 02/26/15 3:07:00, 02/26/15 3:07:00
Review Information:
Doctor Cosign: Not Required
Order Comment:

Action Type: Complete | Action Date/Time: 2/26/2015 05:02 EST | Action Personnel: Shippy PhT,Tiffany M
Responsible Provider: Depp MD,Timothy B | Supervising Provider: | Communication Type:
Order Details: 02/26/15 3:07:00, Timed Study, TS - Timed Study OT, 0, occurrences, Specimen: Blood, 9169963.000000, 02/26/15 3:07:00, 02/26/15 3:07:00
Review Information:
Doctor Cosign: Not Required
Order Comment:

Non Medication Orders

Order: Glomerular Filtration Rate			
Order Start Date/Time: 2/26/2015 04:00 EST			
Order Date/Time: 2/26/2015 04:04 EST			
Order Status: Completed	Department Status: Completed	Catalog Type: Laboratory	Activity Type: General Lab
End-state Date/Time: 2/26/2015 04:04 EST		End-state Reason:	
Ordered and Electronically Signed By: Depp MD,Timothy B		Consulting Physician:	
Entered By: SYSTEM,SYSTEM on 2/26/2015 04:04 EST			
Order Details: 02/26/15 4:00:00, Timed Study, TS - Timed Study OT, 0, occurrences, Specimen: Blood, 9169964.000000, 02/25/15 21:43:00, 02/26/15 4:00:00			
Order Comment:			
Action Type: Order	Action Date/Time: 2/26/2015 04:04 EST	Action Personnel: SYSTEM,SYSTEM	
Responsible Provider: Depp MD,Timothy B	Supervising Provider:	Communication Type: Discern Expert	
Order Details: 02/26/15 4:00:00, Timed Study, TS - Timed Study OT, 0, occurrences, Specimen: Blood, 9169964.000000, 02/25/15 21:43:00, 02/26/15 4:00:00			
Review Information:			
Doctor Cosign: Not Required			
Order Comment:			
Action Type: Status Change	Action Date/Time: 2/26/2015 04:04 EST	Action Personnel: SYSTEM,SYSTEM	
Responsible Provider: Depp MD,Timothy B	Supervising Provider:	Communication Type:	
Order Details: 02/26/15 4:00:00, Timed Study, TS - Timed Study OT, 0, occurrences, Specimen: Blood, 9169964.000000, 02/25/15 21:43:00, 02/26/15 4:00:00			
Review Information:			
Doctor Cosign: Not Required			
Order Comment:			
Action Type: Complete	Action Date/Time: 2/26/2015 04:04 EST	Action Personnel: SYSTEM,SYSTEM	
Responsible Provider: Depp MD,Timothy B	Supervising Provider:	Communication Type:	
Order Details: 02/26/15 4:00:00, Timed Study, TS - Timed Study OT, 0, occurrences, Specimen: Blood, 9169964.000000, 02/25/15 21:43:00, 02/26/15 4:00:00			
Review Information:			
Doctor Cosign: Not Required			
Order Comment:			

Non Medication Orders

Order: Manual Diff
Order Start Date/Time: 2/26/2015 03:07 EST
Order Date/Time: 2/26/2015 04:58 EST
Order Status: Completed | Department Status: Completed | Catalog Type: Laboratory | Activity Type: General Lab
End-state Date/Time: 2/26/2015 05:02 EST | End-state Reason:
Ordered and Electronically Signed By: Depp MD,Timothy B | Consulting Physician:
Entered By: Shippy PhT,Tiffany M on 2/26/2015 05:02 EST
Order Details: 02/26/15 3:07:00, Timed Study, TS - Timed Study OT, 0, occurrences, Specimen: Blood, 9169963.000000, 02/26/15 3:07:00, 02/26/15 3:07:00
Order Comment:

Action Type: Order | Action Date/Time: 2/26/2015 04:58 EST | Action Personnel: SYSTEM,SYSTEM
Responsible Provider: Depp MD,Timothy B | Supervising Provider: | Communication Type: Discern Expert
Order Details: 02/26/15 3:07:00, Timed Study, TS - Timed Study OT, 0, occurrences, Specimen: Blood, 9169963.000000, 02/26/15 3:07:00, 02/26/15 3:07:00
Review Information:
Doctor Cosign: Not Required
Order Comment:

Action Type: Status Change | Action Date/Time: 2/26/2015 04:58 EST | Action Personnel: SYSTEM,SYSTEM
Responsible Provider: Depp MD,Timothy B | Supervising Provider: | Communication Type:
Order Details: 02/26/15 3:07:00, Timed Study, TS - Timed Study OT, 0, occurrences, Specimen: Blood, 9169963.000000, 02/26/15 3:07:00, 02/26/15 3:07:00
Review Information:
Doctor Cosign: Not Required
Order Comment:

Action Type: Complete | Action Date/Time: 2/26/2015 05:02 EST | Action Personnel: Shippy PhT,Tiffany M
Responsible Provider: Depp MD,Timothy B | Supervising Provider: | Communication Type:
Order Details: 02/26/15 3:07:00, Timed Study, TS - Timed Study OT, 0, occurrences, Specimen: Blood, 9169963.000000, 02/26/15 3:07:00, 02/26/15 3:07:00
Review Information:
Doctor Cosign: Not Required
Order Comment:

Non Medication Orders

Order: Calcium Ionized (Ionized Calcium)

Order Start Date/Time: 2/26/2015 03:07 EST
Order Date/Time: 2/25/2015 21:42 EST
Order Status: Completed | Department Status: Completed | Catalog Type: Laboratory | Activity Type: General Lab
End-state Date/Time: 2/26/2015 03:43 EST | End-state Reason:
Ordered and Electronically Signed By: Depp MD,Timothy B | Consulting Physician:
Entered By: SYSTEM,SYSTEM on 2/26/2015 03:43 EST
Order Details: 02/26/15 4:00:00, Timed Study, TS - Timed Study, Specimen: Blood, 02/25/15 21:42:00, 02/26/15 4:00:00, Print Label
Order Comment:

Action Type: Order | Action Date/Time: 2/25/2015 21:43 EST | Action Personnel: Depp MD,Timothy B
Responsible Provider: Depp MD,Timothy B | Supervising Provider: | Communication Type: CPOE
Order Details: 02/26/15 4:00:00, Timed Study, TS - Timed Study, Specimen: Blood, 02/25/15 21:42:00, 02/26/15 4:00:00, Print Label
Review Information:
Doctor Cosign: Not Required
Order Comment:

Action Type: Status Change | Action Date/Time: 2/26/2015 03:02 EST | Action Personnel: SYSTEM,SYSTEM
Responsible Provider: Depp MD,Timothy B | Supervising Provider: | Communication Type:
Order Details: 02/26/15 4:00:00, Timed Study, TS - Timed Study, Specimen: Blood, 02/25/15 21:42:00, 02/26/15 4:00:00, Print Label
Review Information:
Doctor Cosign: Not Required
Order Comment:

Action Type: Status Change | Action Date/Time: 2/26/2015 03:18 EST | Action Personnel: Dupree,Michele A
Responsible Provider: Depp MD,Timothy B | Supervising Provider: | Communication Type:
Order Details: 02/26/15 4:00:00, Timed Study, TS - Timed Study, Specimen: Blood, 02/25/15 21:42:00, 02/26/15 4:00:00, Print Label
Review Information:
Doctor Cosign: Not Required
Order Comment:

Action Type: Status Change | Action Date/Time: 2/26/2015 03:18 EST | Action Personnel: Dupree,Michele A
Responsible Provider: Depp MD,Timothy B | Supervising Provider: | Communication Type:
Order Details: 02/26/15 4:00:00, Timed Study, TS - Timed Study, Specimen: Blood, 02/25/15 21:42:00, 02/26/15 4:00:00, Print Label
Review Information:
Doctor Cosign: Not Required
Order Comment:

Action Type: Complete | Action Date/Time: 2/26/2015 03:43 EST | Action Personnel: SYSTEM,SYSTEM
Responsible Provider: Depp MD,Timothy B | Supervising Provider: | Communication Type:
Order Details: 02/26/15 4:00:00, Timed Study, TS - Timed Study, Specimen: Blood, 02/25/15 21:42:00, 02/26/15 4:00:00, Print Label
Review Information:
Doctor Cosign: Not Required
Order Comment:

Non Medication Orders

Order: CBC W/Diff

Order Start Date/Time: 2/26/2015 03:07 EST
Order Date/Time: 2/25/2015 21:42 EST
Order Status: Completed | Department Status: Completed | Catalog Type: Laboratory | Activity Type: General Lab
End-state Date/Time: 2/26/2015 03:54 EST | End-state Reason:
Ordered and Electronically Signed By: Depp MD,Timothy B | Consulting Physician:
Entered By: Sheffield,Susan S on 2/26/2015 03:54 EST
Order Details: 02/26/15 4:00:00, Timed Study, TS - Timed Study, Specimen: Blood, 02/25/15 21:42:00, 02/26/15 4:00:00, Print Label
Order Comment:

Action Type: Order | Action Date/Time: 2/25/2015 21:43 EST | Action Personnel: Depp MD,Timothy B
Responsible Provider: Depp MD,Timothy B | Supervising Provider: | Communication Type: CPOE
Order Details: 02/26/15 4:00:00, Timed Study, TS - Timed Study, Specimen: Blood, 02/25/15 21:42:00, 02/26/15 4:00:00, Print Label
Review Information:
Doctor Cosign: Not Required
Order Comment:

Action Type: Status Change | Action Date/Time: 2/26/2015 03:02 EST | Action Personnel: SYSTEM,SYSTEM
Responsible Provider: Depp MD,Timothy B | Supervising Provider: | Communication Type:
Order Details: 02/26/15 4:00:00, Timed Study, TS - Timed Study, Specimen: Blood, 02/25/15 21:42:00, 02/26/15 4:00:00, Print Label
Review Information:
Doctor Cosign: Not Required
Order Comment:

Action Type: Status Change | Action Date/Time: 2/26/2015 03:18 EST | Action Personnel: Dupree,Michele A
Responsible Provider: Depp MD,Timothy B | Supervising Provider: | Communication Type:
Order Details: 02/26/15 4:00:00, Timed Study, TS - Timed Study, Specimen: Blood, 02/25/15 21:42:00, 02/26/15 4:00:00, Print Label
Review Information:
Doctor Cosign: Not Required
Order Comment:

Action Type: Status Change | Action Date/Time: 2/26/2015 03:18 EST | Action Personnel: Dupree,Michele A
Responsible Provider: Depp MD,Timothy B | Supervising Provider: | Communication Type:
Order Details: 02/26/15 4:00:00, Timed Study, TS - Timed Study, Specimen: Blood, 02/25/15 21:42:00, 02/26/15 4:00:00, Print Label
Review Information:
Doctor Cosign: Not Required
Order Comment:

Action Type: Complete | Action Date/Time: 2/26/2015 03:54 EST | Action Personnel: Sheffield,Susan S
Responsible Provider: Depp MD,Timothy B | Supervising Provider: | Communication Type:
Order Details: 02/26/15 4:00:00, Timed Study, TS - Timed Study, Specimen: Blood, 02/25/15 21:42:00, 02/26/15 4:00:00, Print Label
Review Information:
Doctor Cosign: Not Required
Order Comment:

Non Medication Orders

Order: Chlorhexidine bath			
Order Start Date/Time: 2/26/2015 09:00 EST			
Order Date/Time: 2/23/2015 18:52 EST			
Order Status: Discontinued	Department Status: Discontinued	Catalog Type: Patient Care	Activity Type: Patient Care
End-state Date/Time: 2/27/2015 22:02 EST		End-state Reason:	
Ordered and Electronically Signed By: Guidelines of Care,*		Consulting Physician:	
Entered By: SYSTEM,SYSTEM on 2/27/2015 22:02 EST			
Order Details: 02/26/15 9:00:00, x 7 days per week			
Order Comment:			
Action Type: Order	Action Date/Time: 2/25/2015 11:09 EST	Action Personnel: Javis,Cheryl J	
Responsible Provider: Guidelines of Care,*	Supervising Provider:	Communication Type: Sig Not Required	
Order Details: 02/26/15 9:00:00, x 7 days per week			
Review Information:			
Doctor Cosign: Not Required			
Order Comment:			
Action Type: Discontinue	Action Date/Time: 2/27/2015 22:02 EST	Action Personnel: SYSTEM,SYSTEM	
Responsible Provider: Guidelines of Care,*	Supervising Provider:	Communication Type:	
Order Details: 02/26/15 9:00:00, x 7 days per week			
Review Information:			
Doctor Cosign: Not Required			
Order Comment:			

Order: Chlorhexidine bath			
Order Start Date/Time: 2/27/2015 09:00 EST			
Order Date/Time: 2/23/2015 18:52 EST			
Order Status: Discontinued	Department Status: Discontinued	Catalog Type: Patient Care	Activity Type: Patient Care
End-state Date/Time: 2/27/2015 22:02 EST		End-state Reason:	
Ordered and Electronically Signed By: Guidelines of Care,*		Consulting Physician:	
Entered By: SYSTEM,SYSTEM on 2/27/2015 22:02 EST			
Order Details: 02/27/15 9:00:00, x 7 days per week			
Order Comment:			
Action Type: Order	Action Date/Time: 2/26/2015 11:03 EST	Action Personnel: Javis,Cheryl J	
Responsible Provider: Guidelines of Care,*	Supervising Provider:	Communication Type: Sig Not Required	
Order Details: 02/27/15 9:00:00, x 7 days per week			
Review Information:			
Doctor Cosign: Not Required			
Order Comment:			
Action Type: Discontinue	Action Date/Time: 2/27/2015 22:02 EST	Action Personnel: SYSTEM,SYSTEM	
Responsible Provider: Guidelines of Care,*	Supervising Provider:	Communication Type:	
Order Details: 02/27/15 9:00:00, x 7 days per week			
Review Information:			
Doctor Cosign: Not Required			
Order Comment:			

Non Medication Orders

Order: CR Chest 1 View Portable (CXR Chest Portable)

Order Start Date/Time: 2/26/2015 04:00 EST			
Order Date/Time: 2/25/2015 21:42 EST			
Order Status: Completed	Department Status: Completed	Catalog Type: Radiology	Activity Type: Radiology
End-state Date/Time: 2/26/2015 14:19 EST		End-state Reason:	
Ordered and Electronically Signed By: Depp MD,Timothy B		Consulting Physician:	
Entered By: Hardin IV MD,Harry Simms on 2/26/2015 14:19 EST			
Order Details: 02/26/15 4:00:00, Routine, Reason: intubated, Transport: Portable			
Order Comment:			
Action Type: Order	Action Date/Time: 2/25/2015 21:43 EST	Action Personnel: Depp MD,Timothy B	
Responsible Provider: Depp MD,Timothy B	Supervising Provider:	Communication Type: CPOE	
Order Details: 02/26/15 4:00:00, Routine, Reason: intubated, Transport: Portable			
Review Information:			
Doctor Cosign: Not Required			
Order Comment:			
Action Type: Status Change	Action Date/Time: 2/26/2015 05:09 EST	Action Personnel: Bouknight,Traci L	
Responsible Provider: Depp MD,Timothy B	Supervising Provider:	Communication Type: CPOE	
Order Details: 02/26/15 4:00:00, Routine, Reason: intubated, Transport: Portable			
Review Information:			
Doctor Cosign: Not Required			
Order Comment:			
Action Type: Complete	Action Date/Time: 2/26/2015 14:19 EST	Action Personnel: Hardin IV MD,Harry Simms	
Responsible Provider: Depp MD,Timothy B	Supervising Provider:	Communication Type: CPOE	
Order Details: 02/26/15 4:00:00, Routine, Reason: intubated, Transport: Portable			
Review Information:			
Doctor Cosign: Not Required			
Order Comment:			

Non Medication Orders

Order: Do not			
Order Start Date/Time: 2/26/2015 14:10 EST			
Order Date/Time: 2/26/2015 07:00 EST			
Order Status: Discontinued	Department Status: Discontinued	Catalog Type: Patient Care	Activity Type: Communication Orders
End-state Date/Time: 2/27/2015 03:40 EST		End-state Reason:	
Ordered and Electronically Signed By: Guidelines of Care,*		Consulting Physician:	
Entered By: Bracanovich RN,Lisa A on 2/27/2015 03:40 EST			
Order Details: 02/26/15 14:10:00, Routine, Do not turn. Hemodynamically unstable			
Order Comment:			
Action Type: Order	Action Date/Time: 2/26/2015 14:10 EST	Action Personnel: Wallace RN,Teondra M	
Responsible Provider: Maxey MD,Melissa	Supervising Provider:	Communication Type: Inbox VORB	
Order Details: 02/26/15 14:10:00, Routine, Do not turn. Hemodynamically unstable			
Review Information:			
Doctor Cosign: Electronically Signed, Maxey MD,Melissa on 2/28/2015 07:10 EST			
Order Comment:			
Action Type: Discontinue	Action Date/Time: 2/27/2015 03:40 EST	Action Personnel: Bracanovich RN,Lisa A	
Responsible Provider: Guidelines of Care,*	Supervising Provider:	Communication Type: Sig Not Required	
Order Details: 02/26/15 14:10:00, Routine, Do not turn. Hemodynamically unstable			
Review Information:			
Doctor Cosign: Not Required			
Order Comment:			

Non Medication Orders

Order: Incentive Spirometry,Nsg
Order Start Date/Time: 2/26/2015 08:00 EST
Order Date/Time: 2/23/2015 14:56 EST
Order Status: Discontinued | Department Status: Discontinued | Catalog Type: Patient Care | Activity Type: Asmt/Tx/Monitoring
End-state Date/Time: 2/27/2015 22:02 EST | End-state Reason:
Ordered and Electronically Signed By: Stachowiak PA,James R | Consulting Physician:
Entered By: SYSTEM,SYSTEM on 2/27/2015 22:02 EST
Order Details: 02/26/15 8:00:00, 8am to 10pm
Order Comment:
Action Type: Order | Action Date/Time: 2/25/2015 11:09 EST | Action Personnel: Stachowiak PA,James R
Responsible Provider: Stachowiak PA,James R | Supervising Provider: | Communication Type: CPOE
Order Details: 02/26/15 8:00:00, 8am to 10pm
Review Information:
Doctor Cosign: Not Required
Order Comment:
Action Type: Discontinue | Action Date/Time: 2/27/2015 22:02 EST | Action Personnel: SYSTEM,SYSTEM
Responsible Provider: Stachowiak PA,James R | Supervising Provider: | Communication Type:
Order Details: 02/26/15 8:00:00, 8am to 10pm
Review Information:
Doctor Cosign: Not Required
Order Comment:

Order: Incentive Spirometry,Nsg
Order Start Date/Time: 2/26/2015 09:00 EST
Order Date/Time: 2/23/2015 14:56 EST
Order Status: Discontinued | Department Status: Discontinued | Catalog Type: Patient Care | Activity Type: Asmt/Tx/Monitoring
End-state Date/Time: 2/27/2015 22:02 EST | End-state Reason:
Ordered and Electronically Signed By: Stachowiak PA,James R | Consulting Physician:
Entered By: SYSTEM,SYSTEM on 2/27/2015 22:02 EST
Order Details: 02/26/15 9:00:00, 8am to 10pm
Order Comment:
Action Type: Order | Action Date/Time: 2/25/2015 11:09 EST | Action Personnel: Stachowiak PA,James R
Responsible Provider: Stachowiak PA,James R | Supervising Provider: | Communication Type: CPOE
Order Details: 02/26/15 9:00:00, 8am to 10pm
Review Information:
Doctor Cosign: Not Required
Order Comment:
Action Type: Discontinue | Action Date/Time: 2/27/2015 22:02 EST | Action Personnel: SYSTEM,SYSTEM
Responsible Provider: Stachowiak PA,James R | Supervising Provider: | Communication Type:
Order Details: 02/26/15 9:00:00, 8am to 10pm
Review Information:
Doctor Cosign: Not Required
Order Comment:

Non Medication Orders

Order: Incentive Spirometry,Nsg

Order Start Date/Time: 2/26/2015 10:00 EST
Order Date/Time: 2/23/2015 14:56 EST
Order Status: Discontinued | Department Status: Discontinued | Catalog Type: Patient Care | Activity Type: Asmt/Tx/Monitoring
End-state Date/Time: 2/27/2015 22:02 EST | End-state Reason:
Ordered and Electronically Signed By: Stachowiak PA,James R | Consulting Physician:
Entered By: SYSTEM,SYSTEM on 2/27/2015 22:02 EST
Order Details: 02/26/15 10:00:00, 8am to 10pm
Order Comment:

Action Type: Order	Action Date/Time: 2/25/2015 11:09 EST	Action Personnel: Stachowiak PA,James R
Responsible Provider: Stachowiak PA,James R	Supervising Provider:	Communication Type: CPOE
Order Details: 02/26/15 10:00:00, 8am to 10pm		

Review Information:
Doctor Cosign: Not Required
Order Comment:

Action Type: Discontinue	Action Date/Time: 2/27/2015 22:02 EST	Action Personnel: SYSTEM,SYSTEM
Responsible Provider: Stachowiak PA,James R	Supervising Provider:	Communication Type:
Order Details: 02/26/15 10:00:00, 8am to 10pm		

Review Information:
Doctor Cosign: Not Required
Order Comment:

Order: Incentive Spirometry,Nsg

Order Start Date/Time: 2/26/2015 11:00 EST
Order Date/Time: 2/23/2015 14:56 EST
Order Status: Discontinued | Department Status: Discontinued | Catalog Type: Patient Care | Activity Type: Asmt/Tx/Monitoring
End-state Date/Time: 2/27/2015 22:02 EST | End-state Reason:
Ordered and Electronically Signed By: Stachowiak PA,James R | Consulting Physician:
Entered By: SYSTEM,SYSTEM on 2/27/2015 22:02 EST
Order Details: 02/26/15 11:00:00, 8am to 10pm
Order Comment:

Action Type: Order	Action Date/Time: 2/25/2015 11:09 EST	Action Personnel: Stachowiak PA,James R
Responsible Provider: Stachowiak PA,James R	Supervising Provider:	Communication Type: CPOE
Order Details: 02/26/15 11:00:00, 8am to 10pm		

Review Information:
Doctor Cosign: Not Required
Order Comment:

Action Type: Discontinue	Action Date/Time: 2/27/2015 22:02 EST	Action Personnel: SYSTEM,SYSTEM
Responsible Provider: Stachowiak PA,James R	Supervising Provider:	Communication Type:
Order Details: 02/26/15 11:00:00, 8am to 10pm		

Review Information:
Doctor Cosign: Not Required
Order Comment:

Non Medication Orders

Order: Incentive Spirometry,Nsg

Order Start Date/Time: 2/26/2015 12:00 EST
Order Date/Time: 2/23/2015 14:56 EST
Order Status: Discontinued | Department Status: Discontinued | Catalog Type: Patient Care | Activity Type: Asmt/Tx/Monitoring
End-state Date/Time: 2/27/2015 22:02 EST | End-state Reason:
Ordered and Electronically Signed By: Stachowiak PA,James R | Consulting Physician:
Entered By: SYSTEM,SYSTEM on 2/27/2015 22:02 EST
Order Details: 02/26/15 12:00:00, 8am to 10pm
Order Comment:

Action Type: Order	Action Date/Time: 2/25/2015 16:26 EST	Action Personnel: Stachowiak PA,James R
Responsible Provider: Stachowiak PA,James R	Supervising Provider:	Communication Type: CPOE

Order Details: 02/26/15 12:00:00, 8am to 10pm
Review Information:
Doctor Cosign: Not Required
Order Comment:

Action Type: Discontinue	Action Date/Time: 2/27/2015 22:02 EST	Action Personnel: SYSTEM,SYSTEM
Responsible Provider: Stachowiak PA,James R	Supervising Provider:	Communication Type:

Order Details: 02/26/15 12:00:00, 8am to 10pm
Review Information:
Doctor Cosign: Not Required
Order Comment:

Order: Incentive Spirometry,Nsg

Order Start Date/Time: 2/26/2015 13:00 EST
Order Date/Time: 2/23/2015 14:56 EST
Order Status: Discontinued | Department Status: Discontinued | Catalog Type: Patient Care | Activity Type: Asmt/Tx/Monitoring
End-state Date/Time: 2/27/2015 22:02 EST | End-state Reason:
Ordered and Electronically Signed By: Stachowiak PA,James R | Consulting Physician:
Entered By: SYSTEM,SYSTEM on 2/27/2015 22:02 EST
Order Details: 02/26/15 13:00:00, 8am to 10pm
Order Comment:

Action Type: Order	Action Date/Time: 2/25/2015 16:26 EST	Action Personnel: Stachowiak PA,James R
Responsible Provider: Stachowiak PA,James R	Supervising Provider:	Communication Type: CPOE

Order Details: 02/26/15 13:00:00, 8am to 10pm
Review Information:
Doctor Cosign: Not Required
Order Comment:

Action Type: Discontinue	Action Date/Time: 2/27/2015 22:02 EST	Action Personnel: SYSTEM,SYSTEM
Responsible Provider: Stachowiak PA,James R	Supervising Provider:	Communication Type:

Order Details: 02/26/15 13:00:00, 8am to 10pm
Review Information:
Doctor Cosign: Not Required
Order Comment:

Non Medication Orders

Order: Incentive Spirometry,Nsg

Order Start Date/Time: 2/26/2015 14:00 EST			
Order Date/Time: 2/23/2015 14:56 EST			
Order Status: Discontinued	Department Status: Discontinued	Catalog Type: Patient Care	Activity Type: Asmt/Tx/Monitoring
End-state Date/Time: 2/27/2015 22:02 EST		End-state Reason:	
Ordered and Electronically Signed By: Stachowiak PA,James R		Consulting Physician:	
Entered By: SYSTEM,SYSTEM on 2/27/2015 22:02 EST			
Order Details: 02/26/15 14:00:00, 8am to 10pm			
Order Comment:			
Action Type: Order	Action Date/Time: 2/25/2015 16:26 EST	Action Personnel: Stachowiak PA,James R	
Responsible Provider: Stachowiak PA,James R	Supervising Provider:	Communication Type: CPOE	
Order Details: 02/26/15 14:00:00, 8am to 10pm			
Review Information:			
Doctor Cosign: Not Required			
Order Comment:			
Action Type: Discontinue	Action Date/Time: 2/27/2015 22:02 EST	Action Personnel: SYSTEM,SYSTEM	
Responsible Provider: Stachowiak PA,James R	Supervising Provider:	Communication Type:	
Order Details: 02/26/15 14:00:00, 8am to 10pm			
Review Information:			
Doctor Cosign: Not Required			
Order Comment:			

Order: Incentive Spirometry,Nsg

Order Start Date/Time: 2/26/2015 15:00 EST			
Order Date/Time: 2/23/2015 14:56 EST			
Order Status: Discontinued	Department Status: Discontinued	Catalog Type: Patient Care	Activity Type: Asmt/Tx/Monitoring
End-state Date/Time: 2/27/2015 22:02 EST		End-state Reason:	
Ordered and Electronically Signed By: Stachowiak PA,James R		Consulting Physician:	
Entered By: SYSTEM,SYSTEM on 2/27/2015 22:02 EST			
Order Details: 02/26/15 15:00:00, 8am to 10pm			
Order Comment:			
Action Type: Order	Action Date/Time: 2/25/2015 16:26 EST	Action Personnel: Stachowiak PA,James R	
Responsible Provider: Stachowiak PA,James R	Supervising Provider:	Communication Type: CPOE	
Order Details: 02/26/15 15:00:00, 8am to 10pm			
Review Information:			
Doctor Cosign: Not Required			
Order Comment:			
Action Type: Discontinue	Action Date/Time: 2/27/2015 22:02 EST	Action Personnel: SYSTEM,SYSTEM	
Responsible Provider: Stachowiak PA,James R	Supervising Provider:	Communication Type:	
Order Details: 02/26/15 15:00:00, 8am to 10pm			
Review Information:			
Doctor Cosign: Not Required			
Order Comment:			

Non Medication Orders

Order: Incentive Spirometry,Nsg
Order Start Date/Time: 2/26/2015 16:00 EST
Order Date/Time: 2/23/2015 14:56 EST
Order Status: Discontinued | Department Status: Discontinued | Catalog Type: Patient Care | Activity Type: Asmt/Tx/Monitoring
End-state Date/Time: 2/27/2015 22:02 EST | End-state Reason:
Ordered and Electronically Signed By: Stachowiak PA,James R | Consulting Physician:
Entered By: SYSTEM,SYSTEM on 2/27/2015 22:02 EST
Order Details: 02/26/15 16:00:00, 8am to 10pm
Order Comment:

Action Type: Order | Action Date/Time: 2/25/2015 16:26 EST | Action Personnel: Stachowiak PA,James R
Responsible Provider: Stachowiak PA,James R | Supervising Provider: | Communication Type: CPOE
Order Details: 02/26/15 16:00:00, 8am to 10pm
Review Information:
Doctor Cosign: Not Required
Order Comment:

Action Type: Discontinue | Action Date/Time: 2/27/2015 22:02 EST | Action Personnel: SYSTEM,SYSTEM
Responsible Provider: Stachowiak PA,James R | Supervising Provider: | Communication Type:
Order Details: 02/26/15 16:00:00, 8am to 10pm
Review Information:
Doctor Cosign: Not Required
Order Comment:

Order: Incentive Spirometry,Nsg
Order Start Date/Time: 2/26/2015 17:00 EST
Order Date/Time: 2/23/2015 14:56 EST
Order Status: Discontinued | Department Status: Discontinued | Catalog Type: Patient Care | Activity Type: Asmt/Tx/Monitoring
End-state Date/Time: 2/27/2015 22:02 EST | End-state Reason:
Ordered and Electronically Signed By: Stachowiak PA,James R | Consulting Physician:
Entered By: SYSTEM,SYSTEM on 2/27/2015 22:02 EST
Order Details: 02/26/15 17:00:00, 8am to 10pm
Order Comment:

Action Type: Order | Action Date/Time: 2/25/2015 22:38 EST | Action Personnel: Stachowiak PA,James R
Responsible Provider: Stachowiak PA,James R | Supervising Provider: | Communication Type: CPOE
Order Details: 02/26/15 17:00:00, 8am to 10pm
Review Information:
Doctor Cosign: Not Required
Order Comment:

Action Type: Discontinue | Action Date/Time: 2/27/2015 22:02 EST | Action Personnel: SYSTEM,SYSTEM
Responsible Provider: Stachowiak PA,James R | Supervising Provider: | Communication Type:
Order Details: 02/26/15 17:00:00, 8am to 10pm
Review Information:
Doctor Cosign: Not Required
Order Comment:

Non Medication Orders

Order: Incentive Spirometry,Nsg
Order Start Date/Time: 2/26/2015 18:00 EST
Order Date/Time: 2/23/2015 14:56 EST
Order Status: Discontinued | Department Status: Discontinued | Catalog Type: Patient Care | Activity Type: Asmt/Tx/Monitoring
End-state Date/Time: 2/27/2015 22:02 EST | End-state Reason:
Ordered and Electronically Signed By: Stachowiak PA,James R | Consulting Physician:
Entered By: SYSTEM,SYSTEM on 2/27/2015 22:02 EST
Order Details: 02/26/15 18:00:00, 8am to 10pm
Order Comment:

Action Type: Order	Action Date/Time: 2/25/2015 22:38 EST	Action Personnel: Stachowiak PA,James R
Responsible Provider: Stachowiak PA,James R	Supervising Provider:	Communication Type: CPOE
Order Details: 02/26/15 18:00:00, 8am to 10pm		

Review Information:
Doctor Cosign: Not Required
Order Comment:

Action Type: Discontinue	Action Date/Time: 2/27/2015 22:02 EST	Action Personnel: SYSTEM,SYSTEM
Responsible Provider: Stachowiak PA,James R	Supervising Provider:	Communication Type:
Order Details: 02/26/15 18:00:00, 8am to 10pm		

Review Information:
Doctor Cosign: Not Required
Order Comment:

Order: Incentive Spirometry,Nsg
Order Start Date/Time: 2/26/2015 19:00 EST
Order Date/Time: 2/23/2015 14:56 EST
Order Status: Discontinued | Department Status: Discontinued | Catalog Type: Patient Care | Activity Type: Asmt/Tx/Monitoring
End-state Date/Time: 2/27/2015 22:02 EST | End-state Reason:
Ordered and Electronically Signed By: Stachowiak PA,James R | Consulting Physician:
Entered By: SYSTEM,SYSTEM on 2/27/2015 22:02 EST
Order Details: 02/26/15 19:00:00, 8am to 10pm
Order Comment:

Action Type: Order	Action Date/Time: 2/25/2015 22:38 EST	Action Personnel: Stachowiak PA,James R
Responsible Provider: Stachowiak PA,James R	Supervising Provider:	Communication Type: CPOE
Order Details: 02/26/15 19:00:00, 8am to 10pm		

Review Information:
Doctor Cosign: Not Required
Order Comment:

Action Type: Discontinue	Action Date/Time: 2/27/2015 22:02 EST	Action Personnel: SYSTEM,SYSTEM
Responsible Provider: Stachowiak PA,James R	Supervising Provider:	Communication Type:
Order Details: 02/26/15 19:00:00, 8am to 10pm		

Review Information:
Doctor Cosign: Not Required
Order Comment:

Non Medication Orders

Order: Incentive Spirometry,Nsg

Order Start Date/Time: 2/26/2015 20:00 EST
Order Date/Time: 2/23/2015 14:56 EST
Order Status: Discontinued | Department Status: Discontinued | Catalog Type: Patient Care | Activity Type: Asmt/Tx/Monitoring
End-state Date/Time: 2/27/2015 22:02 EST | End-state Reason:
Ordered and Electronically Signed By: Stachowiak PA,James R | Consulting Physician:
Entered By: SYSTEM,SYSTEM on 2/27/2015 22:02 EST
Order Details: 02/26/15 20:00:00, 8am to 10pm
Order Comment:

Action Type: Order | Action Date/Time: 2/25/2015 22:38 EST | Action Personnel: Stachowiak PA,James R
Responsible Provider: Stachowiak PA,James R | Supervising Provider: | Communication Type: CPOE
Order Details: 02/26/15 20:00:00, 8am to 10pm
Review Information:
Doctor Cosign: Not Required
Order Comment:

Action Type: Discontinue | Action Date/Time: 2/27/2015 22:02 EST | Action Personnel: SYSTEM,SYSTEM
Responsible Provider: Stachowiak PA,James R | Supervising Provider: | Communication Type:
Order Details: 02/26/15 20:00:00, 8am to 10pm
Review Information:
Doctor Cosign: Not Required
Order Comment:

Order: Incentive Spirometry,Nsg

Order Start Date/Time: 2/26/2015 21:00 EST
Order Date/Time: 2/23/2015 14:56 EST
Order Status: Discontinued | Department Status: Discontinued | Catalog Type: Patient Care | Activity Type: Asmt/Tx/Monitoring
End-state Date/Time: 2/27/2015 22:02 EST | End-state Reason:
Ordered and Electronically Signed By: Stachowiak PA,James R | Consulting Physician:
Entered By: SYSTEM,SYSTEM on 2/27/2015 22:02 EST
Order Details: 02/26/15 21:00:00, 8am to 10pm
Order Comment:

Action Type: Order | Action Date/Time: 2/25/2015 22:38 EST | Action Personnel: Stachowiak PA,James R
Responsible Provider: Stachowiak PA,James R | Supervising Provider: | Communication Type: CPOE
Order Details: 02/26/15 21:00:00, 8am to 10pm
Review Information:
Doctor Cosign: Not Required
Order Comment:

Action Type: Discontinue | Action Date/Time: 2/27/2015 22:02 EST | Action Personnel: SYSTEM,SYSTEM
Responsible Provider: Stachowiak PA,James R | Supervising Provider: | Communication Type:
Order Details: 02/26/15 21:00:00, 8am to 10pm
Review Information:
Doctor Cosign: Not Required
Order Comment:

Non Medication Orders

Order: Incentive Spirometry,Nsg

Order Start Date/Time: 2/26/2015 22:00 EST
Order Date/Time: 2/23/2015 14:56 EST
Order Status: Discontinued | Department Status: Discontinued | Catalog Type: Patient Care | Activity Type: Asmt/Tx/Monitoring
End-state Date/Time: 2/27/2015 22:02 EST | End-state Reason:
Ordered and Electronically Signed By: Stachowiak PA,James R | Consulting Physician:
Entered By: SYSTEM,SYSTEM on 2/27/2015 22:02 EST
Order Details: 02/26/15 22:00:00, 8am to 10pm
Order Comment:

Action Type: Order	Action Date/Time: 2/25/2015 22:38 EST	Action Personnel: Stachowiak PA,James R
Responsible Provider: Stachowiak PA,James R	Supervising Provider:	Communication Type: CPOE
Order Details: 02/26/15 22:00:00, 8am to 10pm		
Review Information:		
Doctor Cosign: Not Required		
Order Comment:		
Action Type: Discontinue	Action Date/Time: 2/27/2015 22:02 EST	Action Personnel: SYSTEM,SYSTEM
Responsible Provider: Stachowiak PA,James R	Supervising Provider:	Communication Type:
Order Details: 02/26/15 22:00:00, 8am to 10pm		
Review Information:		
Doctor Cosign: Not Required		
Order Comment:		

Order: Incentive Spirometry,Nsg

Order Start Date/Time: 2/27/2015 08:00 EST
Order Date/Time: 2/23/2015 14:56 EST
Order Status: Canceled | Department Status: Canceled | Catalog Type: Patient Care | Activity Type: Asmt/Tx/Monitoring
End-state Date/Time: 2/27/2015 01:41 EST | End-state Reason:
Ordered and Electronically Signed By: Stachowiak PA,James R | Consulting Physician:
Entered By: Bracanovich RN,Lisa A on 2/27/2015 01:41 EST
Order Details: 02/27/15 8:00:00, 8am to 10pm
Order Comment:

Action Type: Order	Action Date/Time: 2/26/2015 11:04 EST	Action Personnel: Stachowiak PA,James R
Responsible Provider: Stachowiak PA,James R	Supervising Provider:	Communication Type: CPOE
Order Details: 02/27/15 8:00:00, 8am to 10pm		
Review Information:		
Doctor Cosign: Not Required		
Order Comment:		
Action Type: Cancel	Action Date/Time: 2/27/2015 01:41 EST	Action Personnel: Bracanovich RN,Lisa A
Responsible Provider: Stachowiak PA,James R	Supervising Provider:	Communication Type:
Order Details: 02/27/15 8:00:00, 8am to 10pm		
Review Information:		
Doctor Cosign: Not Required		
Order Comment:		

Non Medication Orders

Order: Line Care

Order Start Date/Time: 2/26/2015 09:00 EST
Order Date/Time: 2/25/2015 16:11 EST
Order Status: Discontinued | Department Status: Discontinued | Catalog Type: Patient Care | Activity Type: Infusion Therapy
End-state Date/Time: 2/27/2015 22:02 EST | End-state Reason:
Ordered and Electronically Signed By: Maxey MD,Melissa | Consulting Physician:
Entered By: SYSTEM,SYSTEM on 2/27/2015 22:02 EST
Order Details: 02/26/15 9:00:00, PICC Line Valve change q12 hours for Propofol infusion or intermittent dose.
Order Comment:

Action Type: Order | Action Date/Time: 2/25/2015 16:11 EST | Action Personnel: Vaughan RN,Shannon L
Responsible Provider: Maxey MD,Melissa | Supervising Provider: | Communication Type: Sig Required
Order Details: 02/26/15 9:00:00, PICC Line Valve change q12 hours for Propofol infusion or intermittent dose.
Review Information:
Doctor Cosign: Not Required
Order Comment:

Action Type: Discontinue | Action Date/Time: 2/27/2015 22:02 EST | Action Personnel: SYSTEM,SYSTEM
Responsible Provider: Maxey MD,Melissa | Supervising Provider: | Communication Type:
Order Details: 02/26/15 9:00:00, PICC Line Valve change q12 hours for Propofol infusion or intermittent dose.
Review Information:
Doctor Cosign: Not Required
Order Comment:

Order: Line Care

Order Start Date/Time: 2/26/2015 09:00 EST
Order Date/Time: 2/25/2015 16:11 EST
Order Status: Discontinued | Department Status: Discontinued | Catalog Type: Patient Care | Activity Type: Infusion Therapy
End-state Date/Time: 2/27/2015 22:02 EST | End-state Reason:
Ordered and Electronically Signed By: Maxey MD,Melissa | Consulting Physician:
Entered By: SYSTEM,SYSTEM on 2/27/2015 22:02 EST
Order Details: 02/26/15 9:00:00, Assessment of PICC line documentation to include external catheter length.
Order Comment:

Action Type: Order | Action Date/Time: 2/25/2015 16:11 EST | Action Personnel: Vaughan RN,Shannon L
Responsible Provider: Maxey MD,Melissa | Supervising Provider: | Communication Type: Sig Required
Order Details: 02/26/15 9:00:00, Assessment of PICC line documentation to include external catheter length.
Review Information:
Doctor Cosign: Not Required
Order Comment:

Action Type: Discontinue | Action Date/Time: 2/27/2015 22:02 EST | Action Personnel: SYSTEM,SYSTEM
Responsible Provider: Maxey MD,Melissa | Supervising Provider: | Communication Type:
Order Details: 02/26/15 9:00:00, Assessment of PICC line documentation to include external catheter length.
Review Information:
Doctor Cosign: Not Required
Order Comment:

Non Medication Orders

Order: Line Care

Order Start Date/Time: 2/26/2015 09:00 EST
Order Date/Time: 2/25/2015 16:11 EST

Order Status: Discontinued	Department Status: Discontinued	Catalog Type: Patient Care	Activity Type: Infusion Therapy
End-state Date/Time: 2/27/2015 22:02 EST		End-state Reason:	
Ordered and Electronically Signed By: Maxey MD,Melissa		Consulting Physician:	

Entered By: SYSTEM,SYSTEM on 2/27/2015 22:02 EST
Order Details: 02/26/15 9:00:00, Flush, Flush PICC line Q12hours, prior to and after each infusion and after blood sampling per hospital PGR**NO SYRINGE SMALLER THAN 10mL!
Order Comment:

Action Type: Order	Action Date/Time: 2/25/2015 16:11 EST	Action Personnel: Vaughan RN,Shannon L
Responsible Provider: Maxey MD,Melissa	Supervising Provider:	Communication Type: Sig Required

Order Details: 02/26/15 9:00:00, Flush, Flush PICC line Q12hours, prior to and after each infusion and after blood sampling per hospital PGR**NO SYRINGE SMALLER THAN 10mL!
Review Information:
Doctor Cosign: Not Required
Order Comment:

Action Type: Discontinue	Action Date/Time: 2/27/2015 22:02 EST	Action Personnel: SYSTEM,SYSTEM
Responsible Provider: Maxey MD,Melissa	Supervising Provider:	Communication Type:

Order Details: 02/26/15 9:00:00, Flush, Flush PICC line Q12hours, prior to and after each infusion and after blood sampling per hospital PGR**NO SYRINGE SMALLER THAN 10mL!
Review Information:
Doctor Cosign: Not Required
Order Comment:

Order: Line Care

Order Start Date/Time: 2/26/2015 17:00 EST
Order Date/Time: 2/25/2015 16:11 EST

Order Status: Discontinued	Department Status: Discontinued	Catalog Type: Patient Care	Activity Type: Infusion Therapy
End-state Date/Time: 2/27/2015 22:02 EST		End-state Reason:	
Ordered and Electronically Signed By: Maxey MD,Melissa		Consulting Physician:	

Entered By: SYSTEM,SYSTEM on 2/27/2015 22:02 EST
Order Details: 02/26/15 17:00:00, PICC Line Valve change q24 hours if infusing blood, blood products, lipids, or TPN
Order Comment:

Action Type: Order	Action Date/Time: 2/25/2015 22:38 EST	Action Personnel: Vaughan RN,Shannon L
Responsible Provider: Maxey MD,Melissa	Supervising Provider:	Communication Type: Sig Required

Order Details: 02/26/15 17:00:00, PICC Line Valve change q24 hours if infusing blood, blood products, lipids, or TPN
Review Information:
Doctor Cosign: Not Required
Order Comment:

Action Type: Discontinue	Action Date/Time: 2/27/2015 22:02 EST	Action Personnel: SYSTEM,SYSTEM
Responsible Provider: Maxey MD,Melissa	Supervising Provider:	Communication Type:

Order Details: 02/26/15 17:00:00, PICC Line Valve change q24 hours if infusing blood, blood products, lipids, or TPN
Review Information:
Doctor Cosign: Not Required
Order Comment:

Non Medication Orders

Order: Line Care

Order Start Date/Time: 2/26/2015 21:00 EST
Order Date/Time: 2/25/2015 16:11 EST
Order Status: Discontinued | Department Status: Discontinued | Catalog Type: Patient Care | Activity Type: Infusion Therapy
End-state Date/Time: 2/27/2015 22:02 EST | End-state Reason:
Ordered and Electronically Signed By: Maxey MD,Melissa | Consulting Physician:
Entered By: SYSTEM,SYSTEM on 2/27/2015 22:02 EST
Order Details: 02/26/15 21:00:00, PICC Line Valve change q12 hours for Propofol infusion or intermittent dose.
Order Comment:

Action Type: Order | Action Date/Time: 2/25/2015 22:38 EST | Action Personnel: Vaughan RN,Shannon L
Responsible Provider: Maxey MD,Melissa | Supervising Provider: | Communication Type: Sig Required
Order Details: 02/26/15 21:00:00, PICC Line Valve change q12 hours for Propofol infusion or intermittent dose.
Review Information:
Doctor Cosign: Not Required
Order Comment:

Action Type: Discontinue | Action Date/Time: 2/27/2015 22:02 EST | Action Personnel: SYSTEM,SYSTEM
Responsible Provider: Maxey MD,Melissa | Supervising Provider: | Communication Type:
Order Details: 02/26/15 21:00:00, PICC Line Valve change q12 hours for Propofol infusion or intermittent dose.
Review Information:
Doctor Cosign: Not Required
Order Comment:

Order: Line Care

Order Start Date/Time: 2/26/2015 21:00 EST
Order Date/Time: 2/25/2015 16:11 EST
Order Status: Discontinued | Department Status: Discontinued | Catalog Type: Patient Care | Activity Type: Infusion Therapy
End-state Date/Time: 2/27/2015 22:02 EST | End-state Reason:
Ordered and Electronically Signed By: Maxey MD,Melissa | Consulting Physician:
Entered By: SYSTEM,SYSTEM on 2/27/2015 22:02 EST
Order Details: 02/26/15 21:00:00, Flush, Flush PICC line Q12hours, prior to and after each infusion and after blood sampling per hospital PGR**NO SYRINGE SMALLER THAN 10mL!
Order Comment:

Action Type: Order | Action Date/Time: 2/25/2015 22:38 EST | Action Personnel: Vaughan RN,Shannon L
Responsible Provider: Maxey MD,Melissa | Supervising Provider: | Communication Type: Sig Required
Order Details: 02/26/15 21:00:00, Flush, Flush PICC line Q12hours, prior to and after each infusion and after blood sampling per hospital PGR**NO SYRINGE SMALLER THAN 10mL!
Review Information:
Doctor Cosign: Not Required
Order Comment:

Action Type: Discontinue | Action Date/Time: 2/27/2015 22:02 EST | Action Personnel: SYSTEM,SYSTEM
Responsible Provider: Maxey MD,Melissa | Supervising Provider: | Communication Type:
Order Details: 02/26/15 21:00:00, Flush, Flush PICC line Q12hours, prior to and after each infusion and after blood sampling per hospital PGR**NO SYRINGE SMALLER THAN 10mL!
Review Information:
Doctor Cosign: Not Required
Order Comment:

Non Medication Orders

Order: Ok for
Order Start Date/Time: 2/26/2015 09:00 EST
Order Date/Time: 2/23/2015 22:00 EST
Order Status: Discontinued | Department Status: Discontinued | Catalog Type: Patient Care | Activity Type: Patient Care
End-state Date/Time: 2/27/2015 22:02 EST | End-state Reason:
Ordered and Electronically Signed By: Drawdy PA-C,Karen M | Consulting Physician:
Entered By: SYSTEM,SYSTEM on 2/27/2015 22:02 EST
Order Details: 02/26/15 9:00:00, temperature to be less than 100.5
Order Comment:

Action Type: Order	Action Date/Time: 2/25/2015 11:09 EST	Action Personnel: Looney RN,Marisa A
Responsible Provider: Drawdy PA-C,Karen M	Supervising Provider:	Communication Type: Inbox TORB

Order Details: 02/26/15 9:00:00, temperature to be less than 100.5
Review Information:
Doctor Cosign: Not Required
Order Comment:

Action Type: Discontinue	Action Date/Time: 2/27/2015 22:02 EST	Action Personnel: SYSTEM,SYSTEM
Responsible Provider: Drawdy PA-C,Karen M	Supervising Provider:	Communication Type:

Order Details: 02/26/15 9:00:00, temperature to be less than 100.5
Review Information:
Doctor Cosign: Not Required
Order Comment:

Order: Ok for
Order Start Date/Time: 2/27/2015 09:00 EST
Order Date/Time: 2/24/2015 09:00 EST
Order Status: Canceled | Department Status: Canceled | Catalog Type: Patient Care | Activity Type: Patient Care
End-state Date/Time: 2/27/2015 01:41 EST | End-state Reason:
Ordered and Electronically Signed By: Maxey MD,Melissa | Consulting Physician:
Entered By: Bracanovich RN,Lisa A on 2/27/2015 01:41 EST
Order Details: 02/27/15 9:00:00, keep bp map >60
Order Comment:

Action Type: Order	Action Date/Time: 2/26/2015 11:04 EST	Action Personnel: Sullivan RN,Michael D
Responsible Provider: Maxey MD,Melissa	Supervising Provider:	Communication Type: Inbox VORB

Order Details: 02/27/15 9:00:00, keep bp map >60
Review Information:
Doctor Cosign: Not Required
Order Comment:

Action Type: Cancel	Action Date/Time: 2/27/2015 01:41 EST	Action Personnel: Bracanovich RN,Lisa A
Responsible Provider: Maxey MD,Melissa	Supervising Provider:	Communication Type:

Order Details: 02/27/15 9:00:00, keep bp map >60
Review Information:
Doctor Cosign: Not Required
Order Comment:

Non Medication Orders

Order: Renal Function Panel
Order Start Date/Time: 2/26/2015 03:07 EST
Order Date/Time: 2/25/2015 21:43 EST
Order Status: Completed | Department Status: Completed | Catalog Type: Laboratory | Activity Type: General Lab
End-state Date/Time: 2/26/2015 04:04 EST | End-state Reason:
Ordered and Electronically Signed By: Depp MD,Timothy B | Consulting Physician:
Entered By: Taylor,Paula S on 2/26/2015 04:04 EST
Order Details: 02/26/15 4:00:00, Timed Study, TS - Timed Study, Specimen: Blood, 02/25/15 21:43:00, 02/26/15 4:00:00, Print Label
Order Comment:

Action Type: Order | Action Date/Time: 2/25/2015 21:43 EST | Action Personnel: Depp MD,Timothy B
Responsible Provider: Depp MD,Timothy B | Supervising Provider: | Communication Type: CPOE
Order Details: 02/26/15 4:00:00, Timed Study, TS - Timed Study, Specimen: Blood, 02/25/15 21:43:00, 02/26/15 4:00:00, Print Label
Review Information:
Doctor Cosign: Not Required
Order Comment:

Action Type: Status Change | Action Date/Time: 2/26/2015 03:02 EST | Action Personnel: SYSTEM,SYSTEM
Responsible Provider: Depp MD,Timothy B | Supervising Provider: | Communication Type:
Order Details: 02/26/15 4:00:00, Timed Study, TS - Timed Study, Specimen: Blood, 02/25/15 21:43:00, 02/26/15 4:00:00, Print Label
Review Information:
Doctor Cosign: Not Required
Order Comment:

Action Type: Status Change | Action Date/Time: 2/26/2015 03:18 EST | Action Personnel: Dupree,Michele A
Responsible Provider: Depp MD,Timothy B | Supervising Provider: | Communication Type:
Order Details: 02/26/15 4:00:00, Timed Study, TS - Timed Study, Specimen: Blood, 02/25/15 21:43:00, 02/26/15 4:00:00, Print Label
Review Information:
Doctor Cosign: Not Required
Order Comment:

Action Type: Status Change | Action Date/Time: 2/26/2015 03:18 EST | Action Personnel: Dupree,Michele A
Responsible Provider: Depp MD,Timothy B | Supervising Provider: | Communication Type:
Order Details: 02/26/15 4:00:00, Timed Study, TS - Timed Study, Specimen: Blood, 02/25/15 21:43:00, 02/26/15 4:00:00, Print Label
Review Information:
Doctor Cosign: Not Required
Order Comment:

Action Type: Complete | Action Date/Time: 2/26/2015 04:04 EST | Action Personnel: Taylor,Paula S
Responsible Provider: Depp MD,Timothy B | Supervising Provider: | Communication Type:
Order Details: 02/26/15 4:00:00, Timed Study, TS - Timed Study, Specimen: Blood, 02/25/15 21:43:00, 02/26/15 4:00:00, Print Label
Review Information:
Doctor Cosign: Not Required
Order Comment:

Non Medication Orders

Order: Vital Signs

Order Start Date/Time: 2/26/2015 01:00 EST
Order Date/Time: 2/23/2015 14:56 EST
Order Status: Discontinued | Department Status: Discontinued | Catalog Type: Patient Care | Activity Type: Asmt/Tx/Monitoring
End-state Date/Time: 2/27/2015 22:02 EST | End-state Reason:
Ordered and Electronically Signed By: Stachowiak PA,James R | Consulting Physician:
Entered By: SYSTEM,SYSTEM on 2/27/2015 22:02 EST
Order Details: 02/26/15 1:00:00
Order Comment:

Action Type: Order	Action Date/Time: 2/25/2015 04:26 EST	Action Personnel: Stachowiak PA,James R
Responsible Provider: Stachowiak PA,James R	Supervising Provider:	Communication Type: CPOE

Order Details: 02/26/15 1:00:00
Review Information:
Doctor Cosign: Not Required
Order Comment:

Action Type: Discontinue	Action Date/Time: 2/27/2015 22:02 EST	Action Personnel: SYSTEM,SYSTEM
Responsible Provider: Stachowiak PA,James R	Supervising Provider:	Communication Type:

Order Details: 02/26/15 1:00:00
Review Information:
Doctor Cosign: Not Required
Order Comment:

Order: Vital Signs

Order Start Date/Time: 2/26/2015 02:00 EST
Order Date/Time: 2/23/2015 14:56 EST
Order Status: Discontinued | Department Status: Discontinued | Catalog Type: Patient Care | Activity Type: Asmt/Tx/Monitoring
End-state Date/Time: 2/27/2015 22:02 EST | End-state Reason:
Ordered and Electronically Signed By: Stachowiak PA,James R | Consulting Physician:
Entered By: SYSTEM,SYSTEM on 2/27/2015 22:02 EST
Order Details: 02/26/15 2:00:00
Order Comment:

Action Type: Order	Action Date/Time: 2/25/2015 04:26 EST	Action Personnel: Stachowiak PA,James R
Responsible Provider: Stachowiak PA,James R	Supervising Provider:	Communication Type: CPOE

Order Details: 02/26/15 2:00:00
Review Information:
Doctor Cosign: Not Required
Order Comment:

Action Type: Discontinue	Action Date/Time: 2/27/2015 22:02 EST	Action Personnel: SYSTEM,SYSTEM
Responsible Provider: Stachowiak PA,James R	Supervising Provider:	Communication Type:

Order Details: 02/26/15 2:00:00
Review Information:
Doctor Cosign: Not Required
Order Comment:

Non Medication Orders

Order: Vital Signs
Order Start Date/Time: 2/26/2015 03:00 EST
Order Date/Time: 2/23/2015 14:56 EST
Order Status: Discontinued | Department Status: Discontinued | Catalog Type: Patient Care | Activity Type: Asmt/Tx/Monitoring
End-state Date/Time: 2/27/2015 22:02 EST | End-state Reason:
Ordered and Electronically Signed By: Stachowiak PA,James R | Consulting Physician:
Entered By: SYSTEM,SYSTEM on 2/27/2015 22:02 EST
Order Details: 02/26/15 3:00:00
Order Comment:
Action Type: Order | Action Date/Time: 2/25/2015 04:26 EST | Action Personnel: Stachowiak PA,James R
Responsible Provider: Stachowiak PA,James R | Supervising Provider: | Communication Type: CPOE
Order Details: 02/26/15 3:00:00
Review Information:
Doctor Cosign: Not Required
Order Comment:
Action Type: Discontinue | Action Date/Time: 2/27/2015 22:02 EST | Action Personnel: SYSTEM,SYSTEM
Responsible Provider: Stachowiak PA,James R | Supervising Provider: | Communication Type:
Order Details: 02/26/15 3:00:00
Review Information:
Doctor Cosign: Not Required
Order Comment:

Order: Vital Signs
Order Start Date/Time: 2/26/2015 04:00 EST
Order Date/Time: 2/23/2015 14:56 EST
Order Status: Discontinued | Department Status: Discontinued | Catalog Type: Patient Care | Activity Type: Asmt/Tx/Monitoring
End-state Date/Time: 2/27/2015 22:02 EST | End-state Reason:
Ordered and Electronically Signed By: Stachowiak PA,James R | Consulting Physician:
Entered By: SYSTEM,SYSTEM on 2/27/2015 22:02 EST
Order Details: 02/26/15 4:00:00
Order Comment:
Action Type: Order | Action Date/Time: 2/25/2015 04:26 EST | Action Personnel: Stachowiak PA,James R
Responsible Provider: Stachowiak PA,James R | Supervising Provider: | Communication Type: CPOE
Order Details: 02/26/15 4:00:00
Review Information:
Doctor Cosign: Not Required
Order Comment:
Action Type: Discontinue | Action Date/Time: 2/27/2015 22:02 EST | Action Personnel: SYSTEM,SYSTEM
Responsible Provider: Stachowiak PA,James R | Supervising Provider: | Communication Type:
Order Details: 02/26/15 4:00:00
Review Information:
Doctor Cosign: Not Required
Order Comment:

Non Medication Orders

Order: Vital Signs

Order Start Date/Time: 2/26/2015 05:00 EST			
Order Date/Time: 2/23/2015 14:56 EST			
Order Status: Discontinued	Department Status: Discontinued	Catalog Type: Patient Care	Activity Type: Asmt/Tx/Monitoring
End-state Date/Time: 2/27/2015 22:02 EST		End-state Reason:	
Ordered and Electronically Signed By: Stachowiak PA,James R		Consulting Physician:	
Entered By: SYSTEM,SYSTEM on 2/27/2015 22:02 EST			
Order Details: 02/26/15 5:00:00			
Order Comment:			
Action Type: Order	Action Date/Time: 2/25/2015 11:09 EST	Action Personnel: Stachowiak PA,James R	
Responsible Provider: Stachowiak PA,James R	Supervising Provider:	Communication Type: CPOE	
Order Details: 02/26/15 5:00:00			
Review Information:			
Doctor Cosign: Not Required			
Order Comment:			
Action Type: Discontinue	Action Date/Time: 2/27/2015 22:02 EST	Action Personnel: SYSTEM,SYSTEM	
Responsible Provider: Stachowiak PA,James R	Supervising Provider:	Communication Type:	
Order Details: 02/26/15 5:00:00			
Review Information:			
Doctor Cosign: Not Required			
Order Comment:			

Order: Vital Signs

Order Start Date/Time: 2/26/2015 06:00 EST			
Order Date/Time: 2/23/2015 14:56 EST			
Order Status: Discontinued	Department Status: Discontinued	Catalog Type: Patient Care	Activity Type: Asmt/Tx/Monitoring
End-state Date/Time: 2/27/2015 22:03 EST		End-state Reason:	
Ordered and Electronically Signed By: Stachowiak PA,James R		Consulting Physician:	
Entered By: SYSTEM,SYSTEM on 2/27/2015 22:02 EST			
Order Details: 02/26/15 6:00:00			
Order Comment:			
Action Type: Order	Action Date/Time: 2/25/2015 11:09 EST	Action Personnel: Stachowiak PA,James R	
Responsible Provider: Stachowiak PA,James R	Supervising Provider:	Communication Type: CPOE	
Order Details: 02/26/15 6:00:00			
Review Information:			
Doctor Cosign: Not Required			
Order Comment:			
Action Type: Discontinue	Action Date/Time: 2/27/2015 22:02 EST	Action Personnel: SYSTEM,SYSTEM	
Responsible Provider: Stachowiak PA,James R	Supervising Provider:	Communication Type:	
Order Details: 02/26/15 6:00:00			
Review Information:			
Doctor Cosign: Not Required			
Order Comment:			

Non Medication Orders

Order: Vital Signs
Order Start Date/Time: 2/26/2015 07:00 EST
Order Date/Time: 2/23/2015 14:56 EST
Order Status: Discontinued | Department Status: Discontinued | Catalog Type: Patient Care | Activity Type: Asmt/Tx/Monitoring
End-state Date/Time: 2/27/2015 22:03 EST | End-state Reason:
Ordered and Electronically Signed By: Stachowiak PA,James R | Consulting Physician:
Entered By: SYSTEM,SYSTEM on 2/27/2015 22:02 EST
Order Details: 02/26/15 7:00:00
Order Comment:

Action Type: Order | Action Date/Time: 2/25/2015 11:09 EST | Action Personnel: Stachowiak PA,James R
Responsible Provider: Stachowiak PA,James R | Supervising Provider: | Communication Type: CPOE
Order Details: 02/26/15 7:00:00
Review Information:
Doctor Cosign: Not Required
Order Comment:

Action Type: Discontinue | Action Date/Time: 2/27/2015 22:02 EST | Action Personnel: SYSTEM,SYSTEM
Responsible Provider: Stachowiak PA,James R | Supervising Provider: | Communication Type:
Order Details: 02/26/15 7:00:00
Review Information:
Doctor Cosign: Not Required
Order Comment:

Order: Vital Signs
Order Start Date/Time: 2/26/2015 08:00 EST
Order Date/Time: 2/23/2015 14:56 EST
Order Status: Discontinued | Department Status: Discontinued | Catalog Type: Patient Care | Activity Type: Asmt/Tx/Monitoring
End-state Date/Time: 2/27/2015 22:03 EST | End-state Reason:
Ordered and Electronically Signed By: Stachowiak PA,James R | Consulting Physician:
Entered By: SYSTEM,SYSTEM on 2/27/2015 22:02 EST
Order Details: 02/26/15 8:00:00
Order Comment:

Action Type: Order | Action Date/Time: 2/25/2015 11:09 EST | Action Personnel: Stachowiak PA,James R
Responsible Provider: Stachowiak PA,James R | Supervising Provider: | Communication Type: CPOE
Order Details: 02/26/15 8:00:00
Review Information:
Doctor Cosign: Not Required
Order Comment:

Action Type: Discontinue | Action Date/Time: 2/27/2015 22:02 EST | Action Personnel: SYSTEM,SYSTEM
Responsible Provider: Stachowiak PA,James R | Supervising Provider: | Communication Type:
Order Details: 02/26/15 8:00:00
Review Information:
Doctor Cosign: Not Required
Order Comment:

Non Medication Orders

Order: Vital Signs

Order Start Date/Time: 2/26/2015 09:00 EST			
Order Date/Time: 2/23/2015 14:56 EST			
Order Status: Discontinued	Department Status: Discontinued	Catalog Type: Patient Care	Activity Type: Asmt/Tx/Monitoring
End-state Date/Time: 2/27/2015 22:03 EST		End-state Reason:	
Ordered and Electronically Signed By: Stachowiak PA,James R		Consulting Physician:	
Entered By: SYSTEM,SYSTEM on 2/27/2015 22:02 EST			
Order Details: 02/26/15 9:00:00			
Order Comment:			
Action Type: Order	Action Date/Time: 2/25/2015 11:09 EST	Action Personnel: Stachowiak PA,James R	
Responsible Provider: Stachowiak PA,James R	Supervising Provider:	Communication Type: CPOE	
Order Details: 02/26/15 9:00:00			
Review Information:			
Doctor Cosign: Not Required			
Order Comment:			
Action Type: Discontinue	Action Date/Time: 2/27/2015 22:02 EST	Action Personnel: SYSTEM,SYSTEM	
Responsible Provider: Stachowiak PA,James R	Supervising Provider:	Communication Type:	
Order Details: 02/26/15 9:00:00			
Review Information:			
Doctor Cosign: Not Required			
Order Comment:			

Order: Vital Signs

Order Start Date/Time: 2/26/2015 10:00 EST			
Order Date/Time: 2/23/2015 14:56 EST			
Order Status: Discontinued	Department Status: Discontinued	Catalog Type: Patient Care	Activity Type: Asmt/Tx/Monitoring
End-state Date/Time: 2/27/2015 22:03 EST		End-state Reason:	
Ordered and Electronically Signed By: Stachowiak PA,James R		Consulting Physician:	
Entered By: SYSTEM,SYSTEM on 2/27/2015 22:02 EST			
Order Details: 02/26/15 10:00:00			
Order Comment:			
Action Type: Order	Action Date/Time: 2/25/2015 11:09 EST	Action Personnel: Stachowiak PA,James R	
Responsible Provider: Stachowiak PA,James R	Supervising Provider:	Communication Type: CPOE	
Order Details: 02/26/15 10:00:00			
Review Information:			
Doctor Cosign: Not Required			
Order Comment:			
Action Type: Discontinue	Action Date/Time: 2/27/2015 22:02 EST	Action Personnel: SYSTEM,SYSTEM	
Responsible Provider: Stachowiak PA,James R	Supervising Provider:	Communication Type:	
Order Details: 02/26/15 10:00:00			
Review Information:			
Doctor Cosign: Not Required			
Order Comment:			

Non Medication Orders

Order: Vital Signs
Order Start Date/Time: 2/26/2015 11:00 EST
Order Date/Time: 2/23/2015 14:56 EST
Order Status: Discontinued | Department Status: Discontinued | Catalog Type: Patient Care | Activity Type: Asmt/Tx/Monitoring
End-state Date/Time: 2/27/2015 22:03 EST | End-state Reason:
Ordered and Electronically Signed By: Stachowiak PA,James R | Consulting Physician:
Entered By: SYSTEM,SYSTEM on 2/27/2015 22:02 EST
Order Details: 02/26/15 11:00:00
Order Comment:

Action Type: Order | Action Date/Time: 2/25/2015 11:09 EST | Action Personnel: Stachowiak PA,James R
Responsible Provider: Stachowiak PA,James R | Supervising Provider: | Communication Type: CPOE
Order Details: 02/26/15 11:00:00
Review Information:
Doctor Cosign: Not Required
Order Comment:

Action Type: Discontinue | Action Date/Time: 2/27/2015 22:02 EST | Action Personnel: SYSTEM,SYSTEM
Responsible Provider: Stachowiak PA,James R | Supervising Provider: | Communication Type:
Order Details: 02/26/15 11:00:00
Review Information:
Doctor Cosign: Not Required
Order Comment:

Order: Vital Signs
Order Start Date/Time: 2/26/2015 12:00 EST
Order Date/Time: 2/23/2015 14:56 EST
Order Status: Discontinued | Department Status: Discontinued | Catalog Type: Patient Care | Activity Type: Asmt/Tx/Monitoring
End-state Date/Time: 2/27/2015 22:02 EST | End-state Reason:
Ordered and Electronically Signed By: Stachowiak PA,James R | Consulting Physician:
Entered By: SYSTEM,SYSTEM on 2/27/2015 22:02 EST
Order Details: 02/26/15 12:00:00
Order Comment:

Action Type: Order | Action Date/Time: 2/25/2015 16:26 EST | Action Personnel: Stachowiak PA,James R
Responsible Provider: Stachowiak PA,James R | Supervising Provider: | Communication Type: CPOE
Order Details: 02/26/15 12:00:00
Review Information:
Doctor Cosign: Not Required
Order Comment:

Action Type: Discontinue | Action Date/Time: 2/27/2015 22:02 EST | Action Personnel: SYSTEM,SYSTEM
Responsible Provider: Stachowiak PA,James R | Supervising Provider: | Communication Type:
Order Details: 02/26/15 12:00:00
Review Information:
Doctor Cosign: Not Required
Order Comment:

Non Medication Orders

Order: Vital Signs
Order Start Date/Time: 2/26/2015 13:00 EST
Order Date/Time: 2/23/2015 14:56 EST
Order Status: Discontinued | Department Status: Discontinued | Catalog Type: Patient Care | Activity Type: Asmt/Tx/Monitoring
End-state Date/Time: 2/27/2015 22:02 EST | End-state Reason:
Ordered and Electronically Signed By: Stachowiak PA,James R | Consulting Physician:
Entered By: SYSTEM,SYSTEM on 2/27/2015 22:02 EST
Order Details: 02/26/15 13:00:00
Order Comment:

Action Type: Order	Action Date/Time: 2/25/2015 16:26 EST	Action Personnel: Stachowiak PA,James R
Responsible Provider: Stachowiak PA,James R	Supervising Provider:	Communication Type: CPOE

Order Details: 02/26/15 13:00:00
Review Information:
Doctor Cosign: Not Required
Order Comment:

Action Type: Discontinue	Action Date/Time: 2/27/2015 22:02 EST	Action Personnel: SYSTEM,SYSTEM
Responsible Provider: Stachowiak PA,James R	Supervising Provider:	Communication Type:

Order Details: 02/26/15 13:00:00
Review Information:
Doctor Cosign: Not Required
Order Comment:

Order: Vital Signs
Order Start Date/Time: 2/26/2015 14:00 EST
Order Date/Time: 2/23/2015 14:56 EST
Order Status: Discontinued | Department Status: Discontinued | Catalog Type: Patient Care | Activity Type: Asmt/Tx/Monitoring
End-state Date/Time: 2/27/2015 22:02 EST | End-state Reason:
Ordered and Electronically Signed By: Stachowiak PA,James R | Consulting Physician:
Entered By: SYSTEM,SYSTEM on 2/27/2015 22:02 EST
Order Details: 02/26/15 14:00:00
Order Comment:

Action Type: Order	Action Date/Time: 2/25/2015 16:26 EST	Action Personnel: Stachowiak PA,James R
Responsible Provider: Stachowiak PA,James R	Supervising Provider:	Communication Type: CPOE

Order Details: 02/26/15 14:00:00
Review Information:
Doctor Cosign: Not Required
Order Comment:

Action Type: Discontinue	Action Date/Time: 2/27/2015 22:02 EST	Action Personnel: SYSTEM,SYSTEM
Responsible Provider: Stachowiak PA,James R	Supervising Provider:	Communication Type:

Order Details: 02/26/15 14:00:00
Review Information:
Doctor Cosign: Not Required
Order Comment:

Non Medication Orders

Order: Vital Signs
Order Start Date/Time: 2/26/2015 15:00 EST
Order Date/Time: 2/23/2015 14:56 EST
Order Status: Discontinued | Department Status: Discontinued | Catalog Type: Patient Care | Activity Type: Asmt/Tx/Monitoring
End-state Date/Time: 2/27/2015 22:02 EST | End-state Reason:
Ordered and Electronically Signed By: Stachowiak PA,James R | Consulting Physician:
Entered By: SYSTEM,SYSTEM on 2/27/2015 22:02 EST
Order Details: 02/26/15 15:00:00
Order Comment:
Action Type: Order | Action Date/Time: 2/25/2015 16:26 EST | Action Personnel: Stachowiak PA,James R
Responsible Provider: Stachowiak PA,James R | Supervising Provider: | Communication Type: CPOE
Order Details: 02/26/15 15:00:00
Review Information:
Doctor Cosign: Not Required
Order Comment:
Action Type: Discontinue | Action Date/Time: 2/27/2015 22:02 EST | Action Personnel: SYSTEM,SYSTEM
Responsible Provider: Stachowiak PA,James R | Supervising Provider: | Communication Type:
Order Details: 02/26/15 15:00:00
Review Information:
Doctor Cosign: Not Required
Order Comment:

Order: Vital Signs
Order Start Date/Time: 2/26/2015 16:00 EST
Order Date/Time: 2/23/2015 14:56 EST
Order Status: Discontinued | Department Status: Discontinued | Catalog Type: Patient Care | Activity Type: Asmt/Tx/Monitoring
End-state Date/Time: 2/27/2015 22:02 EST | End-state Reason:
Ordered and Electronically Signed By: Stachowiak PA,James R | Consulting Physician:
Entered By: SYSTEM,SYSTEM on 2/27/2015 22:02 EST
Order Details: 02/26/15 16:00:00
Order Comment:
Action Type: Order | Action Date/Time: 2/25/2015 16:26 EST | Action Personnel: Stachowiak PA,James R
Responsible Provider: Stachowiak PA,James R | Supervising Provider: | Communication Type: CPOE
Order Details: 02/26/15 16:00:00
Review Information:
Doctor Cosign: Not Required
Order Comment:
Action Type: Discontinue | Action Date/Time: 2/27/2015 22:02 EST | Action Personnel: SYSTEM,SYSTEM
Responsible Provider: Stachowiak PA,James R | Supervising Provider: | Communication Type:
Order Details: 02/26/15 16:00:00
Review Information:
Doctor Cosign: Not Required
Order Comment:

Non Medication Orders

Order: Vital Signs

Order Start Date/Time: 2/26/2015 17:00 EST			
Order Date/Time: 2/23/2015 14:56 EST			
Order Status: Discontinued	Department Status: Discontinued	Catalog Type: Patient Care	Activity Type: Asmt/Tx/Monitoring
End-state Date/Time: 2/27/2015 22:02 EST		End-state Reason:	
Ordered and Electronically Signed By: Stachowiak PA,James R		Consulting Physician:	
Entered By: SYSTEM,SYSTEM on 2/27/2015 22:02 EST			
Order Details: 02/26/15 17:00:00			
Order Comment:			
Action Type: Order	Action Date/Time: 2/25/2015 22:38 EST		Action Personnel: Stachowiak PA,James R
Responsible Provider: Stachowiak PA,James R	Supervising Provider:		Communication Type: CPOE
Order Details: 02/26/15 17:00:00			
Review Information:			
Doctor Cosign: Not Required			
Order Comment:			
Action Type: Discontinue	Action Date/Time: 2/27/2015 22:02 EST		Action Personnel: SYSTEM,SYSTEM
Responsible Provider: Stachowiak PA,James R	Supervising Provider:		Communication Type:
Order Details: 02/26/15 17:00:00			
Review Information:			
Doctor Cosign: Not Required			
Order Comment:			

Order: Vital Signs

Order Start Date/Time: 2/26/2015 18:00 EST			
Order Date/Time: 2/23/2015 14:56 EST			
Order Status: Discontinued	Department Status: Discontinued	Catalog Type: Patient Care	Activity Type: Asmt/Tx/Monitoring
End-state Date/Time: 2/27/2015 22:02 EST		End-state Reason:	
Ordered and Electronically Signed By: Stachowiak PA,James R		Consulting Physician:	
Entered By: SYSTEM,SYSTEM on 2/27/2015 22:02 EST			
Order Details: 02/26/15 18:00:00			
Order Comment:			
Action Type: Order	Action Date/Time: 2/25/2015 22:38 EST		Action Personnel: Stachowiak PA,James R
Responsible Provider: Stachowiak PA,James R	Supervising Provider:		Communication Type: CPOE
Order Details: 02/26/15 18:00:00			
Review Information:			
Doctor Cosign: Not Required			
Order Comment:			
Action Type: Discontinue	Action Date/Time: 2/27/2015 22:02 EST		Action Personnel: SYSTEM,SYSTEM
Responsible Provider: Stachowiak PA,James R	Supervising Provider:		Communication Type:
Order Details: 02/26/15 18:00:00			
Review Information:			
Doctor Cosign: Not Required			
Order Comment:			

Non Medication Orders

Order: Vital Signs

Order Start Date/Time: 2/26/2015 19:00 EST
Order Date/Time: 2/23/2015 14:56 EST
Order Status: Discontinued | Department Status: Discontinued | Catalog Type: Patient Care | Activity Type: Asmt/Tx/Monitoring
End-state Date/Time: 2/27/2015 22:02 EST | End-state Reason:
Ordered and Electronically Signed By: Stachowiak PA,James R | Consulting Physician:
Entered By: SYSTEM,SYSTEM on 2/27/2015 22:02 EST
Order Details: 02/26/15 19:00:00
Order Comment:

Action Type: Order | Action Date/Time: 2/25/2015 22:38 EST | Action Personnel: Stachowiak PA,James R
Responsible Provider: Stachowiak PA,James R | Supervising Provider: | Communication Type: CPOE
Order Details: 02/26/15 19:00:00
Review Information:
Doctor Cosign: Not Required
Order Comment:

Action Type: Discontinue | Action Date/Time: 2/27/2015 22:02 EST | Action Personnel: SYSTEM,SYSTEM
Responsible Provider: Stachowiak PA,James R | Supervising Provider: | Communication Type:
Order Details: 02/26/15 19:00:00
Review Information:
Doctor Cosign: Not Required
Order Comment:

Order: Vital Signs

Order Start Date/Time: 2/26/2015 20:00 EST
Order Date/Time: 2/23/2015 14:56 EST
Order Status: Discontinued | Department Status: Discontinued | Catalog Type: Patient Care | Activity Type: Asmt/Tx/Monitoring
End-state Date/Time: 2/27/2015 22:02 EST | End-state Reason:
Ordered and Electronically Signed By: Stachowiak PA,James R | Consulting Physician:
Entered By: SYSTEM,SYSTEM on 2/27/2015 22:02 EST
Order Details: 02/26/15 20:00:00
Order Comment:

Action Type: Order | Action Date/Time: 2/25/2015 22:38 EST | Action Personnel: Stachowiak PA,James R
Responsible Provider: Stachowiak PA,James R | Supervising Provider: | Communication Type: CPOE
Order Details: 02/26/15 20:00:00
Review Information:
Doctor Cosign: Not Required
Order Comment:

Action Type: Discontinue | Action Date/Time: 2/27/2015 22:02 EST | Action Personnel: SYSTEM,SYSTEM
Responsible Provider: Stachowiak PA,James R | Supervising Provider: | Communication Type:
Order Details: 02/26/15 20:00:00
Review Information:
Doctor Cosign: Not Required
Order Comment:

Non Medication Orders

Order: Vital Signs

Order Start Date/Time: 2/26/2015 21:00 EST			
Order Date/Time: 2/23/2015 14:56 EST			
Order Status: Discontinued	Department Status: Discontinued	Catalog Type: Patient Care	Activity Type: Asmt/Tx/Monitoring
End-state Date/Time: 2/27/2015 22:02 EST		End-state Reason:	
Ordered and Electronically Signed By: Stachowiak PA,James R		Consulting Physician:	
Entered By: SYSTEM,SYSTEM on 2/27/2015 22:02 EST			
Order Details: 02/26/15 21:00:00			
Order Comment:			
Action Type: Order	Action Date/Time: 2/25/2015 22:38 EST		Action Personnel: Stachowiak PA,James R
Responsible Provider: Stachowiak PA,James R	Supervising Provider:		Communication Type: CPOE
Order Details: 02/26/15 21:00:00			
Review Information:			
Doctor Cosign: Not Required			
Order Comment:			
Action Type: Discontinue	Action Date/Time: 2/27/2015 22:02 EST		Action Personnel: SYSTEM,SYSTEM
Responsible Provider: Stachowiak PA,James R	Supervising Provider:		Communication Type:
Order Details: 02/26/15 21:00:00			
Review Information:			
Doctor Cosign: Not Required			
Order Comment:			

Order: Vital Signs

Order Start Date/Time: 2/26/2015 22:00 EST			
Order Date/Time: 2/23/2015 14:56 EST			
Order Status: Discontinued	Department Status: Discontinued	Catalog Type: Patient Care	Activity Type: Asmt/Tx/Monitoring
End-state Date/Time: 2/27/2015 22:02 EST		End-state Reason:	
Ordered and Electronically Signed By: Stachowiak PA,James R		Consulting Physician:	
Entered By: SYSTEM,SYSTEM on 2/27/2015 22:02 EST			
Order Details: 02/26/15 22:00:00			
Order Comment:			
Action Type: Order	Action Date/Time: 2/25/2015 22:38 EST		Action Personnel: Stachowiak PA,James R
Responsible Provider: Stachowiak PA,James R	Supervising Provider:		Communication Type: CPOE
Order Details: 02/26/15 22:00:00			
Review Information:			
Doctor Cosign: Not Required			
Order Comment:			
Action Type: Discontinue	Action Date/Time: 2/27/2015 22:02 EST		Action Personnel: SYSTEM,SYSTEM
Responsible Provider: Stachowiak PA,James R	Supervising Provider:		Communication Type:
Order Details: 02/26/15 22:00:00			
Review Information:			
Doctor Cosign: Not Required			
Order Comment:			

Non Medication Orders

Order: Vital Signs
Order Start Date/Time: 2/26/2015 23:00 EST
Order Date/Time: 2/23/2015 14:56 EST
Order Status: Discontinued | Department Status: Discontinued | Catalog Type: Patient Care | Activity Type: Asmt/Tx/Monitoring
End-state Date/Time: 2/27/2015 22:02 EST | End-state Reason:
Ordered and Electronically Signed By: Stachowiak PA,James R | Consulting Physician:
Entered By: SYSTEM,SYSTEM on 2/27/2015 22:02 EST
Order Details: 02/26/15 23:00:00
Order Comment:

Action Type: Order	Action Date/Time: 2/26/2015 04:24 EST	Action Personnel: Stachowiak PA,James R
Responsible Provider: Stachowiak PA,James R	Supervising Provider:	Communication Type: CPOE
Order Details: 02/26/15 23:00:00		

Review Information:
Doctor Cosign: Not Required
Order Comment:

Action Type: Discontinue	Action Date/Time: 2/27/2015 22:02 EST	Action Personnel: SYSTEM,SYSTEM
Responsible Provider: Stachowiak PA,James R	Supervising Provider:	Communication Type:
Order Details: 02/26/15 23:00:00		

Review Information:
Doctor Cosign: Not Required
Order Comment:

Order: Vital Signs
Order Start Date/Time: 2/27/2015 00:00 EST
Order Date/Time: 2/23/2015 14:56 EST
Order Status: Discontinued | Department Status: Discontinued | Catalog Type: Patient Care | Activity Type: Asmt/Tx/Monitoring
End-state Date/Time: 2/27/2015 22:02 EST | End-state Reason:
Ordered and Electronically Signed By: Stachowiak PA,James R | Consulting Physician:
Entered By: SYSTEM,SYSTEM on 2/27/2015 22:02 EST
Order Details: 02/27/15 0:00:00
Order Comment:

Action Type: Order	Action Date/Time: 2/26/2015 04:24 EST	Action Personnel: Stachowiak PA,James R
Responsible Provider: Stachowiak PA,James R	Supervising Provider:	Communication Type: CPOE
Order Details: 02/27/15 0:00:00		

Review Information:
Doctor Cosign: Not Required
Order Comment:

Action Type: Discontinue	Action Date/Time: 2/27/2015 22:02 EST	Action Personnel: SYSTEM,SYSTEM
Responsible Provider: Stachowiak PA,James R	Supervising Provider:	Communication Type:
Order Details: 02/27/15 0:00:00		

Review Information:
Doctor Cosign: Not Required
Order Comment:

Non Medication Orders

Order: Weight			
Order Start Date/Time: 2/26/2015 09:00 EST			
Order Date/Time: 2/23/2015 18:52 EST			
Order Status: Discontinued	Department Status: Discontinued	Catalog Type: Patient Care	Activity Type: Asmt/Tx/Monitoring
End-state Date/Time: 2/27/2015 22:02 EST		End-state Reason:	
Ordered and Electronically Signed By:		Consulting Physician:	
Entered By: SYSTEM,SYSTEM on 2/27/2015 22:02 EST			
Order Details: 02/26/15 9:00:00			
Order Comment:			
Action Type: Order	Action Date/Time: 2/25/2015 11:09 EST	Action Personnel: Javis,Cheryl J	
Responsible Provider:	Supervising Provider:	Communication Type:	
Order Details: 02/26/15 9:00:00			
Review Information:			
Doctor Cosign: Not Required			
Order Comment:			
Action Type: Discontinue	Action Date/Time: 2/27/2015 22:02 EST	Action Personnel: SYSTEM,SYSTEM	
Responsible Provider:	Supervising Provider:	Communication Type:	
Order Details: 02/26/15 9:00:00			
Review Information:			
Doctor Cosign: Not Required			
Order Comment:			

Order: Weight			
Order Start Date/Time: 2/27/2015 09:00 EST			
Order Date/Time: 2/23/2015 18:52 EST			
Order Status: Canceled	Department Status: Canceled	Catalog Type: Patient Care	Activity Type: Asmt/Tx/Monitoring
End-state Date/Time: 2/27/2015 03:43 EST		End-state Reason:	
Ordered and Electronically Signed By:		Consulting Physician:	
Entered By: Bracanovich RN,Lisa A on 2/27/2015 03:43 EST			
Order Details: 02/27/15 9:00:00			
Order Comment:			
Action Type: Order	Action Date/Time: 2/26/2015 11:03 EST	Action Personnel: Javis,Cheryl J	
Responsible Provider:	Supervising Provider:	Communication Type:	
Order Details: 02/27/15 9:00:00			
Review Information:			
Doctor Cosign: Not Required			
Order Comment:			
Action Type: Cancel	Action Date/Time: 2/27/2015 03:43 EST	Action Personnel: Bracanovich RN,Lisa A	
Responsible Provider:	Supervising Provider:	Communication Type:	
Order Details: 02/27/15 9:00:00			
Review Information:			
Doctor Cosign: Not Required			
Order Comment:			

Respiratory

Adult Suction
02/26/15 11:30 pm Performed by Anderson RCP, Benjamin A
Entered on 02/26/15 11:48 pm

Airway Care

Date Intubated	02/23/15 14:37

Resp. Assessment Adult

ARC Pre Rx HR	110 bpm
ARC Post Rx HR	110 bpm
ARC Pre Rx RR	36
ARC Post Rx RR	36
ARC Respiratory Pattern	Labored, Tachypnea

Breath Sounds, Adult

ARC Breath Sounds-Pre Treatment Grid
All Lobes Pre Rx: Coarse, Rhonchi
ARC Breath Sounds-Post Treatment Grid
All Lobes Post Rx: Improved, Rhonchi

Cough / Suction Adult

ARC Suction Type Rx Charge	Nasotracheal
ARC Suction Amount Rx	Small
ARC Suction Color Rx	Blood-tinged, Tan/Beige
ARC Suction Consistency Rx	Moderate
ARC # Catheter Passes Suction Rx	2
ARC Patient Tolerance Suction Rx	Without Complication

DOCUMENT NAME:	Adult Respiratory Care Evaluation
SERVICE DATE/TIME:	2/26/2015 23:30 EST
RESULT STATUS:	Auth (Verified)
PERFORM INFORMATION:	Anderson RCP,Benjamin A (2/26/2015 23:46 EST)
ELECTRONICALLY SIGNED BY:	Anderson RCP,Benjamin A (2/26/2015 23:46 EST)

Adult Respiratory Care Evaluation Entered On: 02/26/2015 23:48
Performed On: 02/26/2015 23:30 by Anderson RCP, Benjamin A

Resp. Care History Adult
ARC Pt Assmnt : Not Performed
Current Therapy : Suctioning via NTS or Airway

Anderson RCP, Benjamin A - 02/26/2015 23:46

Resp. Care Evaluation Adult
ARC Mental Status : Unresponsive

Facility Info: Palmetto Health Richland 5 Richland Medical Park Columbia, SC 29203-	**Patient Info:** DILLON, EDMUND	**MRN:** R012719295 **FIN:** R1505401814
Attending Physician: Jones MD,Mark A **Admitting Physician:** Jones MD,Mark A	**Pt. Age** **Date of Birth:** 1 **CMRN:** 001376880	

Respiratory

ARC Aerp Proto Resp Pattern : Severe Dyspnea RR Greater Than 28
ARC Aero Proto Level of Activity : Non-ambulatory
ARC aero Proto Breath Sounds : Rhonchi
ARC Aero Proto Cough : No Cough/May require NTS

Anderson RCP, Benjamin A - 02/26/2015 23:46

Resp. Care Recommendations Adult
Therapy Recommendation : Continue Current Therapy Plan

Anderson RCP, Benjamin A - 02/26/2015 23:46

Radiology

ACCESSION	EXAM DATE/TIME	PROCEDURE	ORDERING PROVIDER	STATUS
CR-15-0033076	2/26/2015 03:46 EST	CR Chest 1 View Portable	Depp MD,Timothy B	Auth (Verified)

Reason For Exam
(CR Chest 1 View Portable) intubated

Findings:

PROCEDURE: CHEST SINGLE VIEW

CLINICAL INFORMATION: 56-year-old male with respiratory failure.

COMPARISON: 2/25/2015.

FINDINGS: Right-sided PICC line has been advanced and now tip is present just within the right atrium. Endotracheal tube and esophagogastric tube are well positioned. Cardiac silhouette is stable and there is mild perihilar atelectasis. No pneumothorax or pleural effusion.

IMPRESSION:

1. Right PICC line now well positioned just within the right atrium. Additional tubes and lines are unchanged.
2. Mild perihilar atelectasis.

**** Final **** *Trans On: 02/26/2015 08:41 by: SB*
Read by: Hardin IV MD, Harry Simms
Released By: Hardin IV MD, Harry Simms
Released on: 02/26/2015 14:19 *Technologist: Boukright, Traci L*

Cardiac Services

Facility Info: Palmetto Health Richland
5 Richland Medical Park
Columbia, SC 29203-

Patient Info: DILLON, EDMUND

MRN: R012719295

FIN: R1505401814

Attending Physician: Jones MD,Mark A
Admitting Physician: Jones MD,Mark A

Pt. Age:
Date of Birth:
CMRN: 001376880

Medication Administration

Continuous Infusions

Admin Date/Time: 2/26/2015 22:00 EST to 2/26/2015 22:59 EST
Medication Name: **Sodium Chloride 0.9% 1,000 mL**
Charted Date/Time: **2/26/2015 22:18 EST**
Ingredients: 21035 125 mL
Admin Details: (Infuse) (Auth) 125 mL, 125 mL/hr, Left Arm
Action Details: Order: Stachowiak PA,James R 2/23/2015 14:56 EST; Perform: Blair RN,Larresha C 2/26/2015 22:17 EST; VERIFY: Blair RN,Larresha C 2/26/2015 22:17 EST

Admin Date/Time: 2/26/2015 22:16 EST
Medication Name: **Sodium Chloride 0.9% 1,000 mL**
Charted Date/Time: **2/26/2015 22:16 EST**
Ingredients: 21035 1000 mL
Admin Details: (Begin Bag) (Auth) 1000 mL, 125 mL/hr, Left Arm
Action Details: Order: Maxey MD,Melissa 2/23/2015 14:56 EST; Perform: Blair RN,Larresha C 2/26/2015 22:16 EST; VERIFY: Blair RN,Larresha C 2/26/2015 22:16 EST

Admin Date/Time: 2/27/2015 11:08 EST
Medication Name: **morphine 100 mg + Sodium Chloride 0.9% 100 mL**
Charted Date/Time: **2/27/2015 11:08 EST**
Ingredients: 21032 100 mL; 24506 100 mg 4 mL 0.5 mg/hr
Admin Details: (Begin Bag) (Auth) 100 mL, 0.5 mL/hr, PICC Line, 74.8 kg
Action Details: Order: Barber MD,Jason K 2/27/2015 10:15 EST; Perform: Mitchell RN,Aramide 2/27/2015 11:08 EST; VERIFY: Mitchell RN,Aramide 2/27/2015 11:08 EST

Admin Date/Time: 2/27/2015 11:08 EST
Medication Name: **Sodium Chloride 0.9% 1,000 mL**
Charted Date/Time: **2/27/2015 11:08 EST**
Ingredients: 21035 1000 mL
Admin Details: (Begin Bag) (Auth) 1000 mL, 10 mL/hr, PICC Line, 74.8 kg
Action Details: Order: Barber MD,Jason K 2/27/2015 10:44 EST; Perform: Mitchell RN,Aramide 2/27/2015 11:08 EST; VERIFY: Mitchell RN,Aramide 2/27/2015 11:08 EST

Education

Scale, Patient Responsibilites, Patient Safety, Psycho-Social Needs, Valuables

---

DOCUMENT NAME: Patient & Family Education
SERVICE DATE/TIME: 2/26/2015 08:00 EST
RESULT STATUS: Auth (Verified)
PERFORM INFORMATION: Wallace RN,Teondra M (2/26/2015 08:00 EST)
ELECTRONICALLY SIGNED BY:

Patient & Family Education
02/26/15 08:00 am Performed by Wallace RN, Teondra M
Entered on 02/26/15 02:42 pm

Patient & Family Education

Person Educated	Patient
Patient Learning Preferences	Verbal
Patient Readiness to Learn	Cognitive/Sensory Impairment
Patient Outcomes-Participation	Family Involvement Necessary
Education Method	Verbal
Patient Follow Up Needed	As Ordered, Involves Family

Interdisciplinary Plans of Care Education

Information Provided-VTE	VTE Treatment Plan, Complications of Anticoagulation, VTE Complications of Condition
Info Provided-PUP Prevention Activities	Skin care
Information Provided-High Fall Risk	Bed, Chair Exit Alarms, Patient Specific Fall Risk Factors, Patient Specific Surveillance
Info Provided-Falls-Injury Factors	Use Call Light
Info Provided-Falls-Environmental Safety	Call Light Use, Special, Nonskid Footware Use, Personal Article Availability, Remove Clutter

---

DOCUMENT NAME: Patient & Family Education
SERVICE DATE/TIME: 2/26/2015 19:58 EST
RESULT STATUS: Auth (Verified)
PERFORM INFORMATION: Blair RN,Larresha C (2/26/2015 19:58 EST)
ELECTRONICALLY SIGNED BY:

Patient & Family Education
02/26/15 07:58 pm Performed by Blair RN, Larresha C
Entered on 02/26/15 07:59 pm

Education

Patient & Family Education

Charting Department	Nursing
Patient Learning Preferences	Verbal

Interdisciplinary Plans of Care Education

Information Provided-VTE	Patient Specific VTE Risk Factors
Info Provided-PUP Prevention Activities	Skin care
Info Provided-Pressure Ulcer/Wound	Positioning
Information Provided-High Fall Risk	Patient Specific Fall Risk Factors
Info Provided-Falls-Injury Factors	High Fall Risk Activity Precautions
Info Provided-Falls-Environmental Safety	Remove Clutter

Nursing-Nutrition-Surginet-L&D Pt-Fam Ed

Information Provided	Patient Responsibilites, Patient Safety, Plan of Care for the Shift

Laboratory Results

Chemistry

Collected Date: 2/26/2015
Collected Time: 03:07 EST

Procedure		Units	Reference Range
BUN	35	mg/dL	[7-18]
Creatinine	2.2	mg/dL	[0.6-1.3]
GFR Non-African American	31	ml/min/1.73 sq meter	[>=60]
GFR African American	38	ml/min/1.73 sq meter	[>=60]
Calcium	7.0	mg/dL	[8.5-10.1]
Phosphorus	4.2	mg/dL	[2.5-4.9]
Albumin	1.5	g/dL	[3.4-5.0]
Calcium Ionized	1.04	mmol/L	[1.16-1.32]

Result Comments
R17: Creatinine
ICTERIC SPECIMEN. INTERPRET WITH CAUTION. RESULTS MAY BE AFFECTED.

Interpretive Data
^8: Glucose Level

Fasting:	70-99
Impaired Fasting:	100-125
Random	70-139

^9: GFR African American, GFR Non-African American
Interpret with caution, quantification of eGFR values below 60 mL/min/1.73 m2 has more clinical implications for classification of kidney function than values above this level.

Urine Chemistry

Collected Date: 2/23/2015
Collected Time: 20:30 EST

Procedure		Units	Reference Range
Creatinine Urine	90.8	mg/dL	
Urine Sodium	7	mmol/L	

Toxicology

Collected Date: 2/23/2015
Collected Time: 15:36 EST

Procedure		Units	Reference Range
Amphetamines	Negative O2		[Negative]
Barbiturates	Negative O2		[Negative]
Benzodiazepines	Negative O2		[Negative]
Cannabinoids	Negative O2		[Negative]
Cocaine Metabolites	Negative O2		[Negative]
Opiates	Negative O2^13		[Negative]
Phencyclidine	Negative O2		[Negative]
Methadone Level	Negative O2		[Negative]
Drug Scr Msg	See Comment O2^14		
Drug Scr Crea U	91.6 O2	mg/dL	

Order Comments
O2: Drugs of Abuse Screen, Urine
If not done in the Emergency Department.

Facility Info: Palmetto Health Richland
5 Richland Medical Park
Columbia, SC 29203-

Attending Physician: Jones MD,Mark A
Admitting Physician: Jones MD,Mark A

Patient Info: DILLON, EDMUND
Pt. Age:
Date of Birth:
CMRN: 001376880

MRN: R012719295

FIN: R1505401814

MRP Clinical Documentation

DOCUMENT NAME:	Physician Progress Notes
SERVICE DATE/TIME:	2/27/2015 13:06 EST
RESULT STATUS:	Modified
PERFORM INFORMATION:	Barber MD,Jason K (2/28/2015 05:08 EST); Barber MD, Jason K (2/27/2015 13:07 EST)
SIGN INFORMATION:	Barber MD,Jason K (2/28/2015 05:08 EST); Barber MD, Jason K (2/27/2015 13:07 EST)

Addendum by Barber MD, Jason K on 28 February 2015 05:08
death summary #12497

Electronically Signed & Verified on 02/28/2015 05:08
by Barber MD, Jason K

Freetext Note *

Patient: **DILLON, EDMUND** **MRN: R012719295** **FIN: R1505401814**
Age: Sex: DOB:
Associated Diagnoses: **None**
Author: **Barber MD, Jason K**

Pt was made AND and hospice was consulted for admission
- Notified that pt lost apical pulse and sponatenous respirations
- Time of Death 1230pm
- Pt will be a coroner's case due to his head trauma
- Death certification will be done via WebDeath

Electronically Signed & Verified on 02/27/2015 13:07
by Barber MD, Jason K

SERVICE DATE/TIME: PRN Response
RESULT STATUS: 2/27/2015 00:02 EST
PERFORM INFORMATION: Auth (Verified)
ELECTRONICALLY SIGNED BY: Blair RN,Larresha C (2/27/2015 00:02 EST)

PRN Response
02/27/15 00:02 am Performed by Blair RN, Larresha C
Entered on 02/27/15 02:20 am

Adult Pain Re-Evaluation Tools

Pain Management RTF

Pain Assessment
Unable to Self Report Pain: 18 years or older,FLACC 02/27/2015 01:45
FLACC Score: 6 02/27/2015

Nursing Documentation

	01:45
Pain Evaluation at Rest	Pain level acceptable

DOCUMENT NAME: PRN Response
SERVICE DATE/TIME: 2/27/2015 02:17 EST
RESULT STATUS: Auth (Verified)
PERFORM INFORMATION: Bracanovich RN,Lisa A (2/27/2015 02:17 EST)
ELECTRONICALLY SIGNED BY:

PRN Response
02/27/15 02:17 am Performed by Bracanovich RN, Lisa A
Entered on 02/27/15 03:37 am

Adult Pain Re-Evaluation Tools

Pain Management RTF	Pain Assessment Unable to Self Report Pain: 18 years or older,FLACC 02/27/2015 01:45 FLACC Score: 6 02/27/2015 01:45
Pain Evaluation at Rest	Pain level undetermined, sleeping no report of pain
Pain Associated Behaviors Evaluation	No pain behaviors present

Medication Effectiveness Evaluation

Medication Effective	Yes

DOCUMENT NAME: PRN Response
SERVICE DATE/TIME: 2/27/2015 04:20 EST
RESULT STATUS: Auth (Verified)
PERFORM INFORMATION: Bracanovich RN,Lisa A (2/27/2015 04:20 EST)
ELECTRONICALLY SIGNED BY:

PRN Response
02/27/15 04:20 am Performed by Bracanovich RN, Lisa A
Entered on 02/27/15 04:32 am

Adult Pain Re-Evaluation Tools

Pain Management RTF	Pain Assessment Unable to Self Report Pain: 18 years or older,FLACC 02/27/2015 03:47 FLACC Score: 2 02/27/2015

Nursing Documentation

03:47

Pain, Unable to Self Report	18 years or older,FLACC
Open FLACC	Open FLACC
Pain Evaluation at Rest	Pain level undetermined, sleeping no report of pain

FLACC

FLACC Face	No particular expression or smile
FLACC Legs	Normal position or relaxed
FLACC Activity	Lying quietly, normal position, moves easily
FLACC Cry	No cry, awake or asleep
FLACC Consolability	Content, relaxed
FLACC Score	0

Medication Effectiveness Evaluation

Medication Effective	Yes

DOCUMENT NAME:	PRN Response
SERVICE DATE/TIME:	2/27/2015 08:19 EST
RESULT STATUS:	Auth (Verified)
PERFORM INFORMATION:	Mitchell RN,Aramide (2/27/2015 08:19 EST)
ELECTRONICALLY SIGNED BY:	

PRN Response
02/27/15 08:19 am Performed by Mitchell RN, Aramide
Entered on 02/27/15 10:18 am

Adult Pain Re-Evaluation Tools

Pain Management RTF	Pain Assessment Unable to Self Report Pain: 18 years or older,FLACC 02/27/2015 05:49 FLACC Score: 1 02/27/2015 05:49
Pain, Unable to Self Report	18 years or older,FLACC
Open FLACC	Open FLACC
Pain Evaluation at Rest	Pain level undetermined, sleeping no report of pain

FLACC

FLACC Face	No particular expression or smile
FLACC Legs	Normal position or relaxed

Nursing Documentation

FLACC Activity	Lying quietly, normal position, moves easily
FLACC Cry	No cry, awake or asleep
FLACC Consolability	Content, relaxed
FLACC Score	0

Medication Effectiveness Evaluation

Medication Effective	Yes

DOCUMENT NAME:	PRN Response
SERVICE DATE/TIME:	2/27/2015 10:46 EST
RESULT STATUS:	Auth (Verified)
PERFORM INFORMATION:	Mitchell RN,Aramide (2/27/2015 10:46 EST)
ELECTRONICALLY SIGNED BY:	

PRN Response
02/27/15 10:46 am Performed by Mitchell RN, Aramide
Entered on 02/27/15 12:37 pm

Adult Pain Re-Evaluation Tools

Pain Management RTF	Pain Assessment Unable to Self Report Pain: 18 years or older,FLACC 02/27/2015 10:15 FLACC Score: 6 02/27/2015 10:15
Pain, Unable to Self Report	18 years or older,FLACC
Open FLACC	Open FLACC
Pain Evaluation at Rest	Pain level undetermined, sleeping no report of pain

FLACC

FLACC Face	No particular expression or smile
FLACC Legs	Normal position or relaxed
FLACC Activity	Lying quietly, normal position, moves easily
FLACC Cry	No cry, awake or asleep
FLACC Consolability	Content, relaxed
FLACC Score	0

Medication Effectiveness Evaluation

Medication Effective	Yes

Facility Info: Palmetto Health Richland
5 Richland Medical Park
Columbia, SC 29203-

Patient Info: DILLON, EDMUND

MRN: R012719295

FIN: R1505401814

Attending Physician: Jones MD,Mark A
Admitting Physician: Jones MD,Mark A

Pt. Age:
Date of Birth:
CMRN: 001376880

Nursing Direct Charting

Vital Signs

		Recorded Time	10:01 EST	08:16 EST	01:08 EST
		Recorded By	Bush PST-NT,Joshua E	Mitchell RN,Aramide	Bracanovich RN,Lisa A
		Recorded Date	2/27/2015	2/27/2015	2/27/2015
Procedure	Units	Reference Range			
Peripheral Pulse Rate	bpm	[60-100]	103*	-	114*
Respiratory Rate	br/min	[12-20]	38*	-	-
Pulse Ox Sat	%		-	85	-
Oxygen Flow	L/min		-	2	-
Oxygen Modality			-	Nasal Cannula	-
NIBP Systolic	mmHg		84	-	-
NIBP Diastolic	mmHg		49	-	-
NIBP Mean Calculated	mmHg		61	-	-
Pulse Equipment			Dinamap	-	-
NIBP Cuff Site			Left arm	-	-
NIBP Position			Lying	-	-
NIBP Equipment			Automatic	-	-
Pulse Ox Monitoring			-	Spot Check Daily Charge	-
RASS			-	-4	-

		Recorded Time	01:00 EST	00:55 EST	00:00 EST
		Recorded By	Bracanovich RN,Lisa A	Bracanovich RN,Lisa A	Blair RN,Larresha C
		Recorded Date	2/27/2015	2/27/2015	2/27/2015
Procedure	Units	Reference Range			
Heart Rate Monitored	bpm	[60-100]	-	-	110*
Respiratory Rate	br/min	[12-20]	-	42*	39*
Pulse Ox Sat	%		-	-	91
Oxygen Modality			Room Air	-	-
NIBP Systolic	mmHg		-	110	100
NIBP Diastolic	mmHg		-	63	63
NIBP Mean Calculated	mmHg		-	79	75
NIBP Mean Monitored	mmHg		-	-	75
NIBP Cuff Site			-	Left arm	-
NIBP Position			-	Lying	-
NIBP Equipment			-	Automatic	-
Pulse Ox Monitoring			-	-	Continuous
RASS			-	-	-4

Procedure	Units	Reference Range	Recorded Time Recorded By Recorded Date 10:00 EST Mitchell RN,Aramide 2/27/2015	01:00 EST Bracanovich RN,Lisa A 2/27/2015
Over the needle 18 gauge Right Lower Forearm 02/23/2015				
Peripheral IV Activity:			Flushed	-
Peripheral IV Infiltration Score:			0	-
Peripheral IV Drainage Description:			None	-
Peripheral IV Site Condition:			No Redness or Edema	-
Peripheral IV Patency:			Patent	-
Peripheral IV Dressing:			See Below[T9]	-
Peripheral IV Phlebitis Score:			0	-
Peripheral Lines Comment			int	-
Right, Upper, Arm PICC Triple 02/25/2015 14:59				
Central Line Status:			Blood return, Intact	Intact, Patent
Interventions-CVL:			See Below[T33]	See Below[T34]
Site Description-Central:			No complications	No complications
Necessity for Central Line			Hemodynamic Instability	No peripheral access available
Central Line Infiltration Score			0	0
Central Line Drainage Description:			None	None
PICC Line Patency			Open	Open
Fluids-PICC Port 1			See Below[T40]	INT
Fluids-PICC Port 2			int	INT
Fluids-PICC Port 3			int	INT
Patency PICC Port 1			Flushes easily	No complications
Patency PICC Port 2			Flushes easily	No complications

Nursing Direct Charting

Invasive Lines

		Recorded Time	10:00 EST	01:00 EST
		Recorded By	Mitchell RN,Aramide	Bracanovich RN,Lisa A
		Recorded Date	2/27/2015	2/27/2015
Procedure	**Units**	**Reference Range**		
Patency PICC Port 3			Flushes easily	No complications

Textual Results
T9: 2/27/2015 10:00 EST (Peripheral IV Dressing:)
Dry, Intact, Occlusive, Transparent
T33: 2/27/2015 10:00 EST (Interventions-CVL:)
Alcohol Scrub, Primary tubing changed, Secondary tubing changed, Flushed with 10mL NS
T34: 2/27/2015 01:00 EST (Interventions-CVL:)
Alcohol Scrub, Flushed with 10mL NS
T40: 2/27/2015 10:00 EST (Fluids-PICC Port 1)
ns @ 10cc/hr, morphine @ 0.5cc/hr

		Recorded Time	00:55 EST	19:00 EST
		Recorded By	Bracanovich RN,Lisa A	Blair RN,Larresha C
		Recorded Date	2/27/2015	2/26/2015
Procedure	**Units**	**Reference Range**		
Over the needle 18 gauge Right Lower Forearm 02/23/2015				
Peripheral IV Activity:			Site inspected. No interventions	Flushed
Peripheral IV Infiltration Score:			0	-
Peripheral IV Drainage Description:			None	None
Peripheral IV Site Condition:			No Redness or Edema	No Redness or Edema
Peripheral IV Patency:			Patent	Patent
Peripheral IV Dressing:			See Below[T10]	Dry, Intact
Peripheral IV Phlebitis Score:			0	-
Peripheral Lines Comment			INT	-
Right, Upper, Arm PICC Triple 02/25/2015 14:59				
Central Line Status:			-	Blood return
Interventions-CVL:			-	See Below[T35]
Site Description-Central:			-	No complications
Necessity for Central Line			-	Hemodynamic Instability
Central Line Infiltration Score			-	0
Central Line Drainage Description:			-	None
Patency PICC Port 1			-	No complications
Patency PICC Port 2			-	No complications
Patency PICC Port 3			-	No complications

Textual Results
T10: 2/27/2015 00:55 EST (Peripheral IV Dressing:)
Dry, Intact, Occlusive, Transparent
T35: 2/26/2015 19:00 EST (Interventions-CVL:)
Alcohol Scrub, Flushed with 10mL NS

Procedure	Units	Reference Range	Recorded Time: 11:45 EST Recorded By: Bush PST-NT,Joshua E Recorded Date: 2/27/2015	09:56 EST Bush PST-NT,Joshua E 2/27/2015
Visited by			No visitors	-
Head of Bed			15 Degrees	15 Degrees

Procedure	Units	Reference Range	Recorded Time: 08:16 EST Recorded By: Mitchell RN,Aramide Recorded Date: 2/27/2015	08:16 EST Bush PST-NT,Joshua E 2/27/2015
Orientation-LOC			Lethargic	-

Facility Info: Palmetto Health Richland
5 Richland Medical Park
Columbia, SC 29203-

Patient Info: DILLON, EDMUND

MRN: R012719295

FIN: R1505401814

Attending Physician: Jones MD,Mark A
Admitting Physician: Jones MD,Mark A

Pt. Age:
Date of Birth:
CMRN: 001376880

Nursing Direct Charting

Neuro

		Recorded Time	08:16 EST	08:16 EST
		Recorded By	Mitchell RN,Aramide	Bush PST-NT,Joshua E
		Recorded Date	2/27/2015	2/27/2015
Procedure	Units	Reference Range		
All Extremities Strength			No Movement	-
All Extremities Tone			Flaccid	-
Neurological Documentation			Neuro Documentation	-
Eye Opening Response			No response	-
Motor Response			Localizes to painful stimuli	-
Verbal Response			No response	-
Glasgow Coma Score			7	-
Stimulation Required			Deep Pain	-
Head of Bed			-	15 Degrees

		Recorded Time	03:55 EST	02:28 EST	01:00 EST
		Recorded By	Bracanovich RN,Lisa A	Bracanovich RN,Lisa A	Bracanovich RN,Lisa A
		Recorded Date	2/27/2015	2/27/2015	2/27/2015
Procedure	Units	Reference Range			
Orientation-LOC			-	-	Lethargic
All Extremities Strength			-	-	No Movement
All Extremities Tone			-	-	Flaccid
Neurological Documentation			-	-	Neuro Documentation
Eye Opening Response			-	-	No response
Motor Response			-	-	Localizes to painful stimuli
Verbal Response			-	-	No response
Glasgow Coma Score			-	-	7
Head of Bed			30 Degrees	30 Degrees	-

		Recorded Time	00:00 EST	22:00 EST
		Recorded By	Blair RN,Larresha C	Blair RN,Larresha C
		Recorded Date	2/27/2015	2/26/2015
Procedure	Units	Reference Range		
Neurological Documentation			System Review Unchanged	-
Head of Bed			35 Degrees	35 Degrees

Procedure	Units	Recorded By Anderson RCP,Benjamin A Recorded Date Reference Range	Milunas RN,Kaitlyn C 2/25/2015 2/25/2015
Head of Bed			35 Degrees 30 Degrees

Procedure	Units	Recorded Time Recorded By Anderson RCP,Benjamin A Recorded Date Reference Range	20:01 EST Milunas RN,Kaitlyn C 2/25/2015 2/25/2015	20:00 EST
Orientation-LOC			-	Intubated, Lethargic
Symmetry of Face			-	Symmetrical
Characteristics of Speech			-	Artificial airway
Neuro Interventions			-	See Below T44
Nuchal Rigidity			-	Absent
PERRLA			-	Yes
Right Pupil Size	mm		-	2
Left Pupil Size	mm		-	2
Right Pupil Reaction			-	Equal, Reactive
Left Pupil Reaction			-	Equal, Reactive
Right Pupil Description			-	Regular, Round
Left Pupil Description			-	Regular, Round
Left Upper Extremity Strength			-	Flicker Muscle
Left Upper Extremity Tone			-	Spastic
Left Upper Extremity Sensation			-	Present
Range of Motion Left Upper Extremity			-	Limited motion, passive
Right Upper Extremity Strength			-	Flicker Muscle
Right Upper Extremity Tone			-	Spastic
Right Upper Extremity Sensation			-	Present
Range of Motion Right Upper Extremity			-	Limited motion, passive
Left Lower Extremity Strength			-	Spastic Flex.
Left Lower Extremity Tone			-	Spastic
Left Lower Extremity Sensation			-	Present
Range of Motion Left Lower Extremity			-	Limited motion, passive
Right Lower Extremity Strength			-	Spastic Flex.
Right Lower Extremity Tone			-	Spastic
Right Lower Extremity Sensation			-	Present
Range of Motion Right Lower Extremity			-	Limited motion, passive
Neurological Documentation			-	Neuro Documentation
Eye Opening Response			-	No response
Motor Response			-	Flexion withdrawal

Nursing Direct Charting

Neuro

Procedure	Units	Reference Range	Recorded Time: 20:01 EST Recorded By: Anderson RCP,Benjamin A Recorded Date: 2/25/2015	20:00 EST Milunas RN,Kaitlyn C 2/25/2015
Verbal Response			-	No response
Glasgow Coma Score			-	6
Stimulation Required			-	Deep Pain
Corneal			-	Present
Cough Reflex			-	Present
Gag			-	Present
Head of Bed			35 Degrees	30 Degrees
Interventions-Neuro Disorders			-	See Below T45

Textual Results
T44: 2/25/2015 20:00 EST (Neuro Interventions)
Seizure precautions, Decrease stimuli, Reoriented, Room darkened
T48: 2/25/2015 20:00 EST (Interventions-Neuro Disorders)
Decrease Stimuli, Reoriented, Seizure precautions

Procedure	Units	Reference Range	Recorded Time: 18:00 EST Recorded By: Matheson RN,Crisna M Recorded Date: 2/25/2015	17:00 EST Matheson RN,Crisna M 2/25/2015
Neurological Documentation			-	System Review Unchanged
Head of Bed			35 Degrees	-

Procedure	Units	Reference Range	Recorded Time: 16:00 EST Recorded By: Matheson RN,Crisna M Recorded Date: 2/25/2015	15:49 EST Yuhas RCP,Kimberly E 2/25/2015
Right Pupil Size	mm		2	-
Left Pupil Size	mm		2	-
Neurological Documentation			System Review Unchanged	-
Eye Opening Response			No response	-
Motor Response			Flexion withdrawal	-
Verbal Response			Not Applicable	-
Glasgow Coma Score			6	-
Head of Bed			35 Degrees	35 Degrees

Procedure	Units	Reference Range	Recorded Time: 15:00 EST Recorded By: Matheson RN,Crisna M Recorded Date: 2/25/2015	14:00 EST Matheson RN,Crisna M 2/25/2015
Neurological Documentation			System Review Unchanged	System Review Unchanged
Head of Bed			-	35 Degrees

Procedure	Units	Reference Range	Recorded Time: 13:00 EST Recorded By: Matheson RN,Crisna M Recorded Date: 2/25/2015	12:33 EST Yuhas RCP,Kimberly E 2/25/2015
Neurological Documentation			System Review Unchanged	-
Head of Bed			-	35 Degrees

Nursing Direct Charting

Neuro

Procedure	Units	Reference Range	Recorded Time Recorded By Recorded Date 12:00 EST Matheson RN,Crisna M 2/25/2015	11:00 EST Matheson RN,Crisna M 2/25/2015
Right Pupil Size	mm		2	-
Left Pupil Size	mm		2	-
Neurological Documentation			System Review Unchanged	System Review Unchanged
Eye Opening Response			No response	-
Motor Response			Flexion withdrawal	-
Verbal Response			Not Applicable	-
Glasgow Coma Score			6	-
Head of Bed			35 Degrees	-

Procedure	Units	Reference Range	Recorded Time Recorded By Recorded Date 10:00 EST Matheson RN,Crisna M 2/25/2015	09:16 EST Yuhas RCP,Kimberly E 2/25/2015
Neurological Documentation			System Review Unchanged	-
Head of Bed			35 Degrees	35 Degrees

Procedure	Units	Reference Range	Recorded Time Recorded By Recorded Date 09:00 EST Matheson RN,Crisna M 2/25/2015	08:00 EST Matheson RN,Crisna M 2/25/2015
Orientation-LOC			-	Intubated
Symmetry of Face			-	Symmetrical
Swallowing Difficulty			-	Other: unable to assess
Characteristics of Speech			-	Artificial airway
Neuro Interventions			-	See Below[T45]
Nuchal Rigidity			-	Absent
PERRLA			-	Yes
Right Pupil Size	mm		-	2
Left Pupil Size	mm		-	2
Right Pupil Reaction			-	Equal, Reactive, Sluggish
Left Pupil Reaction			-	Equal, Reactive, Sluggish
Right Pupil Description			-	Regular, Round
Left Pupil Description			-	Regular, Round
Left Upper Extremity Strength			-	Spastic Flex.
Left Upper Extremity Tone			-	Spastic
Left Upper Extremity Sensation			-	Present
Range of Motion Left Upper Extremity			-	Limited motion, passive
Right Upper Extremity Strength			-	Spastic Flex.
Right Upper Extremity Tone			-	Spastic
Right Upper Extremity Sensation			-	Present
Range of Motion Right Upper Extremity			-	Limited motion, passive
Left Lower Extremity Strength			-	Spastic Flex.
Left Lower Extremity Tone			-	Spastic
Left Lower Extremity Sensation			-	Present
Range of Motion Left Lower Extremity			-	Limited motion, passive
Right Lower Extremity Strength			-	Spastic Flex.
Right Lower Extremity Tone			-	Spastic
Right Lower Extremity Sensation			-	Present
Range of Motion Right Lower Extremity			-	Limited motion, passive

Nursing Direct Charting

Neuro

Procedure	Units	Reference Range	Recorded Time: 09:00 EST Recorded By: Matheson RN,Crisna M Recorded Date: 2/25/2015	Recorded Time: 08:00 EST Recorded By: Matheson RN,Crisna M Recorded Date: 2/25/2015
Neurological Documentation			System Review Unchanged	Neuro Documentation
Eye Opening Response			-	No response
Motor Response			-	Flexion withdrawal
Verbal Response			-	Not Applicable
Glasgow Coma Score			-	6
Stimulation Required			-	Deep Pain
Corneal			-	Present
Cough Reflex			-	Present
Gag			-	Present
Head of Bed			-	35 Degrees
Interventions-Neuro Disorders			-	See Below T49

Textual Results
T45: 2/25/2015 08:00 EST (Neuro Interventions)
Decrease stimuli, Reoriented, Room darkened
T49: 2/25/2015 08:00 EST (Interventions-Neuro Disorders)
Decrease Stimuli, Medicated, Reoriented, Room darkened

Procedure	Units	Reference Range	Recorded Time: 07:00 EST Recorded By: Kaelin RN,Kory F Recorded Date: 2/25/2015	Recorded Time: 06:00 EST Recorded By: Kaelin RN,Kory F Recorded Date: 2/25/2015
Neurological Documentation			System Review Unchanged	System Review Unchanged
Head of Bed			-	35 Degrees

Procedure	Units	Reference Range	Recorded Time: 05:00 EST Recorded By: Kaelin RN,Kory F Recorded Date: 2/25/2015	Recorded Time: 04:00 EST Recorded By: Kaelin RN,Kory F Recorded Date: 2/25/2015
Left Upper Extremity Strength			-	No Movement
Left Upper Extremity Tone			-	Flaccid
Left Upper Extremity Sensation			-	Absent
Right Upper Extremity Strength			-	Flicker Muscle
Right Upper Extremity Tone			-	Spastic
Right Upper Extremity Sensation			-	Present
Left Lower Extremity Strength			-	Spastic Flex.
Left Lower Extremity Tone			-	Spastic
Left Lower Extremity Sensation			-	Present
Right Lower Extremity Strength			-	Spastic Flex.
Right Lower Extremity Tone			-	Spastic
Right Lower Extremity Sensation			-	Present
Neurological Documentation			System Review Unchanged	System Review Unchanged
Head of Bed			-	35 Degrees

Procedure	Units	Reference Range	Recorded Time: 03:58 EST Recorded By: Thomas RCP,Lashunda D Recorded Date: 2/25/2015	Recorded Time: 03:00 EST Recorded By: Kaelin RN,Kory F Recorded Date: 2/25/2015
Neurological Documentation			-	System Review Unchanged

		Recorded Time	08:16 EST	01:00 EST	00:00 EST
		Recorded By	Mitchell RN,Aramide	Bracanovich RN,Lisa A	Blair RN,Lamesha C
		Recorded Date	2/27/2015	2/27/2015	2/27/2015
Procedure	Units	Reference Range			
Affect			Unable To Assess	Unable To Assess	-
Behavior Documentation			Behavior Documentation	Behavior Documentation	System Review Unchanged

		Recorded Time	08:16 EST	01:00 EST	00:00 EST
		Recorded By	Mitchell RN,Aramide	Bracanovich RN,Lisa A	Blair RN,Larresha C
		Recorded Date	2/27/2015	2/27/2015	2/27/2015
Procedure	Units	Reference Range			
Sclera-Both Eyes			Yellow	Yellow	-
EENT Documentation			EENT Documentation	EENT Documentation	System Review Unchanged Except
Both Ears			No drainage	-	-

Procedure	Units	Recorded Time Recorded By Recorded Date Reference Range	08:16 EST Mitchell RN,Aramide 2/27/2015	01:00 EST Bracanovich RN,Lisa A 2/27/2015
All Lobes			Coarse	Coarse
Respiratory Pattern			Labored	Labored
Respiratory Comment			oxygen @ 2l NC	-
Respiratory Documentation			Respiratory Documentation	Respiratory Documentation
Chest Motion			Symmetrical	Symmetrical

Facility Info: Palmetto Health Richland
5 Richland Medical Park
Columbia, SC 29203-

Patient Info: DILLON, EDMUND

MRN: R012719295

FIN: R1505401814

Attending Physician: Jones MD,Mark A

Admitting Physician: Jones MD,Mark A

Pt. Age:

Date of Birth

CMRN: 001376880

Nursing Direct Charting

Respiratory

Procedure	Units	Reference Range	Recorded Time Recorded By Recorded Date 00:00 EST Blair RN,Larresha C 2/27/2015	20:27 EST Blair RN,Larresha C 2/26/2015
Respiratory Comment			-	See Below[Tes]
Respiratory Documentation			System Review Unchanged	-

Textual Results
T65: 2/26/2015 20:27 EST (Respiratory Comment)
ET tube pulled per RT. Family at bedside.

Procedure	Units	Recorded Time Recorded By Recorded Date Reference Range	08:16 EST Mitchell RN,Aramide 2/27/2015	08:16 EST Bush PST-NT,Joshua E 2/27/2015
Jugular Vein Distention			JVD Absent	-
Nails			Pink	-
Radial Pulse-Left			2+ Normal	-
Radial Pulse-Right			2+ Normal	-
Dorsalis Pedis Pulse-Left			2+ Normal	-
Dorsalis Pedis Pulse-Right			2+ Normal	-
Heart Sounds			S1S2	-
Cardiac Monitor			Non-Monitored or Med Surg	-
Chest Discomfort			Absent	-
Sequential Compression Device			-	On
Cardiovascular Documentation			Cardiovascular Documentation	-
Capillary Refill Left Hand			2 Seconds	-
Capillary Refill Right Hand			2 Seconds	-
Generalized Edema			Dependent	-
Bilateral Arm Edema			2+ (4mm) Pitting	-
Bilateral Hand Edema			2+ (4mm) Pitting	-
Scrotum Edema			Dependent	-
Bilateral Upper Leg Edema			2+ (4mm) Pitting	-
Bilateral Lower Leg Edema			3+ (6mm) Pitting	-
Bilateral Ankle Edema			3+ (6mm) Pitting	-
Bilateral Pedal Edema			3+ (6mm) Pitting	-

Procedure	Units	Recorded Time Recorded By Recorded Date Reference Range	01:00 EST Bracanovich RN,Lisa A 2/27/2015	00:00 EST Blair RN,Larresha C 2/27/2015	22:00 EST Blair RN,Larresha C 2/26/2015
Jugular Vein Distention			JVD Absent	-	-
Nails			Pink	-	-
Radial Pulse-Left			2+ Normal	-	-
Radial Pulse-Right			2+ Normal	-	-
Dorsalis Pedis Pulse-Left			2+ Normal	-	-
Dorsalis Pedis Pulse-Right			2+ Normal	-	-

Facility Info: Palmetto Health Richland
5 Richland Medical Park
Columbia, SC 29203-

Attending Physician: Jones MD,Mark A
Admitting Physician: Jones MD,Mark A

Patient Info: DILLON, EDMUND
Pt. Age
Date of Birth:
CMRN: 001376880

MRN: R012719295
FIN: R1505401814

Nursing Direct Charting

Cardiovascular

Procedure	Units	Reference Range	Recorded Time Recorded By Recorded Date 01:00 EST Bracanovich RN,Lisa A 2/27/2015	00:00 EST Blair RN,Larresha C 2/27/2015	22:00 EST Blair RN,Larresha C 2/26/2015
Heart Sounds			S1S2	-	-
Cardiac Monitor			Non-Monitored or Med Surg	-	-
Sequential Compression Device			-	On	On
Cardiovascular Documentation			Cardiovascular System WNL	System Review Unchanged	-
Capillary Refill Left Hand			2 Seconds	-	-
Capillary Refill Right Hand			2 Seconds	-	-
Bilateral Arm Edema			2+ (4mm) Pitting	-	-
Bilateral Hand Edema			2+ (4mm) Pitting	-	-
Scrotum Edema			Dependent	-	-
Bilateral Upper Leg Edema			2+ (4mm) Pitting	-	-
Bilateral Lower Leg Edema			3+ (6mm) Pitting	-	-
Bilateral Ankle Edema			3+ (6mm) Pitting	-	-
Bilateral Pedal Edema			3+ (6mm) Pitting	-	-

Nursing Direct Charting

Gastrointestinal

		Recorded Time Recorded By Recorded Date	08:16 EST Mitchell RN,Aramide 2/27/2015	01:00 EST Bracanovich RN,Lisa A 2/27/2015
Procedure	**Units**	**Reference Range**		
Bowel Control			-	Incontinent
All Quadrants			Hypoactive	Hypoactive
GI Character			Distended	Distended, Firm, Rounded
GI Signs and Symptoms			Ascites	Ascites
Gastrointestinal Documentation			Gastrointestinal Documentation	Gastrointestinal Documentation
Feeding			NPO	Total

		Recorded Time Recorded By Recorded Date	00:00 EST Blair RN,Larresha C 2/27/2015	20:00 EST Blair RN,Larresha C 2/26/2015
Procedure	**Units**	**Reference Range**		
Oral Problems			-	None
Bowel Control			-	Incontinent
All Quadrants			-	Hypoactive
GI Character			-	Distended
GI Signs and Symptoms			-	No Complaints
Interventions -GI			-	HOB 30 degrees
Gastrointestinal Documentation			System Review Unchanged	Gastrointestinal Documentation
GI Tubes:			-	Nasogastric
GI Tube Location:			-	Right, Nare
GI Tube Site:			-	Intact
GI Tube Status:			-	See Below [T69]
GI Tube Suction:			-	Low intermittent suction
Output Description-GI:			-	None
Feeding			-	NPO

Textual Results
T69: 2/26/2015 20:00 EST (GI Tube Status:)
Patent, Flushed, Position Checked

Procedure	Units	Reference Range	Recorded Time: 08:16 EST Recorded By: Mitchell RN,Aramide Recorded Date: 2/27/2015	01:00 EST Bracanovich RN,Lisa A 2/27/2015
Bladder			-	See Below T73
Renal-Urinary Documentation			Renal/Urinary Documentation	Renal/Urinary Documentation
Necessity for Foley			End-of-Life Care	End-of-Life Care
Urine Source-Device:			Foley Catheter	Foley Catheter
Urine Color:			Brown	Brown
Urine Character:			Concentrated	Cloudy, Concentrated

Textual Results

T73: 2/27/2015 01:00 EST (Bladder)

Facility Info: Palmetto Health Richland
5 Richland Medical Park
Columbia, SC 29203-

Attending Physician: Jones MD,Mark A
Admitting Physician: Jones MD,Mark A

Patient Info: DILLON, EDMUND
Pt. Ag
Date of Birth:
CMRN: 001376880

MRN: R012719295
FIN: R1505401814

Nursing Direct Charting

Renal-Urinary

Textual Results
T73: 2/27/2015 01:00 EST (Bladder)
Other: unable to assess with ascites

		Recorded Time Recorded By Recorded Date	00:00 EST Blair RN,Larresha C 2/27/2015	20:00 EST Blair RN,Larresha C 2/26/2015	16:00 EST Wallace RN,Teondra M 2/26/2015
Procedure	**Units**	**Reference Range**			
Bladder			-	Nondistended	-
Renal-Urinary Documentation			System Review Unchanged	Renal/Urinary Documentation	System Review Unchanged
Necessity for Foley			-	End-of-Life Care	-
Urine Source-Device:			-	Foley Catheter	-
Urine Color:			-	Brown	-
Urine Character:			-	Concentrated	-
Urine Odor:			-	No Foul Odor	-
Urinary Catheter Secured			-	Securement Device	-

Procedure	Units	Reference Range	Recorded Time: 08:16 EST Recorded By: Mitchell RN,Aramide Recorded Date: 2/27/2015	01:00 EST Bracanovich RN,Lisa A 2/27/2015
Breast-Genital Anatomy:			Scrotum	Scrotum
Reproductive Description:			Edema	Edema
Reproductive Discharge-Drainage:			None	None
Reproductive Documentation			Reproductive Documentation	Reproductive Documentation

Procedure	Units	Reference Range	Recorded Time: 00:00 EST Recorded By: Blair RN,Larresha C Recorded Date: 2/27/2015	20:00 EST Blair RN,Larresha C 2/26/2015
Reproductive Documentation			System Review Unchanged	Reproductive System WNL

Facility Info: Palmetto Health Richland
5 Richland Medical Park
Columbia, SC 29203-

Attending Physician: Jones MD,Mark A
Admitting Physician: Jones MD,Mark A

Patient Info: DILLON, EDMUND

Pt. Age:
Date of Birth:
CMRN: 001376880

MRN: R012719295

FIN: R1505401814

Nursing Direct Charting

Reproductive

		Recorded Time	16:00 EST	12:00 EST
		Recorded By	Wallace RN,Teondra M	Wallace RN,Teondra M
		Recorded Date	2/26/2015	2/26/2015
Procedure	Units	Reference Range		
Reproductive Documentation			System Review Unchanged	System Review Unchanged

		Recorded Time	08:00 EST	04:00 EST
		Recorded By	Wallace RN,Teondra M	Milunas RN,Kaitlyn C
		Recorded Date	2/26/2015	2/26/2015
Procedure	Units	Reference Range		
Reproductive Documentation			Reproductive System WNL	System Review Unchanged

		Recorded Time	00:00 EST	20:00 EST
		Recorded By	Milunas RN,Kaitlyn C	Milunas RN,Kaitlyn C
		Recorded Date	2/26/2015	2/25/2015
Procedure	Units	Reference Range		
Breast-Genital Anatomy:			-	Scrotum
Reproductive Description:			-	Edema
Reproductive Discharge-Drainage:			-	None
Reproductive Interventions:			-	Elevate Scrotum
Reproductive Documentation			System Review Unchanged	Reproductive Documentation

Procedure	Units	Recorded Date Reference Range	Bush PST-NT,Joshua E 2/27/2015	Bush PST-NT,Joshua E 2/27/2015
Skin Preventive Measures				
PUP Management Device			See Below T83	Reposition Frequently
			Fluidized Air Therapy Bed	Standard Hospital Bed/Mattress

Textual Results

T83: 2/27/2015 11:45 EST (Skin Preventive Measures)
Heels Off-Loaded with Pillows, Position w/ pillows, Reposition Frequently

Nursing Direct Charting

Integumentary

		Recorded Time Recorded By Recorded Date	08:16 EST Mitchell RN,Aramide 2/27/2015	08:16 EST Bush PST-NT,Joshua E 2/27/2015
Procedure	**Units**	**Reference Range**		
Bony Prominences Inspected			Yes	-
Skin Color:			Jaundiced	-
Skin Temperature:			Warm	-
Skin Condition			See Below[T81]	-
Skin Turgor			Normal	-
Mucous Membrane Description			Intact, Pink, Dry	-
Skin Preventive Measures			-	Reposition Frequently
PUP Management Device			-	Standard Hospital Bed/Mattress
Integumentary Documentation			Integumentary Documentation	-

Textual Results
T81: 2/27/2015 08:16 EST (Skin Condition)
Not Intact, Other: see wound documentation

		Recorded Time Recorded By Recorded Date	03:55 EST Bracanovich RN,Lisa A 2/27/2015	02:28 EST Bracanovich RN,Lisa A 2/27/2015
Procedure	**Units**	**Reference Range**		
Skin Preventive Measures			Heels Off-Loaded with Pillows	Heels Off-Loaded with Pillows
PUP Management Device			Turning Wedge	Pillow for Positioning

		Recorded Time Recorded By Recorded Date	01:00 EST Bracanovich RN,Lisa A 2/27/2015	01:00 EST Burris RN,Brandi J 2/27/2015
Procedure	**Units**	**Reference Range**		
Bony Prominences Inspected			Yes	-
Skin Color:			Jaundiced	-
Skin Temperature:			Warm	-
Skin Condition			See Below[T82]	-
Skin Turgor			Normal	-
Mucous Membrane Description			Dry	-
Integumentary Comment			-	skin assessment verified
Integumentary Documentation			Integumentary Documentation	-

Textual Results
T82: 2/27/2015 01:00 EST (Skin Condition)
Not Intact, Other: see wound documenation

		Recorded Time Recorded By Recorded Date	00:00 EST Blair RN,Larresha C 2/27/2015	22:00 EST Blair RN,Larresha C 2/26/2015
Procedure	**Units**	**Reference Range**		
Skin Preventive Measures			Heels Off-Loaded with Pillows	Heels Off-Loaded with Pillows
PUP Management Device			Heels Off-Loaded with Pillows	Heels Off-Loaded with Pillows
Integumentary Documentation			System Review Unchanged	-

Nursing Direct Charting

Integumentary

Textual Results
T176: 2/23/2015 12:27 EST (Integumentary Comment)
laceration noted to back of head. Pt is jaundiced.

Wounds-Tubes-Dressings-Drains

Procedure	Units	Reference Range	Recorded Time Recorded By Recorded Date	13:09 EST Mitchell RN,Aramide 2/27/2015	08:16 EST Mitchell RN,Aramide 2/27/2015	01:00 EST Bracanovich RN,Lisa A 2/27/2015
Arm, Right Skin Tear						
Integrity of Dressing				-	Dry, Intact, did not remove	Intact
Wound Dressing Type:				-	Foam	Foam
Wound Appearance:				-	-	Clean, Shallow/Superficial
Skin Surrounding Wound:				-	Ecchymotic	Ecchymotic
Wound Drainage:				-	None	-
Wound Intervention:				-	Evaluated	Evaluated
Gluteal fold, Perineum Skin Tear						
Integrity of Dressing				-	Open to Air	-
Wound Dressing Type:				-	Open to Air	-
Wound Appearance:				-	Clean, Dry	-
Skin Surrounding Wound:				-	No complications	-
Wound Intervention:				-	Evaluated	-
1 Penis, Other: left side of head of penis Other: etiology unknown.						
Integrity of Dressing				Open to Air	-	Open to Air
Wound Dressing Type:				Open to Air	-	-
Wound Intervention:				Evaluated	-	Evaluated

Procedure	Units	Reference Range	Recorded Time Recorded By Recorded Date	01:00 EST Burris RN,Brandi J 2/27/2015	19:59 EST Blair RN,Larresha C 2/26/2015	08:00 EST Wallace RN,Teondra M 2/26/2015
Pressure Ulcer Present On Admission				-	-	No
Arm, Right Skin Tear						
Integrity of Dressing				-	Dry, Intact	Dry, Intact
Wound Appearance:				-	Clean	Clean, Dry, Intact
Skin Surrounding Wound:				-	Ecchymotic	Ecchymotic
Wound Drainage:				-	None	None
Wound Intervention:				-	Evaluated	Evaluated
Wound/Incision Comment				wound assessment verified	-	-
Gluteal fold, Perineum Skin Tear						
Integrity of Dressing				-	Open to Air	Open to Air
Wound Dressing Type:				-	Open to Air	Open to Air
Wound Appearance:				-	Clean, Dry	Clean, Dry
Skin Surrounding Wound:				-	No complications	No complications
Wound Drainage:				-	None	None
Wound Intervention:				-	Evaluated	Evaluated
1 Penis, Other: left side of head of penis Other: etiology unknown.						
Wound Dressing Type:				-	Open to Air	Open to Air
Wound Appearance:				-	Clean, Dry	Clean, Dry
Wound Drainage:				-	None	None
Wound Intervention:				-	Evaluated	Evaluated

Facility Info: Palmetto Health Richland
5 Richland Medical Park
Columbia, SC 29203-

Attending Physician: Jones MD,Mark A
Admitting Physician: Jones MD,Mark A

Patient Info: DILLON, EDMUND

Pt. Age:
Date of Birth
CMRN: 001376880

MRN: R012719295

FIN: R1505401814

Nursing Direct Charting

Wounds-Tubes-Dressings-Drains

Procedure	Units	Reference Range	Recorded Time Recorded By Recorded Date	01:00 EST Burris RN,Brandi J 2/27/2015	19:59 EST Blair RN,Larresha C 2/26/2015	08:00 EST Wallace RN,Teondra M 2/26/2015
Wound/Incision Comment				wound verified	-	-

Musculoskeletal System

Procedure	Units	Reference Range	Recorded Time: 08:16 EST Recorded By: Mitchell RN,Aramide Recorded Date: 2/27/2015	01:00 EST Bracanovich RN,Lisa A 2/27/2015
Gait			Unable To Assess	Unable To Assess
Musculoskeletal Documentation			Musculoskeletal Documentation	Musculoskeletal Documentation
Musculoskeletal Site:			All Extremities	-
Left Arm Movement			No Response	-
Right Arm Movement			No Response	-
Left Leg Movement			No Response	-
Right Leg Movement			No Response	-

Procedure	Units	Reference Range	Recorded Time: 00:00 EST Recorded By: Blair RN,Larresha C Recorded Date: 2/27/2015	20:00 EST Blair RN,Larresha C 2/26/2015
Gait			-	Unable To Assess
Musculoskeletal Documentation			System Review Unchanged	Musculoskeletal Documentation
Musculoskeletal Condition:			-	Normal
Musculoskeletal Interventions:			-	Bed Exercises
Musculoskeletal Site:			-	All Extremities
Left Arm Movement			-	No Response
Right Arm Movement			-	No Response
Left Leg Movement			-	No Response
Right Leg Movement			-	No Response

D - 0705

Procedure	Units	Recorded Time Recorded By Recorded Date Reference Range	08:16 EST Mitchell RN,Aramide 2/27/2015	01:00 EST Bracanovich RN,Lisa A 2/27/2015
Safety				
Abuse Signs			See Below T199	-
History of Fall in Last 3 Months Morse			No indications	-
Presence of Secondary Diagnosis Morse			Yes	Yes
Use of Ambulatory Aid Morse			Yes	Yes
IV/INT Fall Risk Morse			None, bedrest, wheelchair, nurse	None, bedrest, wheelchair, nurse
Gait Weak or Impaired Fall Risk Morse			Yes	Yes
Mental Status Fall Risk Morse			Normal, bedrest, immobile	Normal, bedrest, immobile
Morse Fall Risk Score			Forgets limitations	Forgets limitations
Participative in Fall Prevention			75	75
			No	No

Textual Results

T199: 2/27/2015 08:16 EST (Safety)
Adequate day/night lighting, Bed Low/Brakes Locked, Family/Sitter at Bedside, Non-skid socks/shoes with non-skid soles, Pt/Family Able to Use, Siderails up x2, Uncluttered path for mobility

Procedure	Units	Recorded Time Recorded By Recorded Date Reference Range	00:55 EST Bracanovich RN,Lisa A 2/27/2015	20:00 EST Blair RN,Larresha C 2/26/2015
Safety				
Suicide Risk			See Below T200	See Below T201
Abuse Signs			-	Unable to Evaluate
History of Fall in Last 3 Months Morse			-	No indications
Presence of Secondary Diagnosis Morse			-	No
Use of Ambulatory Aid Morse			-	Yes
IV/INT Fall Risk Morse			-	None, bedrest, wheelchair, nurse
Gait Weak or Impaired Fall Risk Morse			-	Yes
			-	Normal, bedrest, immobile

Nursing Direct Charting

Risk Precautions

Textual Results
T207: 2/23/2015 12:27 EST (Safety)
Adequate day/night lighting, Bag-Valve Mask, suction at BS, Bed Low/Brakes Locked, Family/Sitter at Bedside, ID Band Checked, ID Band on, Instruct to Call, Siderails up x2

Patient Activity

Procedure	Units	Reference Range	Recorded Time Recorded By Recorded Date 12:22 EST Muller-Hemingway PST -NT US,Latonya M 2/27/2015	12:22 EST Hendrix RN,Christy M 2/27/2015
Patient Activity			-	Repositioned
Positioned			Supine/Back	-
Patient Location			-	In Room
Accompanied By			-	Nurse
Activity Response			-	Tolerated
Activity Assistance			-	Two person assistance

Procedure	Units	Reference Range	Recorded Time Recorded By Recorded Date 11:45 EST Bush PST-NT,Joshua E 2/27/2015	09:56 EST Bush PST-NT,Joshua E 2/27/2015
Patient Activity			In bed, Sleeping, Transferred [R1]	See Below [T208]
Positioned			Left Side	Left Side
Patient Location			In Room	In Room
Accompanied By			Nurse, Technician	Family
Activity Response			Tolerated	Tolerated
Activity Assistance			Total lift assistance	One person assistance

Textual Results
T208: 2/27/2015 09:56 EST (Patient Activity)
In bed, Repositioned, Sleeping, With Family/Visitor

Result Comments
R1: Patient Activity
Transferred from standard hospital bed to fluidized air therapy bed, tolerated well. Assistance was tech x4 and nurse x1

Procedure	Units	Reference Range	Recorded Time Recorded By Recorded Date 08:47 EST Botello-Naso RN,Grace M 2/27/2015	08:42 EST Botello-Naso RN,Grace M 2/27/2015
Person Contacted			Other: STICU CN	-
Regarding			See Below [T212]	See Below [T213]
Care Provider Name			Twain	charge nurse STICU
Notification Response			See Below [T216]	See Below [T219]

Textual Results
T212: 2/27/2015 08:47 EST (Regarding)
Other: Who is following this pt? We need orders for secretion management and whether or not hospice will be following (CN last night called several times trying to get orders with no success from anyone)
T213: 2/27/2015 08:42 EST (Regarding)
Other: need accepting MD for this pt
T218: 2/27/2015 08:47 EST (Notification Response)
Notified, Other: Surgery team will continue to follow pt according to Twain (CN in STICU)

Nursing Direct Charting

Patient Activity

Textual Results
T219: 2/27/2015 08:42 EST (Notification Response)
No Orders Received, Notified, Other: per CN call MICU resident

		Recorded Time	08:38 EST	08:16 EST
		Recorded By	Botello-Naso RN,Grace M	Bush PST-NT,Joshua E
		Recorded Date	2/27/2015	2/27/2015
Procedure	Units	Reference Range		
Patient Activity			-	In bed, Sleeping
Positioned			-	Supine/Back
Patient Location			-	In Room
Accompanied By			-	Family
Person Contacted			Physician (Hospitalist)	-
Regarding			See Below T214	-
Care Provider Name			Dr. Barber	-
Notification Response			No Orders Received, Notified	-
Activity Response			-	Tolerated
Activity Assistance			-	Independent

Textual Results
T214: 2/27/2015 08:38 EST (Regarding)
Other: pt transferred from STICU, no accepting HIM MD

		Recorded Time	03:55 EST	02:28 EST
		Recorded By	Bracanovich RN,Lisa A	Bracanovich RN,Lisa A
		Recorded Date	2/27/2015	2/27/2015
Procedure	Units	Reference Range		
Patient Activity			Repositioned	Repositioned
Positioned			Left Side	Right Side
Activity Response			Tolerated	Tolerated
Activity Assistance			Two person assistance	Two person assistance

		Recorded Time	01:23 EST	00:00 EST	22:00 EST
		Recorded By	Bracanovich RN,Lisa A	Blair RN,Larresha C	Blair RN,Larresha C
		Recorded Date	2/27/2015	2/27/2015	2/26/2015
Procedure	Units	Reference Range			
Patient Activity			-	In bed, Repositioned	In bed, Repositioned
Positioned			-	Supine/Back	Supine/Back
Transferred			-	See Below T210	-
Person Contacted			Physician's Assistant	-	-
Regarding			Other: Pain medicine needed	-	-
Care Provider Name			James Stachoviak	-	-
Notification Response			See Below T220	-	-
Activity Response			-	Tolerated	Tolerated
Activity Assistance			-	Two person assistance	Two person assistance

Textual Results
T210: 2/27/2015 00:00 EST (Transferred)
Report called called to nurse on 11 west
T220: 2/27/2015 01:23 EST (Notification Response)
By Telephone, Notified, Orders Received

Procedure	Units	Reference Range	Recorded Time Recorded By Recorded Date 08:16 EST Mitchell RN,Aramide 2/27/2015	01:00 EST Bracanovich RN,Lisa A 2/27/2015	20:00 EST Blair RN,Larresha C 2/26/2015
Sensory Perception			Completely limited (1)	Completely limited (1)	Completely limited (1)
Moisture			Occasionally moist (3)	Occasionally moist (3)	Occasionally moist (3)
Activity			Bedfast (1)	Bedfast (1)	Bedfast (1)
Mobility Braden			Completely limited (1)	Completely limited (1)	Completely limited (1)
Nutrition			Very poor (1)	Very poor (1)	Probably inadequate (2)
Friction and Shear			Potential problem (2)	Potential problem (2)	Potential problem (2)
Braden Score			9	9	10

Procedure	Units	Reference Range	[illegible]	2/26/2015	2/26/2015
Confusion-Acute Onset/Fluctuating Course			No	No	No
Confusion-Inattention			No	No	No
Confusion-Disorganized Speech			No	No	No
Confusion-Altered Level of Consciousness			Yes	Yes	Yes
CAM Score			1	1	1
CAM Results			Negative	Negative	Negative

Discharge Information

DOCUMENT NAME:	Internal Transfer
SERVICE DATE/TIME:	2/27/2015 08:31 EST
RESULT STATUS:	Auth (Verified)
PERFORM INFORMATION:	Depp MD,Timothy B (2/27/2015 08:31 EST)
ELECTRONICALLY SIGNED BY:	Jones MD,Mark A (2/27/2015 15:40 EST); Depp MD,Timothy B (2/27/2015 10:57 EST)

Internal Transfer

PATIENT: DILLON, EDMUND DICT: Timothy Depp, MD-R
MR #: 012719295
ADMITTED: 02/23/2015 DOB: 10/13/1958
DISCHARGED: 02/27/2015 PT.LOC: 11W

ATTENDING PHYSICIAN: Mark A Jones, MD

This is a patient from the Trauma ICU to Hospital Internal Medicine.

ADMITTING DIAGNOSES:
1. Fall.
2. Intracranial hemorrhage.
3. Hyperbilirubinemia.

TRANSFER DIAGNOSES:
1. Fall.
2. Intracranial hemorrhage.
3. Hyperbilirubinemia.
4. Acute kidney injury.
5. Leukocytosis.
6. Respiratory failure.

PROCEDURES:
1. Hemicraniotomy by Dr. Toussaint, on 02/23/2015.
2. Central line placement by Dr. Depp on 02/24/2015.

CONSULTATIONS:
1. Neurosurgery, Dr. Toussaint.
2. Palliative care, Dr. Jenkins.
3. Gastroenterology, Dr. Lowman.

HISTORY OF PRESENT ILLNESS/HOSPITAL COURSE: Please see full H&P for details. Briefly, this is a 56-year-old Caucasian male who presents with a history of apparently heavy alcohol use, recent worsening jaundice, altered mental status and fall with subsequent development of a large subarachnoid hemorrhage with hemicraniotomy and subsequent significantly worsening intracranial hemorrhage, midline shift and declining neurologic status for which reason we have consulted palliative care medicine. He was observed in

Discharge Information

the ICU and following a series of family discussion and lack of improvement in patient's neurologic status with worsening multiorgan dysfunction. We did feel it was appropriate after discussing with the family who agree with palliative care that patient's progress is unfortunately very poor and they have elected to change his DNR status to DNR 5 at which point he has been transferred to the Hospice Palliative Care Service under the care of HIM.

CONDITION AT THE TIME OF TRANSFER; Declining.

DISPOSITION: To 11th floor inpatient palliative service.

IMPENDING STUDIES: None.

RECOMMENDATIONS: Comfort care.

D: 02/27/2015 08:23 T: 02/27/2015 08:31 TID: ctc
Job #: 11349 Doc #: 41266402
cc: Timothy Depp, MD-R
Mark A Jones, MD

Electronically Signed & Verified on 02/27/2015 10:57
by Depp MD, Timothy B

Electronically Signed & Verified on 02/27/15 15:40
by Jones MD, Mark A

SERVICE DATE/TIME:	Physician Progress Notes 2/27/2015 13:06 EST
RESULT STATUS:	Modified
PERFORM INFORMATION:	Barber MD,Jason K (2/28/2015 05:08 EST); Barber MD, Jason K (2/27/2015 13:07 EST)
ELECTRONICALLY SIGNED BY:	Barber MD,Jason K (2/28/2015 05:08 EST); Barber MD, Jason K (2/27/2015 13:07 EST)

Progress Notes

Addendum by Barber MD, Jason K on 28 February 2015 05:08
death summary #12497

Electronically Signed & Verified on 02/28/2015 05:08
by Barber MD, Jason K

Freetext Note *

Patient: **DILLON, EDMUND** **MRN: R012719295** **FIN: R1505401814**
Age: Sex: DOB:
Associated Diagnoses: **None**
Author: **Barber MD, Jason K**

Pt was made AND and hospice was consulted for admission
- Notified that pt lost apical pulse and sponatenous respirations
- Time of Death 1230pm
- Pt will be a coroner's case due to his head trauma
- Death certification will be done via WebDeath

Electronically Signed & Verified on 02/27/2015 13:07
by Barber MD, Jason K

Allergies

Substance	Updated Date/Time	Updated By	Allergy Type	Allergy Category	Severity	Recorded On Behalf Of	Reaction Status	Reaction Symptom	Information Source	Estimated Onset	Reviewed Date/Time	Reviewed By	Data Source
NKA	2/23/2015 19:56 EST	Looney RN, Marisa A	Allergy	Drug Allergy		Looney RN, Marisa A	Active				2/24/2015 16:05 EST	Bates NP, Ann Marie	

Allergy History

Substance: NKA Recorded Date/Time	Recorded By	
2/23/2015 19:56 EST	Looney RN,Marisa A	**Allergy Type:** Allergy; **Recorded On Behalf Of:** Looney RN,Marisa A; **Reaction Status:** Active; **Reviewed Date/Time:** 2/24/2015 16:05 EST; **Reviewed By:** Bates NP,Ann Marie; **Category** Drug Allergy;

Non Medication Orders

Order: Bed P500 Therapy Surface

Order Start Date/Time: 2/27/2015 02:00 EST			
Order Date/Time: 2/27/2015 02:00 EST			
Order Status: Completed	Department Status: Completed	Catalog Type: Materials Management	Activity Type: Materials Management
End-state Date/Time: 2/27/2015 02:00 EST		End-state Reason:	
Ordered and Electronically Signed By: Guidelines of Care,*		Consulting Physician:	
Entered By: Bracanovich RN,Lisa A on 2/27/2015 02:00 EST			
Order Details: 02/27/15 2:00:00, 1, Stop 02/27/15 2:00:00			
Order Comment:			
Action Type: Order	Action Date/Time: 2/27/2015 02:00 EST	Action Personnel: Bracanovich RN,Lisa A	
Responsible Provider: Guidelines of Care,*	Supervising Provider:	Communication Type: Sig Not Required	
Order Details: 02/27/15 2:00:00, 1, Stop 02/27/15 2:00:00			
Review Information:			
Doctor Cosign: Not Required			
Order Comment:			

Order: Bed Request

Order Start Date/Time: 2/23/2015 14:56 EST			
Order Date/Time: 2/23/2015 14:56 EST			
Order Status: Canceled	Department Status: Canceled	Catalog Type: Patient Care	Activity Type: Communication Orders
End-state Date/Time: 2/27/2015 00:31 EST		End-state Reason:	
Ordered and Electronically Signed By: SYSTEM,SYSTEM		Consulting Physician:	
Entered By: SYSTEM,SYSTEM on 2/27/2015 00:31 EST			
Order Details: 02/23/15 14:56:00, Critical Care or High Risk, STICU			
Order Comment:			
Action Type: Order	Action Date/Time: 2/23/2015 15:00 EST	Action Personnel: Stachowiak PA,James R	
Responsible Provider: Stachowiak PA,James R	Supervising Provider:	Communication Type: CPOE	
Order Details: 02/23/15 14:56:00, Critical Care or High Risk, STICU			
Review Information:			
Nurse Review: Electronically Signed, Looney RN,Marisa A on 2/23/2015 20:26 EST			
Doctor Cosign: Not Required			
Order Comment:			
Action Type: Cancel	Action Date/Time: 2/27/2015 00:31 EST	Action Personnel: SYSTEM,SYSTEM	
Responsible Provider: SYSTEM,SYSTEM	Supervising Provider:	Communication Type: Discern Expert	
Order Details: 02/23/15 14:56:00, Critical Care or High Risk, STICU			
Review Information:			
Doctor Cosign: Not Required			
Order Comment: Cancelled by a rule.			

Non Medication Orders

Order: Bed Request

Order Start Date/Time: 2/27/2015 08:57 EST
Order Date/Time: 2/27/2015 08:57 EST

Order Status: Discontinued	Department Status: Discontinued	Catalog Type: Patient Care	Activity Type: Communication Orders
End-state Date/Time: 2/27/2015 22:03 EST		End-state Reason:	
Ordered and Electronically Signed By: Depp MD,Timothy B		Consulting Physician:	

Entered By: SYSTEM,SYSTEM on 2/27/2015 22:02 EST
Order Details: 02/27/15 8:57:00, Inpatient Hospice
Order Comment:

Action Type: Order	Action Date/Time: 2/27/2015 08:57 EST	Action Personnel: Depp MD,Timothy B
Responsible Provider: Depp MD,Timothy B	Supervising Provider:	Communication Type: CPOE

Order Details: 02/27/15 8:57:00, Inpatient Hospice
Review Information:
Nurse Review: Electronically Signed, Mitchell RN,Aramide on 2/27/2015 10:07 EST
Doctor Cosign: Not Required
Order Comment:

Action Type: Discontinue	Action Date/Time: 2/27/2015 22:02 EST	Action Personnel: SYSTEM,SYSTEM
Responsible Provider: Depp MD,Timothy B	Supervising Provider:	Communication Type:

Order Details: 02/27/15 8:57:00, Inpatient Hospice
Review Information:
Doctor Cosign: Not Required
Order Comment:

Order: Bed Request (Transfer Patient To)

Order Start Date/Time: 2/27/2015 00:31 EST
Order Date/Time: 2/27/2015 00:31 EST

Order Status: Canceled	Department Status: Canceled	Catalog Type: Patient Care	Activity Type: Communication Orders
End-state Date/Time: 2/27/2015 08:57 EST		End-state Reason:	
Ordered and Electronically Signed By: SYSTEM,SYSTEM		Consulting Physician:	

Entered By: SYSTEM,SYSTEM on 2/27/2015 08:57 EST
Order Details: 02/27/15 0:31:00, Non-Monitored or Med Surg, 11 west
Order Comment:

Action Type: Order	Action Date/Time: 2/27/2015 00:31 EST	Action Personnel: Keasler RN,Carol H
Responsible Provider: Stachowiak PA,James R	Supervising Provider:	Communication Type: Inbox VORB

Order Details: 02/27/15 0:31:00, Non-Monitored or Med Surg, 11 west
Review Information:
Doctor Cosign: Electronically Signed, Stachowiak PA,James R on 2/27/2015 08:12 EST
Order Comment:

Action Type: Cancel	Action Date/Time: 2/27/2015 08:57 EST	Action Personnel: SYSTEM,SYSTEM
Responsible Provider: SYSTEM,SYSTEM	Supervising Provider:	Communication Type: Discern Expert

Order Details: 02/27/15 0:31:00, Non-Monitored or Med Surg, 11 west
Review Information:
Doctor Cosign: Not Required
Order Comment: Cancelled by a rule.

Non Medication Orders

Order: Change Attending

Order Start Date/Time: 2/27/2015 08:49 EST
Order Date/Time: 2/27/2015 08:49 EST
Order Status: Discontinued | Department Status: Discontinued | Catalog Type: Patient Care | Activity Type: Communication Orders
End-state Date/Time: 2/27/2015 17:54 EST | End-state Reason:
Ordered and Electronically Signed By: Depp MD,Timothy B | Consulting Physician:
Entered By: SYSTEM,SYSTEM on 2/27/2015 17:54 EST
Order Details: 02/27/15 8:49:00, Routine, Change attending to HIM floor attending Jason Barber
Order Comment:

Action Type: Order	Action Date/Time: 2/27/2015 08:49 EST	Action Personnel: Depp MD,Timothy B
Responsible Provider: Depp MD,Timothy B	Supervising Provider:	Communication Type: CPOE

Order Details: 02/27/15 8:49:00, Routine, Change attending to HIM floor attending
Review Information:
Nurse Review: Electronically Signed, Mitchell RN,Aramide on 2/27/2015 10:07 EST
Doctor Cosign: Not Required
Order Comment:

Action Type: Modify	Action Date/Time: 2/27/2015 08:50 EST	Action Personnel: Depp MD,Timothy B
Responsible Provider: Depp MD,Timothy B	Supervising Provider:	Communication Type: CPOE

Order Details: 02/27/15 8:49:00, Routine, Change attending to HIM floor attending Jason Barber
Review Information:
Nurse Review: Electronically Signed, Mitchell RN,Aramide on 2/27/2015 10:07 EST
Doctor Cosign: Not Required
Order Comment:

Action Type: Discontinue	Action Date/Time: 2/27/2015 17:54 EST	Action Personnel: SYSTEM,SYSTEM
Responsible Provider: Depp MD,Timothy B	Supervising Provider:	Communication Type:

Order Details: 02/27/15 8:49:00, Routine, Change attending to HIM floor attending Jason Barber
Review Information:
Doctor Cosign: Not Required
Order Comment:

Order: Chlorhexidine bath

Order Start Date/Time: 2/23/2015 18:52 EST
Order Date/Time: 2/23/2015 18:52 EST
Order Status: Discontinued | Department Status: Discontinued | Catalog Type: Patient Care | Activity Type: Patient Care
End-state Date/Time: 2/27/2015 22:02 EST | End-state Reason:
Ordered and Electronically Signed By: Guidelines of Care,* | Consulting Physician:
Entered By: SYSTEM,SYSTEM on 2/27/2015 22:02 EST
Order Details: 02/23/15 18:52:00, x 7 days per week
Order Comment:

Action Type: Order	Action Date/Time: 2/23/2015 18:55 EST	Action Personnel: Javis,Cheryl J
Responsible Provider: Guidelines of Care,*	Supervising Provider:	Communication Type: Sig Not Required

Order Details: 02/23/15 18:52:00, x 7 days per week
Review Information:
Doctor Cosign: Not Required
Order Comment:

Action Type: Discontinue	Action Date/Time: 2/27/2015 22:02 EST	Action Personnel: SYSTEM,SYSTEM
Responsible Provider: Guidelines of Care,*	Supervising Provider:	Communication Type:

Order Details: 02/23/15 18:52:00, x 7 days per week
Review Information:
Doctor Cosign: Not Required
Order Comment:

Non Medication Orders

Order: Code Status
Order Start Date/Time: 2/27/2015 08:57 EST
Order Date/Time: 2/27/2015 08:57 EST

Order Status: Canceled	Department Status: Canceled	Catalog Type: Patient Care	Activity Type: CPOE
End-state Date/Time: 2/27/2015 09:35 EST		End-state Reason:	
Ordered and Electronically Signed By: SYSTEM,SYSTEM		Consulting Physician:	

Entered By: SYSTEM,SYSTEM on 2/27/2015 09:35 EST
Order Details: Start Date/Time 02/27/15 8:57:00, Code Status 1-Full Code=FC
Order Comment:

Action Type: Order	Action Date/Time: 2/27/2015 08:57 EST	Action Personnel: Depp MD,Timothy B
Responsible Provider: Depp MD,Timothy B	Supervising Provider:	Communication Type: CPOE

Order Details: Start Date/Time 02/27/15 8:57:00, Code Status 1-Full Code=FC
Review Information:
Nurse Review: Electronically Signed, Mitchell RN,Aramide on 2/27/2015 10:07 EST
Doctor Cosign: Not Required
Order Comment:

Action Type: Cancel	Action Date/Time: 2/27/2015 09:35 EST	Action Personnel: SYSTEM,SYSTEM
Responsible Provider: SYSTEM,SYSTEM	Supervising Provider:	Communication Type: Discern Expert

Order Details: Start Date/Time 02/27/15 8:57:00, Code Status 1-Full Code=FC
Review Information:
Doctor Cosign: Not Required
Order Comment: Cancelled by Rule

Order: Code Status
Order Start Date/Time: 2/27/2015 09:34 EST
Order Date/Time: 2/27/2015 09:34 EST

Order Status: Discontinued	Department Status: Discontinued	Catalog Type: Patient Care	Activity Type: CPOE
End-state Date/Time: 2/27/2015 22:03 EST		End-state Reason:	
Ordered and Electronically Signed By: Barber MD,Jason K		Consulting Physician:	

Entered By: SYSTEM,SYSTEM on 2/27/2015 22:02 EST
Order Details: Start Date/Time 02/27/15 9:34:00, Code Status 5-Allow Natural Death=AND
Order Comment:

Action Type: Order	Action Date/Time: 2/27/2015 09:35 EST	Action Personnel: Barber MD,Jason K
Responsible Provider: Barber MD,Jason K	Supervising Provider:	Communication Type: CPOE

Order Details: Start Date/Time 02/27/15 9:34:00, Code Status 5-Allow Natural Death=AND
Review Information:
Nurse Review: Electronically Signed, Mitchell RN,Aramide on 2/27/2015 10:07 EST
Doctor Cosign: Not Required
Order Comment:

Action Type: Discontinue	Action Date/Time: 2/27/2015 22:02 EST	Action Personnel: SYSTEM,SYSTEM
Responsible Provider: Barber MD,Jason K	Supervising Provider:	Communication Type:

Order Details: Start Date/Time 02/27/15 9:34:00, Code Status 5-Allow Natural Death=AND
Review Information:
Doctor Cosign: Not Required
Order Comment:

Non Medication Orders

Order: Communication

Order Start Date/Time: 2/27/2015 08:57 EST
Order Date/Time: 2/27/2015 08:57 EST
Order Status: Discontinued | Department Status: Discontinued | Catalog Type: Patient Care | Activity Type: Communication Orders
End-state Date/Time: 2/27/2015 17:54 EST | End-state Reason:
Ordered and Electronically Signed By: Depp MD,Timothy B | Consulting Physician:
Entered By: SYSTEM,SYSTEM on 2/27/2015 17:54 EST
Order Details: 02/27/15 8:57:00, Routine, Call Palmetto Health Hospice at 296-3100 to report patient's death.
Order Comment:

Action Type: Order	Action Date/Time: 2/27/2015 08:57 EST	Action Personnel: Depp MD,Timothy B
Responsible Provider: Depp MD,Timothy B	Supervising Provider:	Communication Type: CPOE

Order Details: 02/27/15 8:57:00, Routine, Call Palmetto Health Hospice at 296-3100 to report patient's death.
Review Information:
Nurse Review: Electronically Signed, Mitchell RN,Aramide on 2/27/2015 10:07 EST
Doctor Cosign: Not Required
Order Comment:

Action Type: Discontinue	Action Date/Time: 2/27/2015 17:54 EST	Action Personnel: SYSTEM,SYSTEM
Responsible Provider: Depp MD,Timothy B	Supervising Provider:	Communication Type:

Order Details: 02/27/15 8:57:00, Routine, Call Palmetto Health Hospice at 296-3100 to report patient's death.
Review Information:
Doctor Cosign: Not Required
Order Comment:

Order: Communication

Order Start Date/Time: 2/27/2015 08:57 EST
Order Date/Time: 2/27/2015 08:57 EST
Order Status: Discontinued | Department Status: Discontinued | Catalog Type: Patient Care | Activity Type: Communication Orders
End-state Date/Time: 2/27/2015 17:54 EST | End-state Reason:
Ordered and Electronically Signed By: Depp MD,Timothy B | Consulting Physician:
Entered By: SYSTEM,SYSTEM on 2/27/2015 17:54 EST
Order Details: 02/27/15 8:57:00, Routine, Extubate patient to room air when family has gathered.
Order Comment:

Action Type: Order	Action Date/Time: 2/27/2015 08:57 EST	Action Personnel: Depp MD,Timothy B
Responsible Provider: Depp MD,Timothy B	Supervising Provider:	Communication Type: CPOE

Order Details: 02/27/15 8:57:00, Routine, Extubate patient to room air when family has gathered.
Review Information:
Nurse Review: Electronically Signed, Mitchell RN,Aramide on 2/27/2015 10:07 EST
Doctor Cosign: Not Required
Order Comment:

Action Type: Discontinue	Action Date/Time: 2/27/2015 17:54 EST	Action Personnel: SYSTEM,SYSTEM
Responsible Provider: Depp MD,Timothy B	Supervising Provider:	Communication Type:

Order Details: 02/27/15 8:57:00, Routine, Extubate patient to room air when family has gathered.
Review Information:
Doctor Cosign: Not Required
Order Comment:

Non Medication Orders

Order: Communication

Order Start Date/Time: 2/27/2015 08:57 EST
Order Date/Time: 2/27/2015 08:57 EST

Order Status: Discontinued	Department Status: Discontinued	Catalog Type: Patient Care	Activity Type: Communication Orders
End-state Date/Time: 2/27/2015 17:54 EST		End-state Reason:	
Ordered and Electronically Signed By: Depp MD,Timothy B		Consulting Physician:	

Entered By: SYSTEM,SYSTEM on 2/27/2015 17:54 EST
Order Details: 02/27/15 8:57:00, Routine, Pain and symptom assessment every 4 hours. Notify physician and Hospice representative if patient is not comfortable on existing plan of care.
Order Comment:

Action Type: Order	Action Date/Time: 2/27/2015 08:57 EST	Action Personnel: Depp MD,Timothy B
Responsible Provider: Depp MD,Timothy B	Supervising Provider:	Communication Type: CPOE

Order Details: 02/27/15 8:57:00, Routine, Pain and symptom assessment every 4 hours. Notify physician and Hospice representative if patient is not comfortable on existing plan of care.
Review Information:
Nurse Review: Electronically Signed, Mitchell RN,Aramide on 2/27/2015 10:07 EST
Doctor Cosign: Not Required
Order Comment:

Action Type: Discontinue	Action Date/Time: 2/27/2015 17:54 EST	Action Personnel: SYSTEM,SYSTEM
Responsible Provider: Depp MD,Timothy B	Supervising Provider:	Communication Type:

Order Details: 02/27/15 8:57:00, Routine, Pain and symptom assessment every 4 hours. Notify physician and Hospice representative if patient is not comfortable on existing plan of care.
Review Information:
Doctor Cosign: Not Required
Order Comment:

Order: Communication

Order Start Date/Time: 2/27/2015 08:57 EST
Order Date/Time: 2/27/2015 08:57 EST

Order Status: Discontinued	Department Status: Discontinued	Catalog Type: Patient Care	Activity Type: Communication Orders
End-state Date/Time: 2/27/2015 17:54 EST		End-state Reason:	
Ordered and Electronically Signed By: Depp MD,Timothy B		Consulting Physician:	

Entered By: SYSTEM,SYSTEM on 2/27/2015 17:54 EST
Order Details: 02/27/15 8:57:00, Routine, Place new hospice armband on patient
Order Comment:

Action Type: Order	Action Date/Time: 2/27/2015 08:57 EST	Action Personnel: Depp MD,Timothy B
Responsible Provider: Depp MD,Timothy B	Supervising Provider:	Communication Type: CPOE

Order Details: 02/27/15 8:57:00, Routine, Place new hospice armband on patient
Review Information:
Nurse Review: Electronically Signed, Mitchell RN,Aramide on 2/27/2015 10:07 EST
Doctor Cosign: Not Required
Order Comment:

Action Type: Discontinue	Action Date/Time: 2/27/2015 17:54 EST	Action Personnel: SYSTEM,SYSTEM
Responsible Provider: Depp MD,Timothy B	Supervising Provider:	Communication Type:

Order Details: 02/27/15 8:57:00, Routine, Place new hospice armband on patient
Review Information:
Doctor Cosign: Not Required
Order Comment:

Non Medication Orders

Order: Communication

Order Start Date/Time: 2/27/2015 08:57 EST
Order Date/Time: 2/27/2015 08:57 EST
Order Status: Discontinued | Department Status: Discontinued | Catalog Type: Patient Care | Activity Type: Communication Orders
End-state Date/Time: 2/27/2015 17:54 EST | End-state Reason:
Ordered and Electronically Signed By: Depp MD,Timothy B | Consulting Physician:
Entered By: SYSTEM,SYSTEM on 2/27/2015 17:54 EST
Order Details: 02/27/15 8:57:00, Routine, Pleasure feedings as tolerated -- Aspiration risk
Order Comment:

Action Type: Order | Action Date/Time: 2/27/2015 08:57 EST | Action Personnel: Depp MD,Timothy B
Responsible Provider: Depp MD,Timothy B | Supervising Provider: | Communication Type: CPOE
Order Details: 02/27/15 8:57:00, Routine, Pleasure feedings as tolerated -- Aspiration risk
Review Information:
Nurse Review: Electronically Signed, Mitchell RN,Aramide on 2/27/2015 10:07 EST
Doctor Cosign: Not Required
Order Comment:

Action Type: Discontinue | Action Date/Time: 2/27/2015 17:54 EST | Action Personnel: SYSTEM,SYSTEM
Responsible Provider: Depp MD,Timothy B | Supervising Provider: | Communication Type:
Order Details: 02/27/15 8:57:00, Routine, Pleasure feedings as tolerated -- Aspiration risk
Review Information:
Doctor Cosign: Not Required
Order Comment:

Order: Complete Home Medication Information

Order Start Date/Time: 2/23/2015 12:11 EST
Order Date/Time: 2/23/2015 12:11 EST
Order Status: Completed | Department Status: Completed | Catalog Type: Patient Care | Activity Type: Communication Orders
End-state Date/Time: 2/27/2015 01:41 EST | End-state Reason:
Ordered and Electronically Signed By: SYSTEM,SYSTEM | Consulting Physician:
Entered By: Bracanovich RN,Lisa A on 2/27/2015 01:41 EST
Order Details: 02/23/15 12:11:16
Order Comment: From Allergies - Home Medications Form

Action Type: Order | Action Date/Time: 2/23/2015 12:11 EST | Action Personnel: SYSTEM,SYSTEM
Responsible Provider: SYSTEM,SYSTEM | Supervising Provider: | Communication Type: Discern Expert
Order Details: 02/23/15 12:11:16
Review Information:
Doctor Cosign: Not Required
Order Comment: From Allergies - Home Medications Form

Action Type: Complete | Action Date/Time: 2/27/2015 01:41 EST | Action Personnel: Bracanovich RN,Lisa A
Responsible Provider: SYSTEM,SYSTEM | Supervising Provider: | Communication Type:
Order Details: 02/23/15 12:11:16
Review Information:
Doctor Cosign: Not Required
Order Comment:

Non Medication Orders

Order: Consult Hospice:(Hospice Consult:)
Order Start Date/Time: 2/27/2015 08:48 EST
Order Date/Time: 2/27/2015 08:48 EST
Order Status: Completed | Department Status: Completed | Catalog Type: Case Mgmnt/SW | Activity Type: Case Mgmnt/SW
End-state Date/Time: 2/27/2015 14:21 EST | End-state Reason:
Ordered and Electronically Signed By: Depp MD,Timothy B | Consulting Physician:
Entered By: White LMSW,Caroline S on 2/27/2015 14:21 EST
Order Details: 02/27/15 8:48:00, Routine, Hospice Evaluation, Inpatient, Nurse to Call
Order Comment:

Action Type: Order | Action Date/Time: 2/27/2015 08:48 EST | Action Personnel: Depp MD,Timothy B
Responsible Provider: Depp MD,Timothy B | Supervising Provider: | Communication Type: CPOE
Order Details: 02/27/15 8:48:00, Routine, Hospice Evaluation, Inpatient, Nurse to Call
Review Information:
Nurse Review: Electronically Signed, Mitchell RN,Aramide on 2/27/2015 10:07 EST
Doctor Cosign: Not Required
Order Comment:

Action Type: Complete | Action Date/Time: 2/27/2015 14:21 EST | Action Personnel: White LMSW,Caroline S
Responsible Provider: Depp MD,Timothy B | Supervising Provider: | Communication Type:
Order Details: 02/27/15 8:48:00, Routine, Hospice Evaluation, Inpatient, Nurse to Call
Review Information:
Nurse Review: Electronically Signed, Mitchell RN,Aramide on 2/27/2015 14:56 EST
Doctor Cosign: Not Required
Order Comment:

Order: Consult Hospice:(Hospice Consult:)
Order Start Date/Time: 2/27/2015 09:08 EST
Order Date/Time: 2/27/2015 09:08 EST
Order Status: Completed | Department Status: Completed | Catalog Type: Case Mgmnt/SW | Activity Type: Case Mgmnt/SW
End-state Date/Time: 2/27/2015 14:21 EST | End-state Reason:
Ordered and Electronically Signed By: Barber MD,Jason K | Consulting Physician:
Entered By: White LMSW,Caroline S on 2/27/2015 14:21 EST
Order Details: 02/27/15 9:08:00, Routine, Hospice Evaluation, Inpatient, Nurse to Call
Order Comment:

Action Type: Order | Action Date/Time: 2/27/2015 09:08 EST | Action Personnel: Barber MD,Jason K
Responsible Provider: Barber MD,Jason K | Supervising Provider: | Communication Type: CPOE
Order Details: 02/27/15 9:08:00, Routine, Hospice Evaluation, Inpatient, Nurse to Call
Review Information:
Nurse Review: Electronically Signed, Mitchell RN,Aramide on 2/27/2015 10:07 EST
Doctor Cosign: Not Required
Order Comment:

Action Type: Complete | Action Date/Time: 2/27/2015 14:21 EST | Action Personnel: White LMSW,Caroline S
Responsible Provider: Barber MD,Jason K | Supervising Provider: | Communication Type:
Order Details: 02/27/15 9:08:00, Routine, Hospice Evaluation, Inpatient, Nurse to Call
Review Information:
Nurse Review: Electronically Signed, Mitchell RN,Aramide on 2/27/2015 14:56 EST
Doctor Cosign: Not Required
Order Comment:

Non Medication Orders

Order: Discontinue

Order Start Date/Time: 2/27/2015 08:57 EST
Order Date/Time: 2/27/2015 08:57 EST
Order Status: Discontinued | Department Status: Discontinued | Catalog Type: Patient Care | Activity Type: Asmt/Tx/Monitoring
End-state Date/Time: 2/27/2015 22:03 EST | End-state Reason:
Ordered and Electronically Signed By: Depp MD,Timothy B | Consulting Physician:
Entered By: SYSTEM,SYSTEM on 2/27/2015 22:02 EST
Order Details: 02/27/15 8:57:00, Remove restraints and any restrictive devices
Order Comment:

Action Type: Order	Action Date/Time: 2/27/2015 08:57 EST	Action Personnel: Depp MD,Timothy B
Responsible Provider: Depp MD,Timothy B	Supervising Provider:	Communication Type: CPOE

Order Details: 02/27/15 8:57:00, Remove restraints and any restrictive devices
Review Information:
Nurse Review: Electronically Signed, Mitchell RN,Aramide on 2/27/2015 10:07 EST
Doctor Cosign: Not Required
Order Comment:

Action Type: Discontinue	Action Date/Time: 2/27/2015 22:02 EST	Action Personnel: SYSTEM,SYSTEM
Responsible Provider: Depp MD,Timothy B	Supervising Provider:	Communication Type:

Order Details: 02/27/15 8:57:00, Remove restraints and any restrictive devices
Review Information:
Doctor Cosign: Not Required
Order Comment:

Order: Discontinue

Order Start Date/Time: 2/27/2015 08:57 EST
Order Date/Time: 2/27/2015 08:57 EST
Order Status: Discontinued | Department Status: Discontinued | Catalog Type: Patient Care | Activity Type: Asmt/Tx/Monitoring
End-state Date/Time: 2/27/2015 22:02 EST | End-state Reason:
Ordered and Electronically Signed By: Depp MD,Timothy B | Consulting Physician:
Entered By: SYSTEM,SYSTEM on 2/27/2015 22:02 EST
Order Details: 02/27/15 8:57:00, silence alarms
Order Comment:

Action Type: Order	Action Date/Time: 2/27/2015 08:57 EST	Action Personnel: Depp MD,Timothy B
Responsible Provider: Depp MD,Timothy B	Supervising Provider:	Communication Type: CPOE

Order Details: 02/27/15 8:57:00, silence alarms
Review Information:
Nurse Review: Electronically Signed, Mitchell RN,Aramide on 2/27/2015 10:07 EST
Doctor Cosign: Not Required
Order Comment:

Action Type: Discontinue	Action Date/Time: 2/27/2015 22:02 EST	Action Personnel: SYSTEM,SYSTEM
Responsible Provider: Depp MD,Timothy B	Supervising Provider:	Communication Type:

Order Details: 02/27/15 8:57:00, silence alarms
Review Information:
Doctor Cosign: Not Required
Order Comment:

Non Medication Orders

Order: Discontinue NGT (D/C (Discontinue) NGT)

Order Start Date/Time: 2/27/2015 08:57 EST
Order Date/Time: 2/27/2015 08:57 EST

Order Status: Discontinued	Department Status: Discontinued	Catalog Type: Patient Care	Activity Type: Asmt/Tx/Monitoring
End-state Date/Time: 2/27/2015 22:03 EST		End-state Reason:	
Ordered and Electronically Signed By: Depp MD,Timothy B		Consulting Physician:	

Entered By: SYSTEM,SYSTEM on 2/27/2015 22:02 EST
Order Details: 02/27/15 8:57:00, NGT/OGT/SBFT if present
Order Comment:

Action Type: Order	Action Date/Time: 2/27/2015 08:57 EST	Action Personnel: Depp MD,Timothy B
Responsible Provider: Depp MD,Timothy B	Supervising Provider:	Communication Type: CPOE

Order Details: 02/27/15 8:57:00, NGT/OGT/SBFT if present
Review Information:
Nurse Review: Electronically Signed, Mitchell RN,Aramide on 2/27/2015 10:07 EST
Doctor Cosign: Not Required
Order Comment:

Action Type: Discontinue	Action Date/Time: 2/27/2015 22:02 EST	Action Personnel: SYSTEM,SYSTEM
Responsible Provider: Depp MD,Timothy B	Supervising Provider:	Communication Type:

Order Details: 02/27/15 8:57:00, NGT/OGT/SBFT if present
Review Information:
Doctor Cosign: Not Required
Order Comment:

Order: Do not

Order Start Date/Time: 2/24/2015 08:38 EST
Order Date/Time: 2/24/2015 08:38 EST

Order Status: Discontinued	Department Status: Discontinued	Catalog Type: Patient Care	Activity Type: Communication Orders
End-state Date/Time: 2/27/2015 01:41 EST		End-state Reason:	
Ordered and Electronically Signed By: Guidelines of Care,*		Consulting Physician:	

Entered By: Bracanovich RN,Lisa A on 2/27/2015 01:41 EST
Order Details: 02/24/15 8:38:00, Routine, Exceed 150 ml/hr for gastric feedings and 100 ml/hr for small bowel feedings.
Order Comment:

Action Type: Order	Action Date/Time: 2/24/2015 08:38 EST	Action Personnel: Justice RD,LD,Jessica A
Responsible Provider: Depp MD,Timothy B	Supervising Provider:	Communication Type: Inbox VORB

Order Details: 02/24/15 8:38:00, Routine, Exceed 150 ml/hr for gastric feedings and 100 ml/hr for small bowel feedings.
Review Information:
Nurse Review: Electronically Signed, Sullivan RN,Michael D on 2/24/2015 09:24 EST
Doctor Cosign: Electronically Signed, Depp MD,Timothy B on 2/25/2015 16:08 EST
Order Comment:

Action Type: Discontinue	Action Date/Time: 2/27/2015 01:41 EST	Action Personnel: Bracanovich RN,Lisa A
Responsible Provider: Guidelines of Care,*	Supervising Provider:	Communication Type: Sig Not Required

Order Details: 02/24/15 8:38:00, Routine, Exceed 150 ml/hr for gastric feedings and 100 ml/hr for small bowel feedings.
Review Information:
Doctor Cosign: Not Required
Order Comment:

Non Medication Orders

Order: Incentive Spirometry,Nsg

Order Start Date/Time: 2/27/2015 09:00 EST			
Order Date/Time: 2/23/2015 14:56 EST			
Order Status: Canceled	Department Status: Canceled	Catalog Type: Patient Care	Activity Type: Asmt/Tx/Monitoring
End-state Date/Time: 2/27/2015 01:41 EST		End-state Reason:	
Ordered and Electronically Signed By: Stachowiak PA,James R		Consulting Physician:	
Entered By: Bracanovich RN,Lisa A on 2/27/2015 01:41 EST			
Order Details: 02/27/15 9:00:00, 8am to 10pm			
Order Comment:			
Action Type: Order	Action Date/Time: 2/26/2015 11:04 EST		Action Personnel: Stachowiak PA,James R
Responsible Provider: Stachowiak PA,James R	Supervising Provider:		Communication Type: CPOE
Order Details: 02/27/15 9:00:00, 8am to 10pm			
Review Information:			
Doctor Cosign: Not Required			
Order Comment:			
Action Type: Cancel	Action Date/Time: 2/27/2015 01:41 EST		Action Personnel: Bracanovich RN,Lisa A
Responsible Provider: Stachowiak PA,James R	Supervising Provider:		Communication Type:
Order Details: 02/27/15 9:00:00, 8am to 10pm			
Review Information:			
Doctor Cosign: Not Required			
Order Comment:			

Order: Incentive Spirometry,Nsg

Order Start Date/Time: 2/27/2015 10:00 EST			
Order Date/Time: 2/23/2015 14:56 EST			
Order Status: Canceled	Department Status: Canceled	Catalog Type: Patient Care	Activity Type: Asmt/Tx/Monitoring
End-state Date/Time: 2/27/2015 01:41 EST		End-state Reason:	
Ordered and Electronically Signed By: Stachowiak PA,James R		Consulting Physician:	
Entered By: Bracanovich RN,Lisa A on 2/27/2015 01:41 EST			
Order Details: 02/27/15 10:00:00, 8am to 10pm			
Order Comment:			
Action Type: Order	Action Date/Time: 2/26/2015 11:04 EST		Action Personnel: Stachowiak PA,James R
Responsible Provider: Stachowiak PA,James R	Supervising Provider:		Communication Type: CPOE
Order Details: 02/27/15 10:00:00, 8am to 10pm			
Review Information:			
Doctor Cosign: Not Required			
Order Comment:			
Action Type: Cancel	Action Date/Time: 2/27/2015 01:41 EST		Action Personnel: Bracanovich RN,Lisa A
Responsible Provider: Stachowiak PA,James R	Supervising Provider:		Communication Type:
Order Details: 02/27/15 10:00:00, 8am to 10pm			
Review Information:			
Doctor Cosign: Not Required			
Order Comment:			

Non Medication Orders

Order: Incentive Spirometry,Nsg

Order Start Date/Time: 2/27/2015 11:00 EST			
Order Date/Time: 2/23/2015 14:56 EST			
Order Status: Canceled	Department Status: Canceled	Catalog Type: Patient Care	Activity Type: Asmt/Tx/Monitoring
End-state Date/Time: 2/27/2015 01:41 EST		End-state Reason:	
Ordered and Electronically Signed By: Stachowiak PA,James R		Consulting Physician:	
Entered By: Bracanovich RN,Lisa A on 2/27/2015 01:41 EST			
Order Details: 02/27/15 11:00:00, 8am to 10pm			
Order Comment:			
Action Type: Order	Action Date/Time: 2/26/2015 11:04 EST	Action Personnel: Stachowiak PA,James R	
Responsible Provider: Stachowiak PA,James R	Supervising Provider:	Communication Type: CPOE	
Order Details: 02/27/15 11:00:00, 8am to 10pm			
Review Information:			
Doctor Cosign: Not Required			
Order Comment:			
Action Type: Cancel	Action Date/Time: 2/27/2015 01:41 EST	Action Personnel: Bracanovich RN,Lisa A	
Responsible Provider: Stachowiak PA,James R	Supervising Provider:	Communication Type:	
Order Details: 02/27/15 11:00:00, 8am to 10pm			
Review Information:			
Doctor Cosign: Not Required			
Order Comment:			

Order: Incentive Spirometry,Nsg

Order Start Date/Time: 2/27/2015 12:00 EST			
Order Date/Time: 2/23/2015 14:56 EST			
Order Status: Canceled	Department Status: Canceled	Catalog Type: Patient Care	Activity Type: Asmt/Tx/Monitoring
End-state Date/Time: 2/27/2015 01:41 EST		End-state Reason:	
Ordered and Electronically Signed By: Stachowiak PA,James R		Consulting Physician:	
Entered By: Bracanovich RN,Lisa A on 2/27/2015 01:41 EST			
Order Details: 02/27/15 12:00:00, 8am to 10pm			
Order Comment:			
Action Type: Order	Action Date/Time: 2/26/2015 16:23 EST	Action Personnel: Stachowiak PA,James R	
Responsible Provider: Stachowiak PA,James R	Supervising Provider:	Communication Type: CPOE	
Order Details: 02/27/15 12:00:00, 8am to 10pm			
Review Information:			
Doctor Cosign: Not Required			
Order Comment:			
Action Type: Cancel	Action Date/Time: 2/27/2015 01:41 EST	Action Personnel: Bracanovich RN,Lisa A	
Responsible Provider: Stachowiak PA,James R	Supervising Provider:	Communication Type:	
Order Details: 02/27/15 12:00:00, 8am to 10pm			
Review Information:			
Doctor Cosign: Not Required			
Order Comment:			

Non Medication Orders

Order: Incentive Spirometry,Nsg
Order Start Date/Time: 2/27/2015 13:00 EST
Order Date/Time: 2/23/2015 14:56 EST
Order Status: Canceled | Department Status: Canceled | Catalog Type: Patient Care | Activity Type: Asmt/Tx/Monitoring
End-state Date/Time: 2/27/2015 01:41 EST | End-state Reason:
Ordered and Electronically Signed By: Stachowiak PA,James R | Consulting Physician:
Entered By: Bracanovich RN,Lisa A on 2/27/2015 01:41 EST
Order Details: 02/27/15 13:00:00, 8am to 10pm
Order Comment:

Action Type: Order | Action Date/Time: 2/26/2015 16:23 EST | Action Personnel: Stachowiak PA,James R
Responsible Provider: Stachowiak PA,James R | Supervising Provider: | Communication Type: CPOE
Order Details: 02/27/15 13:00:00, 8am to 10pm
Review Information:
Doctor Cosign: Not Required
Order Comment:

Action Type: Cancel | Action Date/Time: 2/27/2015 01:41 EST | Action Personnel: Bracanovich RN,Lisa A
Responsible Provider: Stachowiak PA,James R | Supervising Provider: | Communication Type:
Order Details: 02/27/15 13:00:00, 8am to 10pm
Review Information:
Doctor Cosign: Not Required
Order Comment:

Order: Incentive Spirometry,Nsg
Order Start Date/Time: 2/27/2015 14:00 EST
Order Date/Time: 2/23/2015 14:56 EST
Order Status: Canceled | Department Status: Canceled | Catalog Type: Patient Care | Activity Type: Asmt/Tx/Monitoring
End-state Date/Time: 2/27/2015 01:41 EST | End-state Reason:
Ordered and Electronically Signed By: Stachowiak PA,James R | Consulting Physician:
Entered By: Bracanovich RN,Lisa A on 2/27/2015 01:41 EST
Order Details: 02/27/15 14:00:00, 8am to 10pm
Order Comment:

Action Type: Order | Action Date/Time: 2/26/2015 16:23 EST | Action Personnel: Stachowiak PA,James R
Responsible Provider: Stachowiak PA,James R | Supervising Provider: | Communication Type: CPOE
Order Details: 02/27/15 14:00:00, 8am to 10pm
Review Information:
Doctor Cosign: Not Required
Order Comment:

Action Type: Cancel | Action Date/Time: 2/27/2015 01:41 EST | Action Personnel: Bracanovich RN,Lisa A
Responsible Provider: Stachowiak PA,James R | Supervising Provider: | Communication Type:
Order Details: 02/27/15 14:00:00, 8am to 10pm
Review Information:
Doctor Cosign: Not Required
Order Comment:

Non Medication Orders

Order: Incentive Spirometry,Nsg

Order Start Date/Time: 2/27/2015 15:00 EST
Order Date/Time: 2/23/2015 14:56 EST

Order Status: Canceled	Department Status: Canceled	Catalog Type: Patient Care	Activity Type: Asmt/Tx/Monitoring
End-state Date/Time: 2/27/2015 01:41 EST		End-state Reason:	
Ordered and Electronically Signed By: Stachowiak PA,James R		Consulting Physician:	

Entered By: Bracanovich RN,Lisa A on 2/27/2015 01:41 EST
Order Details: 02/27/15 15:00:00, 8am to 10pm
Order Comment:

Action Type: Order	Action Date/Time: 2/26/2015 16:23 EST	Action Personnel: Stachowiak PA,James R
Responsible Provider: Stachowiak PA,James R	Supervising Provider:	Communication Type: CPOE

Order Details: 02/27/15 15:00:00, 8am to 10pm
Review Information:
Doctor Cosign: Not Required
Order Comment:

Action Type: Cancel	Action Date/Time: 2/27/2015 01:41 EST	Action Personnel: Bracanovich RN,Lisa A
Responsible Provider: Stachowiak PA,James R	Supervising Provider:	Communication Type:

Order Details: 02/27/15 15:00:00, 8am to 10pm
Review Information:
Doctor Cosign: Not Required
Order Comment:

Order: Incentive Spirometry,Nsg

Order Start Date/Time: 2/27/2015 16:00 EST
Order Date/Time: 2/23/2015 14:56 EST

Order Status: Canceled	Department Status: Canceled	Catalog Type: Patient Care	Activity Type: Asmt/Tx/Monitoring
End-state Date/Time: 2/27/2015 01:41 EST		End-state Reason:	
Ordered and Electronically Signed By: Stachowiak PA,James R		Consulting Physician:	

Entered By: Bracanovich RN,Lisa A on 2/27/2015 01:41 EST
Order Details: 02/27/15 16:00:00, 8am to 10pm
Order Comment:

Action Type: Order	Action Date/Time: 2/26/2015 16:23 EST	Action Personnel: Stachowiak PA,James R
Responsible Provider: Stachowiak PA,James R	Supervising Provider:	Communication Type: CPOE

Order Details: 02/27/15 16:00:00, 8am to 10pm
Review Information:
Doctor Cosign: Not Required
Order Comment:

Action Type: Cancel	Action Date/Time: 2/27/2015 01:41 EST	Action Personnel: Bracanovich RN,Lisa A
Responsible Provider: Stachowiak PA,James R	Supervising Provider:	Communication Type:

Order Details: 02/27/15 16:00:00, 8am to 10pm
Review Information:
Doctor Cosign: Not Required
Order Comment:

Non Medication Orders

Order: Incentive Spirometry,Nsg

Order Start Date/Time: 2/27/2015 17:00 EST
Order Date/Time: 2/23/2015 14:56 EST

Order Status: Canceled	Department Status: Canceled	Catalog Type: Patient Care	Activity Type: Asmt/Tx/Monitoring
End-state Date/Time: 2/27/2015 01:41 EST		End-state Reason:	
Ordered and Electronically Signed By: Stachowiak PA,James R		Consulting Physician:	

Entered By: Bracanovich RN,Lisa A on 2/27/2015 01:41 EST
Order Details: 02/27/15 17:00:00, 8am to 10pm
Order Comment:

Action Type: Order	Action Date/Time: 2/26/2015 22:35 EST	Action Personnel: Stachowiak PA,James R
Responsible Provider: Stachowiak PA,James R	Supervising Provider:	Communication Type: CPOE

Order Details: 02/27/15 17:00:00, 8am to 10pm
Review Information:
Doctor Cosign: Not Required
Order Comment:

Action Type: Cancel	Action Date/Time: 2/27/2015 01:41 EST	Action Personnel: Bracanovich RN,Lisa A
Responsible Provider: Stachowiak PA,James R	Supervising Provider:	Communication Type:

Order Details: 02/27/15 17:00:00, 8am to 10pm
Review Information:
Doctor Cosign: Not Required
Order Comment:

Order: Incentive Spirometry,Nsg

Order Start Date/Time: 2/27/2015 18:00 EST
Order Date/Time: 2/23/2015 14:56 EST

Order Status: Canceled	Department Status: Canceled	Catalog Type: Patient Care	Activity Type: Asmt/Tx/Monitoring
End-state Date/Time: 2/27/2015 01:41 EST		End-state Reason:	
Ordered and Electronically Signed By: Stachowiak PA,James R		Consulting Physician:	

Entered By: Bracanovich RN,Lisa A on 2/27/2015 01:41 EST
Order Details: 02/27/15 18:00:00, 8am to 10pm
Order Comment:

Action Type: Order	Action Date/Time: 2/26/2015 22:35 EST	Action Personnel: Stachowiak PA,James R
Responsible Provider: Stachowiak PA,James R	Supervising Provider:	Communication Type: CPOE

Order Details: 02/27/15 18:00:00, 8am to 10pm
Review Information:
Doctor Cosign: Not Required
Order Comment:

Action Type: Cancel	Action Date/Time: 2/27/2015 01:41 EST	Action Personnel: Bracanovich RN,Lisa A
Responsible Provider: Stachowiak PA,James R	Supervising Provider:	Communication Type:

Order Details: 02/27/15 18:00:00, 8am to 10pm
Review Information:
Doctor Cosign: Not Required
Order Comment:

Non Medication Orders

Order: Incentive Spirometry,Nsg

Order Start Date/Time: 2/27/2015 19:00 EST			
Order Date/Time: 2/23/2015 14:56 EST			
Order Status: Canceled	Department Status: Canceled	Catalog Type: Patient Care	Activity Type: Asmt/Tx/Monitoring
End-state Date/Time: 2/27/2015 01:41 EST		End-state Reason:	
Ordered and Electronically Signed By: Stachowiak PA,James R		Consulting Physician:	
Entered By: Bracanovich RN,Lisa A on 2/27/2015 01:41 EST			
Order Details: 02/27/15 19:00:00, 8am to 10pm			
Order Comment:			
Action Type: Order	Action Date/Time: 2/26/2015 22:35 EST	Action Personnel: Stachowiak PA,James R	
Responsible Provider: Stachowiak PA,James R	Supervising Provider:	Communication Type: CPOE	
Order Details: 02/27/15 19:00:00, 8am to 10pm			
Review Information:			
Doctor Cosign: Not Required			
Order Comment:			
Action Type: Cancel	Action Date/Time: 2/27/2015 01:41 EST	Action Personnel: Bracanovich RN,Lisa A	
Responsible Provider: Stachowiak PA,James R	Supervising Provider:	Communication Type:	
Order Details: 02/27/15 19:00:00, 8am to 10pm			
Review Information:			
Doctor Cosign: Not Required			
Order Comment:			

Order: Incentive Spirometry,Nsg

Order Start Date/Time: 2/27/2015 20:00 EST			
Order Date/Time: 2/23/2015 14:56 EST			
Order Status: Canceled	Department Status: Canceled	Catalog Type: Patient Care	Activity Type: Asmt/Tx/Monitoring
End-state Date/Time: 2/27/2015 01:41 EST		End-state Reason:	
Ordered and Electronically Signed By: Stachowiak PA,James R		Consulting Physician:	
Entered By: Bracanovich RN,Lisa A on 2/27/2015 01:41 EST			
Order Details: 02/27/15 20:00:00, 8am to 10pm			
Order Comment:			
Action Type: Order	Action Date/Time: 2/26/2015 22:35 EST	Action Personnel: Stachowiak PA,James R	
Responsible Provider: Stachowiak PA,James R	Supervising Provider:	Communication Type: CPOE	
Order Details: 02/27/15 20:00:00, 8am to 10pm			
Review Information:			
Doctor Cosign: Not Required			
Order Comment:			
Action Type: Cancel	Action Date/Time: 2/27/2015 01:41 EST	Action Personnel: Bracanovich RN,Lisa A	
Responsible Provider: Stachowiak PA,James R	Supervising Provider:	Communication Type:	
Order Details: 02/27/15 20:00:00, 8am to 10pm			
Review Information:			
Doctor Cosign: Not Required			
Order Comment:			

Non Medication Orders

Order: Incentive Spirometry,Nsg
Order Start Date/Time: 2/27/2015 21:00 EST
Order Date/Time: 2/23/2015 14:56 EST
Order Status: Canceled | Department Status: Canceled | Catalog Type: Patient Care | Activity Type: Asmt/Tx/Monitoring
End-state Date/Time: 2/27/2015 01:41 EST | End-state Reason:
Ordered and Electronically Signed By: Stachowiak PA,James R | Consulting Physician:
Entered By: Bracanovich RN,Lisa A on 2/27/2015 01:41 EST
Order Details: 02/27/15 21:00:00, 8am to 10pm
Order Comment:

Action Type: Order	Action Date/Time: 2/26/2015 22:35 EST	Action Personnel: Stachowiak PA,James R
Responsible Provider: Stachowiak PA,James R	Supervising Provider:	Communication Type: CPOE

Order Details: 02/27/15 21:00:00, 8am to 10pm
Review Information:
Doctor Cosign: Not Required
Order Comment:

Action Type: Cancel	Action Date/Time: 2/27/2015 01:41 EST	Action Personnel: Bracanovich RN,Lisa A
Responsible Provider: Stachowiak PA,James R	Supervising Provider:	Communication Type:

Order Details: 02/27/15 21:00:00, 8am to 10pm
Review Information:
Doctor Cosign: Not Required
Order Comment:

Order: Incentive Spirometry,Nsg
Order Start Date/Time: 2/27/2015 22:00 EST
Order Date/Time: 2/23/2015 14:56 EST
Order Status: Canceled | Department Status: Canceled | Catalog Type: Patient Care | Activity Type: Asmt/Tx/Monitoring
End-state Date/Time: 2/27/2015 01:41 EST | End-state Reason:
Ordered and Electronically Signed By: Stachowiak PA,James R | Consulting Physician:
Entered By: Bracanovich RN,Lisa A on 2/27/2015 01:41 EST
Order Details: 02/27/15 22:00:00, 8am to 10pm
Order Comment:

Action Type: Order	Action Date/Time: 2/26/2015 22:35 EST	Action Personnel: Stachowiak PA,James R
Responsible Provider: Stachowiak PA,James R	Supervising Provider:	Communication Type: CPOE

Order Details: 02/27/15 22:00:00, 8am to 10pm
Review Information:
Doctor Cosign: Not Required
Order Comment:

Action Type: Cancel	Action Date/Time: 2/27/2015 01:41 EST	Action Personnel: Bracanovich RN,Lisa A
Responsible Provider: Stachowiak PA,James R	Supervising Provider:	Communication Type:

Order Details: 02/27/15 22:00:00, 8am to 10pm
Review Information:
Doctor Cosign: Not Required
Order Comment:

Non Medication Orders

Order: Line Care

Order Start Date/Time: 2/27/2015 09:00 EST			
Order Date/Time: 2/25/2015 16:11 EST			
Order Status: Discontinued	Department Status: Discontinued	Catalog Type: Patient Care	Activity Type: Infusion Therapy
End-state Date/Time: 2/27/2015 22:02 EST		End-state Reason:	
Ordered and Electronically Signed By: Maxey MD,Melissa		Consulting Physician:	
Entered By: SYSTEM,SYSTEM on 2/27/2015 22:02 EST			
Order Details: 02/27/15 9:00:00, Assessment of PICC line documentation to include external catheter length.			
Order Comment:			
Action Type: Order	Action Date/Time: 2/26/2015 11:04 EST		Action Personnel: Vaughan RN,Shannon L
Responsible Provider: Maxey MD,Melissa	Supervising Provider:		Communication Type: Sig Required
Order Details: 02/27/15 9:00:00, Assessment of PICC line documentation to include external catheter length.			
Review Information:			
Doctor Cosign: Not Required			
Order Comment:			
Action Type: Discontinue	Action Date/Time: 2/27/2015 22:02 EST		Action Personnel: SYSTEM,SYSTEM
Responsible Provider: Maxey MD,Melissa	Supervising Provider:		Communication Type:
Order Details: 02/27/15 9:00:00, Assessment of PICC line documentation to include external catheter length.			
Review Information:			
Doctor Cosign: Not Required			
Order Comment:			

Order: Line Care

Order Start Date/Time: 2/27/2015 09:00 EST			
Order Date/Time: 2/25/2015 16:11 EST			
Order Status: Discontinued	Department Status: Discontinued	Catalog Type: Patient Care	Activity Type: Infusion Therapy
End-state Date/Time: 2/27/2015 22:02 EST		End-state Reason:	
Ordered and Electronically Signed By: Maxey MD,Melissa		Consulting Physician:	
Entered By: SYSTEM,SYSTEM on 2/27/2015 22:02 EST			
Order Details: 02/27/15 9:00:00, PICC Line Valve change q12 hours for Propofol infusion or intermittent dose.			
Order Comment:			
Action Type: Order	Action Date/Time: 2/26/2015 11:04 EST		Action Personnel: Vaughan RN,Shannon L
Responsible Provider: Maxey MD,Melissa	Supervising Provider:		Communication Type: Sig Required
Order Details: 02/27/15 9:00:00, PICC Line Valve change q12 hours for Propofol infusion or intermittent dose.			
Review Information:			
Doctor Cosign: Not Required			
Order Comment:			
Action Type: Discontinue	Action Date/Time: 2/27/2015 22:02 EST		Action Personnel: SYSTEM,SYSTEM
Responsible Provider: Maxey MD,Melissa	Supervising Provider:		Communication Type:
Order Details: 02/27/15 9:00:00, PICC Line Valve change q12 hours for Propofol infusion or intermittent dose.			
Review Information:			
Doctor Cosign: Not Required			
Order Comment:			

Non Medication Orders

Order: Line Care

Order Start Date/Time: 2/27/2015 09:00 EST
Order Date/Time: 2/25/2015 16:11 EST

Order Status: Discontinued	Department Status: Discontinued	Catalog Type: Patient Care	Activity Type: Infusion Therapy
End-state Date/Time: 2/27/2015 22:02 EST		End-state Reason:	
Ordered and Electronically Signed By: Maxey MD,Melissa		Consulting Physician:	

Entered By: SYSTEM,SYSTEM on 2/27/2015 22:02 EST
Order Details: 02/27/15 9:00:00, Flush, Flush PICC line Q12hours, prior to and after each infusion and after blood sampling per hospital PGR**NO SYRINGE SMALLER THAN 10mL!
Order Comment:

Action Type: Order	Action Date/Time: 2/26/2015 11:04 EST	Action Personnel: Vaughan RN,Shannon L
Responsible Provider: Maxey MD,Melissa	Supervising Provider:	Communication Type: Sig Required

Order Details: 02/27/15 9:00:00, Flush, Flush PICC line Q12hours, prior to and after each infusion and after blood sampling per hospital PGR**NO SYRINGE SMALLER THAN 10mL!
Review Information:
Doctor Cosign: Not Required
Order Comment:

Action Type: Discontinue	Action Date/Time: 2/27/2015 22:02 EST	Action Personnel: SYSTEM,SYSTEM
Responsible Provider: Maxey MD,Melissa	Supervising Provider:	Communication Type:

Order Details: 02/27/15 9:00:00, Flush, Flush PICC line Q12hours, prior to and after each infusion and after blood sampling per hospital PGR**NO SYRINGE SMALLER THAN 10mL!
Review Information:
Doctor Cosign: Not Required
Order Comment:

Order: Line Care

Order Start Date/Time: 2/27/2015 17:00 EST
Order Date/Time: 2/25/2015 16:11 EST

Order Status: Discontinued	Department Status: Discontinued	Catalog Type: Patient Care	Activity Type: Infusion Therapy
End-state Date/Time: 2/27/2015 17:54 EST		End-state Reason:	
Ordered and Electronically Signed By: Maxey MD,Melissa		Consulting Physician:	

Entered By: SYSTEM,SYSTEM on 2/27/2015 17:54 EST
Order Details: 02/27/15 17:00:00, PICC Line Valve change q24 hours if infusing blood, blood products, lipids, or TPN
Order Comment:

Action Type: Order	Action Date/Time: 2/26/2015 22:35 EST	Action Personnel: Vaughan RN,Shannon L
Responsible Provider: Maxey MD,Melissa	Supervising Provider:	Communication Type: Sig Required

Order Details: 02/27/15 17:00:00, PICC Line Valve change q24 hours if infusing blood, blood products, lipids, or TPN
Review Information:
Doctor Cosign: Not Required
Order Comment:

Action Type: Discontinue	Action Date/Time: 2/27/2015 17:54 EST	Action Personnel: SYSTEM,SYSTEM
Responsible Provider: Maxey MD,Melissa	Supervising Provider:	Communication Type:

Order Details: 02/27/15 17:00:00, PICC Line Valve change q24 hours if infusing blood, blood products, lipids, or TPN
Review Information:
Doctor Cosign: Not Required
Order Comment:

Non Medication Orders

Order: Line Care
Order Start Date/Time: 2/27/2015 21:00 EST
Order Date/Time: 2/25/2015 16:11 EST

Order Status: Canceled	Department Status: Canceled	Catalog Type: Patient Care	Activity Type: Infusion Therapy
End-state Date/Time: 2/27/2015 17:54 EST		End-state Reason:	
Ordered and Electronically Signed By: Maxey MD,Melissa		Consulting Physician:	

Entered By: SYSTEM,SYSTEM on 2/27/2015 17:54 EST
Order Details: 02/27/15 21:00:00, PICC Line Valve change q12 hours for Propofol infusion or intermittent dose.
Order Comment:

Action Type: Order	Action Date/Time: 2/26/2015 22:35 EST	Action Personnel: Vaughan RN,Shannon L
Responsible Provider: Maxey MD,Melissa	Supervising Provider:	Communication Type: Sig Required

Order Details: 02/27/15 21:00:00, PICC Line Valve change q12 hours for Propofol infusion or intermittent dose.
Review Information:
Doctor Cosign: Not Required
Order Comment:

Action Type: Cancel	Action Date/Time: 2/27/2015 17:54 EST	Action Personnel: SYSTEM,SYSTEM
Responsible Provider: Maxey MD,Melissa	Supervising Provider:	Communication Type:

Order Details: 02/27/15 21:00:00, PICC Line Valve change q12 hours for Propofol infusion or intermittent dose.
Review Information:
Doctor Cosign: Not Required
Order Comment:

Order: Line Care
Order Start Date/Time: 2/27/2015 21:00 EST
Order Date/Time: 2/25/2015 16:11 EST

Order Status: Canceled	Department Status: Canceled	Catalog Type: Patient Care	Activity Type: Infusion Therapy
End-state Date/Time: 2/27/2015 17:54 EST		End-state Reason:	
Ordered and Electronically Signed By: Maxey MD,Melissa		Consulting Physician:	

Entered By: SYSTEM,SYSTEM on 2/27/2015 17:54 EST
Order Details: 02/27/15 21:00:00, Flush, Flush PICC line Q12hours, prior to and after each infusion and after blood sampling per hospital PGR**NO SYRINGE SMALLER THAN 10mL!
Order Comment:

Action Type: Order	Action Date/Time: 2/26/2015 22:35 EST	Action Personnel: Vaughan RN,Shannon L
Responsible Provider: Maxey MD,Melissa	Supervising Provider:	Communication Type: Sig Required

Order Details: 02/27/15 21:00:00, Flush, Flush PICC line Q12hours, prior to and after each infusion and after blood sampling per hospital PGR**NO SYRINGE SMALLER THAN 10mL!
Review Information:
Doctor Cosign: Not Required
Order Comment:

Action Type: Cancel	Action Date/Time: 2/27/2015 17:54 EST	Action Personnel: SYSTEM,SYSTEM
Responsible Provider: Maxey MD,Melissa	Supervising Provider:	Communication Type:

Order Details: 02/27/15 21:00:00, Flush, Flush PICC line Q12hours, prior to and after each infusion and after blood sampling per hospital PGR**NO SYRINGE SMALLER THAN 10mL!
Review Information:
Doctor Cosign: Not Required
Order Comment:

Non Medication Orders

Order: Notify

Order Start Date/Time: 2/27/2015 08:57 EST
Order Date/Time: 2/27/2015 08:57 EST

Order Status: Discontinued	Department Status: Discontinued	Catalog Type: Patient Care	Activity Type: Communication Orders
End-state Date/Time: 2/27/2015 17:54 EST		End-state Reason:	
Ordered and Electronically Signed By: Depp MD,Timothy B		Consulting Physician:	

Entered By: SYSTEM,SYSTEM on 2/27/2015 17:54 EST
Order Details: 02/27/15 8:57:00, Physician for Pain, if pain is not controlled with current pain medications
Order Comment:

Action Type: Order	Action Date/Time: 2/27/2015 08:57 EST	Action Personnel: Depp MD,Timothy B
Responsible Provider: Depp MD,Timothy B	Supervising Provider:	Communication Type: CPOE

Order Details: 02/27/15 8:57:00, Physician for Pain, if pain is not controlled with current pain medications
Review Information:
Nurse Review: Electronically Signed, Mitchell RN,Aramide on 2/27/2015 10:07 EST
Doctor Cosign: Not Required
Order Comment:

Action Type: Discontinue	Action Date/Time: 2/27/2015 17:54 EST	Action Personnel: SYSTEM,SYSTEM
Responsible Provider: Depp MD,Timothy B	Supervising Provider:	Communication Type:

Order Details: 02/27/15 8:57:00, Physician for Pain, if pain is not controlled with current pain medications
Review Information:
Doctor Cosign: Not Required
Order Comment:

Order: NPO-Nothing by Mouth

Order Start Date/Time: 2/23/2015 14:56 EST
Order Date/Time: 2/23/2015 14:56 EST

Order Status: Discontinued	Department Status: Discontinued	Catalog Type: Patient Care	Activity Type: Communication Orders
End-state Date/Time: 2/24/2015 12:06 EST		End-state Reason:	
Ordered and Electronically Signed By: Guidelines of Care,*		Consulting Physician:	

Entered By: Sullivan RN,Michael D on 2/24/2015 12:06 EST
Order Details: 02/23/15 14:56:00
Order Comment:

Action Type: Order	Action Date/Time: 2/23/2015 15:00 EST	Action Personnel: Stachowiak PA,James R
Responsible Provider: Stachowiak PA,James R	Supervising Provider:	Communication Type: CPOE

Order Details: 02/23/15 14:56:00
Review Information:
Nurse Review: Electronically Signed, Looney RN,Marisa A on 2/23/2015 20:26 EST
Doctor Cosign: Not Required
Order Comment:

Action Type: Discontinue	Action Date/Time: 2/24/2015 12:06 EST	Action Personnel: Sullivan RN,Michael D
Responsible Provider: Guidelines of Care,*	Supervising Provider:	Communication Type: Sig Not Required

Order Details: 02/23/15 14:56:00
Review Information:
Doctor Cosign: Not Required
Order Comment:

Non Medication Orders

Order: NPO-Nothing by Mouth

Order Start Date/Time: 2/27/2015 08:57 EST			
Order Date/Time: 2/27/2015 08:57 EST			
Order Status: Discontinued	Department Status: Discontinued	Catalog Type: Patient Care	Activity Type: Communication Orders
End-state Date/Time: 2/27/2015 17:54 EST		End-state Reason:	
Ordered and Electronically Signed By: Depp MD,Timothy B		Consulting Physician:	
Entered By: SYSTEM,SYSTEM on 2/27/2015 17:54 EST			
Order Details: 02/27/15 8:57:00, Except Ice Chips			
Order Comment:			
Action Type: Order	Action Date/Time: 2/27/2015 08:57 EST	Action Personnel: Depp MD,Timothy B	
Responsible Provider: Depp MD,Timothy B	Supervising Provider:	Communication Type: CPOE	
Order Details: 02/27/15 8:57:00, Except Ice Chips			
Review Information:			
Nurse Review: Electronically Signed, Mitchell RN,Aramide on 2/27/2015 10:07 EST			
Doctor Cosign: Not Required			
Order Comment:			
Action Type: Discontinue	Action Date/Time: 2/27/2015 17:54 EST	Action Personnel: SYSTEM,SYSTEM	
Responsible Provider: Depp MD,Timothy B	Supervising Provider:	Communication Type:	
Order Details: 02/27/15 8:57:00, Except Ice Chips			
Review Information:			
Doctor Cosign: Not Required			
Order Comment:			

Order: O2 Setup

Order Start Date/Time: 2/27/2015 08:57 EST			
Order Date/Time: 2/27/2015 08:57 EST			
Order Status: Completed	Department Status: Completed	Catalog Type: Respiratory Care Services	Activity Type: Adult RT Misc Therapy
End-state Date/Time: 2/27/2015 09:16 EST		End-state Reason:	
Ordered and Electronically Signed By: SYSTEM,SYSTEM		Consulting Physician:	
Entered By: Harden RCP,Nancy A on 2/27/2015 09:16 EST			
Order Details: 02/27/15 8:57:20, OT			
Order Comment: from adult O2 order rule			
Action Type: Order	Action Date/Time: 2/27/2015 08:57 EST	Action Personnel: SYSTEM,SYSTEM	
Responsible Provider: SYSTEM,SYSTEM	Supervising Provider:	Communication Type: Discern Expert	
Order Details: 02/27/15 8:57:20, OT			
Review Information:			
Doctor Cosign: Not Required			
Order Comment: from adult O2 order rule			
Action Type: Complete	Action Date/Time: 2/27/2015 09:16 EST	Action Personnel: Harden RCP,Nancy A	
Responsible Provider: SYSTEM,SYSTEM	Supervising Provider:	Communication Type:	
Order Details: 02/27/15 8:57:20, OT			
Review Information:			
Doctor Cosign: Not Required			
Order Comment:			

Non Medication Orders

Order: O2 Supplies
Order Start Date/Time: 2/27/2015 08:57 EST
Order Date/Time: 2/27/2015 08:57 EST

Order Status: Completed	Department Status: Completed	Catalog Type: Respiratory Care Services	Activity Type: Adult RT Supplies
End-state Date/Time: 2/27/2015 09:16 EST		End-state Reason:	
Ordered and Electronically Signed By: SYSTEM,SYSTEM		Consulting Physician:	
Entered By: Harden RCP,Nancy A on 2/27/2015 09:16 EST			
Order Details: 02/27/15 8:57:21, OT			
Order Comment: from adult O2 order rule			

Action Type: Order	Action Date/Time: 2/27/2015 08:57 EST	Action Personnel: SYSTEM,SYSTEM
Responsible Provider: SYSTEM,SYSTEM	Supervising Provider:	Communication Type: Discern Expert
Order Details: 02/27/15 8:57:21, OT		
Review Information:		
Doctor Cosign: Not Required		
Order Comment: from adult O2 order rule		
Action Type: Complete	Action Date/Time: 2/27/2015 09:16 EST	Action Personnel: Harden RCP,Nancy A
Responsible Provider: SYSTEM,SYSTEM	Supervising Provider:	Communication Type:
Order Details: 02/27/15 8:57:21, OT		
Review Information:		
Doctor Cosign: Not Required		
Order Comment:		

Order: Ok for
Order Start Date/Time: 2/24/2015 09:00 EST
Order Date/Time: 2/23/2015 22:00 EST

Order Status: Discontinued	Department Status: Discontinued	Catalog Type: Patient Care	Activity Type: Patient Care
End-state Date/Time: 2/27/2015 22:02 EST		End-state Reason:	
Ordered and Electronically Signed By: Drawdy PA-C,Karen M		Consulting Physician:	
Entered By: SYSTEM,SYSTEM on 2/27/2015 22:02 EST			
Order Details: 02/24/15 9:00:00, temperature to be less than 100.5			
Order Comment:			

Action Type: Order	Action Date/Time: 2/23/2015 23:45 EST	Action Personnel: Looney RN,Marisa A
Responsible Provider: Drawdy PA-C,Karen M	Supervising Provider:	Communication Type: Inbox TORB
Order Details: 02/24/15 9:00:00, temperature to be less than 100.5		
Review Information:		
Doctor Cosign: Not Required		
Order Comment:		
Action Type: Discontinue	Action Date/Time: 2/27/2015 22:02 EST	Action Personnel: SYSTEM,SYSTEM
Responsible Provider: Drawdy PA-C,Karen M	Supervising Provider:	Communication Type:
Order Details: 02/24/15 9:00:00, temperature to be less than 100.5		
Review Information:		
Doctor Cosign: Not Required		
Order Comment:		

Non Medication Orders

Order: Ok for

Order Start Date/Time: 2/27/2015 09:00 EST
Order Date/Time: 2/23/2015 22:00 EST

Order Status: Canceled	Department Status: Canceled	Catalog Type: Patient Care	Activity Type: Patient Care
End-state Date/Time: 2/27/2015 01:41 EST		End-state Reason:	
Ordered and Electronically Signed By: Drawdy PA-C,Karen M		Consulting Physician:	

Entered By: Bracanovich RN,Lisa A on 2/27/2015 01:41 EST
Order Details: 02/27/15 9:00:00, temperature to be less than 100.5
Order Comment:

Action Type: Order	Action Date/Time: 2/26/2015 11:03 EST	Action Personnel: Looney RN,Marisa A
Responsible Provider: Drawdy PA-C,Karen M	Supervising Provider:	Communication Type: Inbox TORB

Order Details: 02/27/15 9:00:00, temperature to be less than 100.5
Review Information:
Doctor Cosign: Not Required
Order Comment:

Action Type: Cancel	Action Date/Time: 2/27/2015 01:41 EST	Action Personnel: Bracanovich RN,Lisa A
Responsible Provider: Drawdy PA-C,Karen M	Supervising Provider:	Communication Type:

Order Details: 02/27/15 9:00:00, temperature to be less than 100.5
Review Information:
Doctor Cosign: Not Required
Order Comment:

Order: Oximetry Supplies

Order Start Date/Time: 2/23/2015 15:00 EST
Order Date/Time: 2/23/2015 15:00 EST

Order Status: Completed	Department Status: Completed	Catalog Type: Respiratory Care Services	Activity Type: Adult RT Supplies
End-state Date/Time: 2/23/2015 19:05 EST		End-state Reason:	
Ordered and Electronically Signed By: SYSTEM,SYSTEM		Consulting Physician:	

Entered By: Yuhas RCP,Kimberly E on 2/23/2015 19:05 EST
Order Details: 02/23/15 15:00:22, OT
Order Comment: from adult continuous pulse ox order rule

Action Type: Order	Action Date/Time: 2/23/2015 15:00 EST	Action Personnel: SYSTEM,SYSTEM
Responsible Provider: SYSTEM,SYSTEM	Supervising Provider:	Communication Type: Discern Expert

Order Details: 02/23/15 15:00:22, OT
Review Information:
Doctor Cosign: Not Required
Order Comment: from adult continuous pulse ox order rule

Action Type: Complete	Action Date/Time: 2/23/2015 19:05 EST	Action Personnel: Yuhas RCP,Kimberly E
Responsible Provider: SYSTEM,SYSTEM	Supervising Provider:	Communication Type:

Order Details: 02/23/15 15:00:22, OT
Review Information:
Doctor Cosign: Not Required
Order Comment:

Non Medication Orders

Order: Oxygen Therapy,Resp Care (Nasal Cannula,Resp Care)

Order Start Date/Time: 2/27/2015 08:57 EST			
Order Date/Time: 2/27/2015 08:57 EST			
Order Status: Discontinued	Department Status: Discontinued	Catalog Type: Respiratory Care Services	Activity Type: Adult RT Misc Therapy
End-state Date/Time: 2/27/2015 17:54 EST		End-state Reason:	
Ordered and Electronically Signed By: Depp MD,Timothy B		Consulting Physician:	
Entered By: SYSTEM,SYSTEM on 2/27/2015 17:54 EST			
Order Details: 02/27/15 8:57:00, Nasal Cannula, Instructions administer humidified oxygen at 2-6 liters per minute prn comfort			
Order Comment:			
Action Type: Order	Action Date/Time: 2/27/2015 08:57 EST	Action Personnel: Depp MD,Timothy B	
Responsible Provider: Depp MD,Timothy B	Supervising Provider:	Communication Type: CPOE	
Order Details: 02/27/15 8:57:00, Nasal Cannula, Instructions administer humidified oxygen at 2-6 liters per minute prn comfort			
Review Information:			
Nurse Review: Electronically Signed, Mitchell RN,Aramide on 2/27/2015 10:07 EST			
Doctor Cosign: Not Required			
Order Comment:			
Action Type: Discontinue	Action Date/Time: 2/27/2015 17:54 EST	Action Personnel: SYSTEM,SYSTEM	
Responsible Provider: Depp MD,Timothy B	Supervising Provider:	Communication Type:	
Order Details: 02/27/15 8:57:00, Nasal Cannula, Instructions administer humidified oxygen at 2-6 liters per minute prn comfort			
Review Information:			
Doctor Cosign: Not Required			
Order Comment:			

Order: Palmetto Health Adult Urinary Retention Algorithm Guideline

Order Start Date/Time: 2/23/2015 14:51 EST			
Order Date/Time: 2/23/2015 14:51 EST			
Order Status: Discontinued	Department Status: Discontinued	Catalog Type: Patient Care	Activity Type: CPOE
End-state Date/Time: 2/27/2015 17:54 EST		End-state Reason:	
Ordered and Electronically Signed By: Jones MD,Mark A		Consulting Physician:	
Entered By: SYSTEM,SYSTEM on 2/27/2015 17:54 EST			
Order Details: 02/23/15 14:51:00, Routine			
Order Comment:			
Action Type: Order	Action Date/Time: 2/23/2015 14:51 EST	Action Personnel: Grosse RN,Jennifer E	
Responsible Provider: Jones MD,Mark A	Supervising Provider:	Communication Type: Sig Required	
Order Details: 02/23/15 14:51:00, Routine			
Review Information:			
Nurse Review: Electronically Signed, Grosse RN,Jennifer E on 2/23/2015 14:54 EST			
Doctor Cosign: Electronically Signed, Jones MD,Mark A on 2/24/2015 08:01 EST			
Order Comment:			
Action Type: Discontinue	Action Date/Time: 2/27/2015 17:54 EST	Action Personnel: SYSTEM,SYSTEM	
Responsible Provider: Jones MD,Mark A	Supervising Provider:	Communication Type:	
Order Details: 02/23/15 14:51:00, Routine			
Review Information:			
Doctor Cosign: Not Required			
Order Comment:			

Non Medication Orders

Order: Patient Evaluation/Instruct,Resp Care

Order Start Date/Time: 2/27/2015 00:00 EST			
Order Date/Time: 2/26/2015 23:42 EST			
Order Status: Completed	Department Status: Completed	Catalog Type: Respiratory Care Services	Activity Type: Adult Resp Care Tx/Proc
End-state Date/Time: 2/26/2015 23:48 EST		End-state Reason:	
Ordered and Electronically Signed By: SYSTEM,SYSTEM		Consulting Physician:	
Entered By: Anderson RCP,Benjamin A on 2/26/2015 23:48 EST			
Order Details: 02/27/15 0:00:00			
Order Comment:			
Action Type: Order	Action Date/Time: 2/26/2015 23:42 EST	Action Personnel: SYSTEM,SYSTEM	
Responsible Provider: SYSTEM,SYSTEM	Supervising Provider:	Communication Type: Discern Expert	
Order Details: 02/27/15 0:00:00			
Review Information:			
Doctor Cosign: Not Required			
Order Comment:			
Action Type: Complete	Action Date/Time: 2/26/2015 23:48 EST	Action Personnel: Anderson RCP,Benjamin A	
Responsible Provider: SYSTEM,SYSTEM	Supervising Provider:	Communication Type:	
Order Details: 02/27/15 0:00:00			
Review Information:			
Doctor Cosign: Not Required			
Order Comment:			

Order: Patient Evaluation/Instruct,Resp Care

Order Start Date/Time: 2/28/2015 00:00 EST			
Order Date/Time: 2/26/2015 23:42 EST			
Order Status: Canceled	Department Status: Canceled	Catalog Type: Respiratory Care Services	Activity Type: Adult Resp Care Tx/Proc
End-state Date/Time: 2/27/2015 17:54 EST		End-state Reason:	
Ordered and Electronically Signed By: SYSTEM,SYSTEM		Consulting Physician:	
Entered By: SYSTEM,SYSTEM on 2/27/2015 17:54 EST			
Order Details: 02/28/15 0:00:00			
Order Comment:			
Action Type: Order	Action Date/Time: 2/27/2015 04:21 EST	Action Personnel: SYSTEM,SYSTEM	
Responsible Provider: SYSTEM,SYSTEM	Supervising Provider:	Communication Type: Discern Expert	
Order Details: 02/28/15 0:00:00			
Review Information:			
Doctor Cosign: Not Required			
Order Comment:			
Action Type: Cancel	Action Date/Time: 2/27/2015 17:54 EST	Action Personnel: SYSTEM,SYSTEM	
Responsible Provider: SYSTEM,SYSTEM	Supervising Provider:	Communication Type:	
Order Details: 02/28/15 0:00:00			
Review Information:			
Doctor Cosign: Not Required			
Order Comment:			

Non Medication Orders

Order: Reposition

Order Start Date/Time: 2/27/2015 08:57 EST
Order Date/Time: 2/27/2015 08:57 EST

Order Status: Discontinued	Department Status: Discontinued	Catalog Type: Patient Care	Activity Type: Patient Care
End-state Date/Time: 2/27/2015 17:54 EST		End-state Reason:	
Ordered and Electronically Signed By: Depp MD,Timothy B		Consulting Physician:	

Entered By: SYSTEM,SYSTEM on 2/27/2015 17:54 EST
Order Details: 02/27/15 8:57:00, PRN, for patient comfort (Consider premedication for comfort prior to repositioning)
Order Comment:

Action Type: Order	Action Date/Time: 2/27/2015 08:57 EST	Action Personnel: Depp MD,Timothy B
Responsible Provider: Depp MD,Timothy B	Supervising Provider:	Communication Type: CPOE

Order Details: 02/27/15 8:57:00, PRN, for patient comfort (Consider premedication for comfort prior to repositioning)
Review Information:
Nurse Review: Electronically Signed, Mitchell RN,Aramide on 2/27/2015 10:07 EST
Doctor Cosign: Not Required
Order Comment:

Action Type: Discontinue	Action Date/Time: 2/27/2015 17:54 EST	Action Personnel: SYSTEM,SYSTEM
Responsible Provider: Depp MD,Timothy B	Supervising Provider:	Communication Type:

Order Details: 02/27/15 8:57:00, PRN, for patient comfort (Consider premedication for comfort prior to repositioning)
Review Information:
Doctor Cosign: Not Required
Order Comment:

Order: RT Communication Order

Order Start Date/Time: 2/23/2015 15:00 EST
Order Date/Time: 2/23/2015 15:00 EST

Order Status: Completed	Department Status: Completed	Catalog Type: Respiratory Care Services	Activity Type: Adult Resp Care Tx/Proc
End-state Date/Time: 2/23/2015 15:39 EST		End-state Reason:	
Ordered and Electronically Signed By: SYSTEM,SYSTEM		Consulting Physician:	

Entered By: Gary RCP,Cheryl A on 2/23/2015 15:39 EST
Order Details: 02/23/15 15:00:22
Order Comment: RT to Instruct on Incentive Spirometry

Action Type: Order	Action Date/Time: 2/23/2015 15:00 EST	Action Personnel: SYSTEM,SYSTEM
Responsible Provider: SYSTEM,SYSTEM	Supervising Provider:	Communication Type: Discern Expert

Order Details: 02/23/15 15:00:22
Review Information:
Doctor Cosign: Not Required
Order Comment: RT to Instruct on Incentive Spirometry

Action Type: Complete	Action Date/Time: 2/23/2015 15:39 EST	Action Personnel: Gary RCP,Cheryl A
Responsible Provider: SYSTEM,SYSTEM	Supervising Provider:	Communication Type:

Order Details: 02/23/15 15:00:22
Review Information:
Doctor Cosign: Not Required
Order Comment:

Non Medication Orders

Order: RT Non-Med Communication Order

Order Start Date/Time: 2/27/2015 08:57 EST
Order Date/Time: 2/27/2015 08:57 EST

Order Status: Completed	Department Status: Completed	Catalog Type: Respiratory Care Services	Activity Type: Adult Resp Care Tx/Proc
End-state Date/Time: 2/27/2015 09:01 EST		End-state Reason:	
Ordered and Electronically Signed By: SYSTEM,SYSTEM		Consulting Physician:	

Entered By: Harden RCP,Nancy A on 2/27/2015 09:01 EST
Order Details: 02/27/15 8:57:21
Order Comment: RT procedure: The order action of Order on DILLON, EDMUND for Oxygen Therapy, Resp Care has been received.

Action Type: Order	Action Date/Time: 2/27/2015 08:57 EST	Action Personnel: SYSTEM,SYSTEM
Responsible Provider: SYSTEM,SYSTEM	Supervising Provider:	Communication Type: Discern Expert

Order Details: 02/27/15 8:57:21
Review Information:
Doctor Cosign: Not Required
Order Comment: RT procedure: The order action of Order on DILLON, EDMUND for Oxygen Therapy, Resp Care has been received.

Action Type: Complete	Action Date/Time: 2/27/2015 09:01 EST	Action Personnel: Harden RCP,Nancy A
Responsible Provider: SYSTEM,SYSTEM	Supervising Provider:	Communication Type:

Order Details: 02/27/15 8:57:21
Review Information:
Doctor Cosign: Not Required
Order Comment:

Order: Safety Precautions

Order Start Date/Time: 2/23/2015 18:56 EST
Order Date/Time: 2/23/2015 18:56 EST

Order Status: Discontinued	Department Status: Discontinued	Catalog Type: Patient Care	Activity Type: Precautions
End-state Date/Time: 2/27/2015 17:54 EST		End-state Reason:	
Ordered and Electronically Signed By: Guidelines of Care,*		Consulting Physician:	

Entered By: SYSTEM,SYSTEM on 2/27/2015 17:54 EST
Order Details: 02/23/15 18:56:00, Routine
Order Comment:

Action Type: Order	Action Date/Time: 2/23/2015 18:57 EST	Action Personnel: Javis,Cheryl J
Responsible Provider: Guidelines of Care,*	Supervising Provider:	Communication Type: Sig Not Required

Order Details: 02/23/15 18:56:00, Routine
Review Information:
Nurse Review: Electronically Signed, Looney RN,Marisa A on 2/23/2015 20:26 EST
Doctor Cosign: Not Required
Order Comment:

Action Type: Discontinue	Action Date/Time: 2/27/2015 17:54 EST	Action Personnel: SYSTEM,SYSTEM
Responsible Provider: Guidelines of Care,*	Supervising Provider:	Communication Type:

Order Details: 02/23/15 18:56:00, Routine
Review Information:
Doctor Cosign: Not Required
Order Comment:

Non Medication Orders

Order: Vital Signs

Order Start Date/Time: 2/27/2015 01:00 EST
Order Date/Time: 2/23/2015 14:56 EST
Order Status: Discontinued | Department Status: Discontinued | Catalog Type: Patient Care | Activity Type: Asmt/Tx/Monitoring
End-state Date/Time: 2/27/2015 22:02 EST | End-state Reason:
Ordered and Electronically Signed By: Stachowiak PA,James R | Consulting Physician:
Entered By: SYSTEM,SYSTEM on 2/27/2015 22:02 EST
Order Details: 02/27/15 1:00:00
Order Comment:

Action Type: Order	Action Date/Time: 2/26/2015 04:24 EST	Action Personnel: Stachowiak PA,James R
Responsible Provider: Stachowiak PA,James R	Supervising Provider:	Communication Type: CPOE

Order Details: 02/27/15 1:00:00
Review Information:
Doctor Cosign: Not Required
Order Comment:

Action Type: Discontinue	Action Date/Time: 2/27/2015 22:02 EST	Action Personnel: SYSTEM,SYSTEM
Responsible Provider: Stachowiak PA,James R	Supervising Provider:	Communication Type:

Order Details: 02/27/15 1:00:00
Review Information:
Doctor Cosign: Not Required
Order Comment:

Order: Vital Signs

Order Start Date/Time: 2/27/2015 02:00 EST
Order Date/Time: 2/23/2015 14:56 EST
Order Status: Discontinued | Department Status: Discontinued | Catalog Type: Patient Care | Activity Type: Asmt/Tx/Monitoring
End-state Date/Time: 2/27/2015 22:02 EST | End-state Reason:
Ordered and Electronically Signed By: Stachowiak PA,James R | Consulting Physician:
Entered By: SYSTEM,SYSTEM on 2/27/2015 22:02 EST
Order Details: 02/27/15 2:00:00
Order Comment:

Action Type: Order	Action Date/Time: 2/26/2015 04:24 EST	Action Personnel: Stachowiak PA,James R
Responsible Provider: Stachowiak PA,James R	Supervising Provider:	Communication Type: CPOE

Order Details: 02/27/15 2:00:00
Review Information:
Doctor Cosign: Not Required
Order Comment:

Action Type: Discontinue	Action Date/Time: 2/27/2015 22:02 EST	Action Personnel: SYSTEM,SYSTEM
Responsible Provider: Stachowiak PA,James R	Supervising Provider:	Communication Type:

Order Details: 02/27/15 2:00:00
Review Information:
Doctor Cosign: Not Required
Order Comment:

Non Medication Orders

Order: Vital Signs

Order Start Date/Time: 2/27/2015 03:00 EST			
Order Date/Time: 2/23/2015 14:56 EST			
Order Status: Discontinued	Department Status: Discontinued	Catalog Type: Patient Care	Activity Type: Asmt/Tx/Monitoring
End-state Date/Time: 2/27/2015 22:02 EST		End-state Reason:	
Ordered and Electronically Signed By: Stachowiak PA,James R		Consulting Physician:	
Entered By: SYSTEM,SYSTEM on 2/27/2015 22:02 EST			
Order Details: 02/27/15 3:00:00			
Order Comment:			
Action Type: Order	Action Date/Time: 2/26/2015 04:24 EST		Action Personnel: Stachowiak PA,James R
Responsible Provider: Stachowiak PA,James R	Supervising Provider:		Communication Type: CPOE
Order Details: 02/27/15 3:00:00			
Review Information:			
Doctor Cosign: Not Required			
Order Comment:			
Action Type: Discontinue	Action Date/Time: 2/27/2015 22:02 EST		Action Personnel: SYSTEM,SYSTEM
Responsible Provider: Stachowiak PA,James R	Supervising Provider:		Communication Type:
Order Details: 02/27/15 3:00:00			
Review Information:			
Doctor Cosign: Not Required			
Order Comment:			

Order: Vital Signs

Order Start Date/Time: 2/27/2015 04:00 EST			
Order Date/Time: 2/23/2015 14:56 EST			
Order Status: Canceled	Department Status: Canceled	Catalog Type: Patient Care	Activity Type: Asmt/Tx/Monitoring
End-state Date/Time: 2/27/2015 03:43 EST		End-state Reason:	
Ordered and Electronically Signed By: Stachowiak PA,James R		Consulting Physician:	
Entered By: Bracanovich RN,Lisa A on 2/27/2015 03:43 EST			
Order Details: 02/27/15 4:00:00			
Order Comment:			
Action Type: Order	Action Date/Time: 2/26/2015 04:24 EST		Action Personnel: Stachowiak PA,James R
Responsible Provider: Stachowiak PA,James R	Supervising Provider:		Communication Type: CPOE
Order Details: 02/27/15 4:00:00			
Review Information:			
Doctor Cosign: Not Required			
Order Comment:			
Action Type: Cancel	Action Date/Time: 2/27/2015 03:43 EST		Action Personnel: Bracanovich RN,Lisa A
Responsible Provider: Stachowiak PA,James R	Supervising Provider:		Communication Type:
Order Details: 02/27/15 4:00:00			
Review Information:			
Doctor Cosign: Not Required			
Order Comment:			

Non Medication Orders

Order: Vital Signs

Order Start Date/Time: 2/27/2015 05:00 EST
Order Date/Time: 2/23/2015 14:56 EST
Order Status: Canceled | Department Status: Canceled | Catalog Type: Patient Care | Activity Type: Asmt/Tx/Monitoring
End-state Date/Time: 2/27/2015 03:43 EST | End-state Reason:
Ordered and Electronically Signed By: Stachowiak PA,James R | Consulting Physician:
Entered By: Bracanovich RN,Lisa A on 2/27/2015 03:43 EST
Order Details: 02/27/15 5:00:00
Order Comment:

Action Type: Order	Action Date/Time: 2/26/2015 11:04 EST	Action Personnel: Stachowiak PA,James R
Responsible Provider: Stachowiak PA,James R	Supervising Provider:	Communication Type: CPOE

Order Details: 02/27/15 5:00:00
Review Information:
Doctor Cosign: Not Required
Order Comment:

Action Type: Cancel	Action Date/Time: 2/27/2015 03:43 EST	Action Personnel: Bracanovich RN,Lisa A
Responsible Provider: Stachowiak PA,James R	Supervising Provider:	Communication Type:

Order Details: 02/27/15 5:00:00
Review Information:
Doctor Cosign: Not Required
Order Comment:

Order: Vital Signs

Order Start Date/Time: 2/27/2015 06:00 EST
Order Date/Time: 2/23/2015 14:56 EST
Order Status: Canceled | Department Status: Canceled | Catalog Type: Patient Care | Activity Type: Asmt/Tx/Monitoring
End-state Date/Time: 2/27/2015 03:43 EST | End-state Reason:
Ordered and Electronically Signed By: Stachowiak PA,James R | Consulting Physician:
Entered By: Bracanovich RN,Lisa A on 2/27/2015 03:43 EST
Order Details: 02/27/15 6:00:00
Order Comment:

Action Type: Order	Action Date/Time: 2/26/2015 11:04 EST	Action Personnel: Stachowiak PA,James R
Responsible Provider: Stachowiak PA,James R	Supervising Provider:	Communication Type: CPOE

Order Details: 02/27/15 6:00:00
Review Information:
Doctor Cosign: Not Required
Order Comment:

Action Type: Cancel	Action Date/Time: 2/27/2015 03:43 EST	Action Personnel: Bracanovich RN,Lisa A
Responsible Provider: Stachowiak PA,James R	Supervising Provider:	Communication Type:

Order Details: 02/27/15 6:00:00
Review Information:
Doctor Cosign: Not Required
Order Comment:

Non Medication Orders

Order: Vital Signs

Order Start Date/Time: 2/27/2015 07:00 EST			
Order Date/Time: 2/23/2015 14:56 EST			
Order Status: Canceled	Department Status: Canceled	Catalog Type: Patient Care	Activity Type: Asmt/Tx/Monitoring
End-state Date/Time: 2/27/2015 03:43 EST		End-state Reason:	
Ordered and Electronically Signed By: Stachowiak PA,James R		Consulting Physician:	
Entered By: Bracanovich RN,Lisa A on 2/27/2015 03:43 EST			
Order Details: 02/27/15 7:00:00			
Order Comment:			
Action Type: Order	Action Date/Time: 2/26/2015 11:04 EST	Action Personnel: Stachowiak PA,James R	
Responsible Provider: Stachowiak PA,James R	Supervising Provider:	Communication Type: CPOE	
Order Details: 02/27/15 7:00:00			
Review Information:			
Doctor Cosign: Not Required			
Order Comment:			
Action Type: Cancel	Action Date/Time: 2/27/2015 03:43 EST	Action Personnel: Bracanovich RN,Lisa A	
Responsible Provider: Stachowiak PA,James R	Supervising Provider:	Communication Type:	
Order Details: 02/27/15 7:00:00			
Review Information:			
Doctor Cosign: Not Required			
Order Comment:			

Order: Vital Signs

Order Start Date/Time: 2/27/2015 08:00 EST			
Order Date/Time: 2/23/2015 14:56 EST			
Order Status: Canceled	Department Status: Canceled	Catalog Type: Patient Care	Activity Type: Asmt/Tx/Monitoring
End-state Date/Time: 2/27/2015 03:43 EST		End-state Reason:	
Ordered and Electronically Signed By: Stachowiak PA,James R		Consulting Physician:	
Entered By: Bracanovich RN,Lisa A on 2/27/2015 03:43 EST			
Order Details: 02/27/15 8:00:00			
Order Comment:			
Action Type: Order	Action Date/Time: 2/26/2015 11:04 EST	Action Personnel: Stachowiak PA,James R	
Responsible Provider: Stachowiak PA,James R	Supervising Provider:	Communication Type: CPOE	
Order Details: 02/27/15 8:00:00			
Review Information:			
Doctor Cosign: Not Required			
Order Comment:			
Action Type: Cancel	Action Date/Time: 2/27/2015 03:43 EST	Action Personnel: Bracanovich RN,Lisa A	
Responsible Provider: Stachowiak PA,James R	Supervising Provider:	Communication Type:	
Order Details: 02/27/15 8:00:00			
Review Information:			
Doctor Cosign: Not Required			
Order Comment:			

Non Medication Orders

Order: Vital Signs

Order Start Date/Time: 2/27/2015 09:00 EST
Order Date/Time: 2/23/2015 14:56 EST
Order Status: Canceled | Department Status: Canceled | Catalog Type: Patient Care | Activity Type: Asml/Tx/Monitoring
End-state Date/Time: 2/27/2015 03:43 EST | End-state Reason:
Ordered and Electronically Signed By: Stachowiak PA,James R | Consulting Physician:
Entered By: Bracanovich RN,Lisa A on 2/27/2015 03:43 EST
Order Details: 02/27/15 9:00:00
Order Comment:

Action Type: Order | Action Date/Time: 2/26/2015 11:04 EST | Action Personnel: Stachowiak PA,James R
Responsible Provider: Stachowiak PA,James R | Supervising Provider: | Communication Type: CPOE
Order Details: 02/27/15 9:00:00
Review Information:
Doctor Cosign: Not Required
Order Comment:

Action Type: Cancel | Action Date/Time: 2/27/2015 03:43 EST | Action Personnel: Bracanovich RN,Lisa A
Responsible Provider: Stachowiak PA,James R | Supervising Provider: | Communication Type:
Order Details: 02/27/15 9:00:00
Review Information:
Doctor Cosign: Not Required
Order Comment:

Order: Vital Signs

Order Start Date/Time: 2/27/2015 09:00 EST
Order Date/Time: 2/27/2015 08:57 EST
Order Status: Discontinued | Department Status: Discontinued | Catalog Type: Patient Care | Activity Type: Asml/Tx/Monitoring
End-state Date/Time: 2/27/2015 22:03 EST | End-state Reason:
Ordered and Electronically Signed By: Depp MD,Timothy B | Consulting Physician:
Entered By: SYSTEM,SYSTEM on 2/27/2015 22:02 EST
Order Details: 02/27/15 9:00:00, or as nursing unit protocol. Do not wake patient. ***Remove blood presscure cuff when not in use.***
Order Comment:

Action Type: Order | Action Date/Time: 2/27/2015 08:57 EST | Action Personnel: Depp MD,Timothy B
Responsible Provider: Depp MD,Timothy B | Supervising Provider: | Communication Type: CPOE
Order Details: 02/27/15 9:00:00, or as nursing unit protocol. Do not wake patient. ***Remove blood presscure cuff when not in use.***
Review Information:
Doctor Cosign: Not Required
Order Comment:

Action Type: Discontinue | Action Date/Time: 2/27/2015 22:02 EST | Action Personnel: SYSTEM,SYSTEM
Responsible Provider: Depp MD,Timothy B | Supervising Provider: | Communication Type:
Order Details: 02/27/15 9:00:00, or as nursing unit protocol. Do not wake patient. ***Remove blood presscure cuff when not in use.***
Review Information:
Doctor Cosign: Not Required
Order Comment:

Non Medication Orders

Order: Vital Signs

Order Start Date/Time: 2/27/2015 10:00 EST
Order Date/Time: 2/23/2015 14:56 EST
Order Status: Canceled | Department Status: Canceled | Catalog Type: Patient Care | Activity Type: Asmt/Tx/Monitoring
End-state Date/Time: 2/27/2015 03:43 EST | End-state Reason:
Ordered and Electronically Signed By: Stachowiak PA,James R | Consulting Physician:
Entered By: Bracanovich RN,Lisa A on 2/27/2015 03:43 EST
Order Details: 02/27/15 10:00:00
Order Comment:

Action Type: Order | Action Date/Time: 2/26/2015 11:04 EST | Action Personnel: Stachowiak PA,James R
Responsible Provider: Stachowiak PA,James R | Supervising Provider: | Communication Type: CPOE
Order Details: 02/27/15 10:00:00
Review Information:
Doctor Cosign: Not Required
Order Comment:

Action Type: Cancel | Action Date/Time: 2/27/2015 03:43 EST | Action Personnel: Bracanovich RN,Lisa A
Responsible Provider: Stachowiak PA,James R | Supervising Provider: | Communication Type:
Order Details: 02/27/15 10:00:00
Review Information:
Doctor Cosign: Not Required
Order Comment:

Order: Vital Signs

Order Start Date/Time: 2/27/2015 11:00 EST
Order Date/Time: 2/23/2015 14:56 EST
Order Status: Canceled | Department Status: Canceled | Catalog Type: Patient Care | Activity Type: Asmt/Tx/Monitoring
End-state Date/Time: 2/27/2015 03:43 EST | End-state Reason:
Ordered and Electronically Signed By: Stachowiak PA,James R | Consulting Physician:
Entered By: Bracanovich RN,Lisa A on 2/27/2015 03:43 EST
Order Details: 02/27/15 11:00:00
Order Comment:

Action Type: Order | Action Date/Time: 2/26/2015 11:04 EST | Action Personnel: Stachowiak PA,James R
Responsible Provider: Stachowiak PA,James R | Supervising Provider: | Communication Type: CPOE
Order Details: 02/27/15 11:00:00
Review Information:
Doctor Cosign: Not Required
Order Comment:

Action Type: Cancel | Action Date/Time: 2/27/2015 03:43 EST | Action Personnel: Bracanovich RN,Lisa A
Responsible Provider: Stachowiak PA,James R | Supervising Provider: | Communication Type:
Order Details: 02/27/15 11:00:00
Review Information:
Doctor Cosign: Not Required
Order Comment:

Non Medication Orders

Order: Vital Signs

Order Start Date/Time: 2/27/2015 12:00 EST
Order Date/Time: 2/23/2015 14:56 EST
Order Status: Canceled | Department Status: Canceled | Catalog Type: Patient Care | Activity Type: Asmt/Tx/Monitoring
End-state Date/Time: 2/27/2015 03:43 EST | End-state Reason:
Ordered and Electronically Signed By: Stachowiak PA,James R | Consulting Physician:
Entered By: Bracanovich RN,Lisa A on 2/27/2015 03:43 EST
Order Details: 02/27/15 12:00:00
Order Comment:

Action Type: Order	Action Date/Time: 2/26/2015 16:23 EST	Action Personnel: Stachowiak PA,James R
Responsible Provider: Stachowiak PA,James R	Supervising Provider:	Communication Type: CPOE

Order Details: 02/27/15 12:00:00
Review Information:
Doctor Cosign: Not Required
Order Comment:

Action Type: Cancel	Action Date/Time: 2/27/2015 03:43 EST	Action Personnel: Bracanovich RN,Lisa A
Responsible Provider: Stachowiak PA,James R	Supervising Provider:	Communication Type:

Order Details: 02/27/15 12:00:00
Review Information:
Doctor Cosign: Not Required
Order Comment:

Order: Vital Signs

Order Start Date/Time: 2/27/2015 13:00 EST
Order Date/Time: 2/23/2015 14:56 EST
Order Status: Canceled | Department Status: Canceled | Catalog Type: Patient Care | Activity Type: Asmt/Tx/Monitoring
End-state Date/Time: 2/27/2015 03:43 EST | End-state Reason:
Ordered and Electronically Signed By: Stachowiak PA,James R | Consulting Physician:
Entered By: Bracanovich RN,Lisa A on 2/27/2015 03:43 EST
Order Details: 02/27/15 13:00:00
Order Comment:

Action Type: Order	Action Date/Time: 2/26/2015 16:23 EST	Action Personnel: Stachowiak PA,James R
Responsible Provider: Stachowiak PA,James R	Supervising Provider:	Communication Type: CPOE

Order Details: 02/27/15 13:00:00
Review Information:
Doctor Cosign: Not Required
Order Comment:

Action Type: Cancel	Action Date/Time: 2/27/2015 03:43 EST	Action Personnel: Bracanovich RN,Lisa A
Responsible Provider: Stachowiak PA,James R	Supervising Provider:	Communication Type:

Order Details: 02/27/15 13:00:00
Review Information:
Doctor Cosign: Not Required
Order Comment:

Non Medication Orders

Order: Vital Signs

Order Start Date/Time: 2/27/2015 14:00 EST			
Order Date/Time: 2/23/2015 14:56 EST			
Order Status: Canceled	Department Status: Canceled	Catalog Type: Patient Care	Activity Type: Asmt/Tx/Monitoring
End-state Date/Time: 2/27/2015 03:43 EST		End-state Reason:	
Ordered and Electronically Signed By: Stachowiak PA,James R		Consulting Physician:	
Entered By: Bracanovich RN,Lisa A on 2/27/2015 03:43 EST			
Order Details: 02/27/15 14:00:00			
Order Comment:			
Action Type: Order	Action Date/Time: 2/26/2015 16:23 EST		Action Personnel: Stachowiak PA,James R
Responsible Provider: Stachowiak PA,James R	Supervising Provider:		Communication Type: CPOE
Order Details: 02/27/15 14:00:00			
Review Information:			
Doctor Cosign: Not Required			
Order Comment:			
Action Type: Cancel	Action Date/Time: 2/27/2015 03:43 EST		Action Personnel: Bracanovich RN,Lisa A
Responsible Provider: Stachowiak PA,James R	Supervising Provider:		Communication Type:
Order Details: 02/27/15 14:00:00			
Review Information:			
Doctor Cosign: Not Required			
Order Comment:			

Order: Vital Signs

Order Start Date/Time: 2/27/2015 15:00 EST			
Order Date/Time: 2/23/2015 14:56 EST			
Order Status: Canceled	Department Status: Canceled	Catalog Type: Patient Care	Activity Type: Asmt/Tx/Monitoring
End-state Date/Time: 2/27/2015 03:43 EST		End-state Reason:	
Ordered and Electronically Signed By: Stachowiak PA,James R		Consulting Physician:	
Entered By: Bracanovich RN,Lisa A on 2/27/2015 03:43 EST			
Order Details: 02/27/15 15:00:00			
Order Comment:			
Action Type: Order	Action Date/Time: 2/26/2015 16:23 EST		Action Personnel: Stachowiak PA,James R
Responsible Provider: Stachowiak PA,James R	Supervising Provider:		Communication Type: CPOE
Order Details: 02/27/15 15:00:00			
Review Information:			
Doctor Cosign: Not Required			
Order Comment:			
Action Type: Cancel	Action Date/Time: 2/27/2015 03:43 EST		Action Personnel: Bracanovich RN,Lisa A
Responsible Provider: Stachowiak PA,James R	Supervising Provider:		Communication Type:
Order Details: 02/27/15 15:00:00			
Review Information:			
Doctor Cosign: Not Required			
Order Comment:			

Non Medication Orders

Order: Vital Signs

Order Start Date/Time: 2/27/2015 16:00 EST
Order Date/Time: 2/23/2015 14:56 EST

Order Status: Canceled	Department Status: Canceled	Catalog Type: Patient Care	Activity Type: Asmt/Tx/Monitoring
End-state Date/Time: 2/27/2015 03:43 EST		End-state Reason:	
Ordered and Electronically Signed By: Stachowiak PA,James R		Consulting Physician:	

Entered By: Bracanovich RN,Lisa A on 2/27/2015 03:43 EST
Order Details: 02/27/15 16:00:00
Order Comment:

Action Type: Order	Action Date/Time: 2/26/2015 16:23 EST	Action Personnel: Stachowiak PA,James R
Responsible Provider: Stachowiak PA,James R	Supervising Provider:	Communication Type: CPOE

Order Details: 02/27/15 16:00:00
Review Information:
Doctor Cosign: Not Required
Order Comment:

Action Type: Cancel	Action Date/Time: 2/27/2015 03:43 EST	Action Personnel: Bracanovich RN,Lisa A
Responsible Provider: Stachowiak PA,James R	Supervising Provider:	Communication Type:

Order Details: 02/27/15 16:00:00
Review Information:
Doctor Cosign: Not Required
Order Comment:

Order: Vital Signs

Order Start Date/Time: 2/27/2015 17:00 EST
Order Date/Time: 2/23/2015 14:56 EST

Order Status: Canceled	Department Status: Canceled	Catalog Type: Patient Care	Activity Type: Asmt/Tx/Monitoring
End-state Date/Time: 2/27/2015 03:43 EST		End-state Reason:	
Ordered and Electronically Signed By: Stachowiak PA,James R		Consulting Physician:	

Entered By: Bracanovich RN,Lisa A on 2/27/2015 03:43 EST
Order Details: 02/27/15 17:00:00
Order Comment:

Action Type: Order	Action Date/Time: 2/26/2015 22:35 EST	Action Personnel: Stachowiak PA,James R
Responsible Provider: Stachowiak PA,James R	Supervising Provider:	Communication Type: CPOE

Order Details: 02/27/15 17:00:00
Review Information:
Doctor Cosign: Not Required
Order Comment:

Action Type: Cancel	Action Date/Time: 2/27/2015 03:43 EST	Action Personnel: Bracanovich RN,Lisa A
Responsible Provider: Stachowiak PA,James R	Supervising Provider:	Communication Type:

Order Details: 02/27/15 17:00:00
Review Information:
Doctor Cosign: Not Required
Order Comment:

Non Medication Orders

Order: Vital Signs			
Order Start Date/Time: 2/27/2015 18:00 EST			
Order Date/Time: 2/23/2015 14:56 EST			
Order Status: Canceled	Department Status: Canceled	Catalog Type: Patient Care	Activity Type: Asmt/Tx/Monitoring
End-state Date/Time: 2/27/2015 03:43 EST		End-state Reason:	
Ordered and Electronically Signed By: Stachowiak PA,James R		Consulting Physician:	
Entered By: Bracanovich RN,Lisa A on 2/27/2015 03:43 EST			
Order Details: 02/27/15 18:00:00			
Order Comment:			
Action Type: Order	Action Date/Time: 2/26/2015 22:35 EST		Action Personnel: Stachowiak PA,James R
Responsible Provider: Stachowiak PA,James R	Supervising Provider:		Communication Type: CPOE
Order Details: 02/27/15 18:00:00			
Review Information:			
Doctor Cosign: Not Required			
Order Comment:			
Action Type: Cancel	Action Date/Time: 2/27/2015 03:43 EST		Action Personnel: Bracanovich RN,Lisa A
Responsible Provider: Stachowiak PA,James R	Supervising Provider:		Communication Type:
Order Details: 02/27/15 18:00:00			
Review Information:			
Doctor Cosign: Not Required			
Order Comment:			

Order: Vital Signs			
Order Start Date/Time: 2/27/2015 19:00 EST			
Order Date/Time: 2/23/2015 14:56 EST			
Order Status: Canceled	Department Status: Canceled	Catalog Type: Patient Care	Activity Type: Asmt/Tx/Monitoring
End-state Date/Time: 2/27/2015 03:43 EST		End-state Reason:	
Ordered and Electronically Signed By: Stachowiak PA,James R		Consulting Physician:	
Entered By: Bracanovich RN,Lisa A on 2/27/2015 03:43 EST			
Order Details: 02/27/15 19:00:00			
Order Comment:			
Action Type: Order	Action Date/Time: 2/26/2015 22:35 EST		Action Personnel: Stachowiak PA,James R
Responsible Provider: Stachowiak PA,James R	Supervising Provider:		Communication Type: CPOE
Order Details: 02/27/15 19:00:00			
Review Information:			
Doctor Cosign: Not Required			
Order Comment:			
Action Type: Cancel	Action Date/Time: 2/27/2015 03:43 EST		Action Personnel: Bracanovich RN,Lisa A
Responsible Provider: Stachowiak PA,James R	Supervising Provider:		Communication Type:
Order Details: 02/27/15 19:00:00			
Review Information:			
Doctor Cosign: Not Required			
Order Comment:			

Non Medication Orders

Order: Vital Signs
Order Start Date/Time: 2/27/2015 20:00 EST
Order Date/Time: 2/23/2015 14:56 EST
Order Status: Canceled | Department Status: Canceled | Catalog Type: Patient Care | Activity Type: Asmt/Tx/Monitoring
End-state Date/Time: 2/27/2015 03:43 EST | End-state Reason:
Ordered and Electronically Signed By: Stachowiak PA,James R | Consulting Physician:
Entered By: Bracanovich RN,Lisa A on 2/27/2015 03:43 EST
Order Details: 02/27/15 20:00:00
Order Comment:

Action Type: Order | Action Date/Time: 2/26/2015 22:35 EST | Action Personnel: Stachowiak PA,James R
Responsible Provider: Stachowiak PA,James R | Supervising Provider: | Communication Type: CPOE
Order Details: 02/27/15 20:00:00
Review Information:
Doctor Cosign: Not Required
Order Comment:

Action Type: Cancel | Action Date/Time: 2/27/2015 03:43 EST | Action Personnel: Bracanovich RN,Lisa A
Responsible Provider: Stachowiak PA,James R | Supervising Provider: | Communication Type:
Order Details: 02/27/15 20:00:00
Review Information:
Doctor Cosign: Not Required
Order Comment:

Order: Vital Signs
Order Start Date/Time: 2/27/2015 21:00 EST
Order Date/Time: 2/23/2015 14:56 EST
Order Status: Canceled | Department Status: Canceled | Catalog Type: Patient Care | Activity Type: Asmt/Tx/Monitoring
End-state Date/Time: 2/27/2015 03:43 EST | End-state Reason:
Ordered and Electronically Signed By: Stachowiak PA,James R | Consulting Physician:
Entered By: Bracanovich RN,Lisa A on 2/27/2015 03:43 EST
Order Details: 02/27/15 21:00:00
Order Comment:

Action Type: Order | Action Date/Time: 2/26/2015 22:35 EST | Action Personnel: Stachowiak PA,James R
Responsible Provider: Stachowiak PA,James R | Supervising Provider: | Communication Type: CPOE
Order Details: 02/27/15 21:00:00
Review Information:
Doctor Cosign: Not Required
Order Comment:

Action Type: Cancel | Action Date/Time: 2/27/2015 03:43 EST | Action Personnel: Bracanovich RN,Lisa A
Responsible Provider: Stachowiak PA,James R | Supervising Provider: | Communication Type:
Order Details: 02/27/15 21:00:00
Review Information:
Doctor Cosign: Not Required
Order Comment:

Non Medication Orders

Order: Vital Signs

Order Start Date/Time: 2/27/2015 21:00 EST			
Order Date/Time: 2/27/2015 08:57 EST			
Order Status: Canceled	Department Status: Canceled	Catalog Type: Patient Care	Activity Type: Asmt/Tx/Monitoring
End-state Date/Time: 2/27/2015 17:54 EST		End-state Reason:	
Ordered and Electronically Signed By: Depp MD,Timothy B		Consulting Physician:	
Entered By: SYSTEM,SYSTEM on 2/27/2015 17:54 EST			
Order Details: 02/27/15 21:00:00, or as nursing unit protocol. Do not wake patient. ***Remove blood presscure cuff when not in use.***			
Order Comment:			
Action Type: Order	Action Date/Time: 2/27/2015 08:57 EST	Action Personnel: Depp MD,Timothy B	
Responsible Provider: Depp MD,Timothy B	Supervising Provider:	Communication Type: CPOE	
Order Details: 02/27/15 21:00:00, or as nursing unit protocol. Do not wake patient. ***Remove blood presscure cuff when not in use.***			
Review Information:			
Doctor Cosign: Not Required			
Order Comment:			
Action Type: Cancel	Action Date/Time: 2/27/2015 17:54 EST	Action Personnel: SYSTEM,SYSTEM	
Responsible Provider: Depp MD,Timothy B	Supervising Provider:	Communication Type:	
Order Details: 02/27/15 21:00:00, or as nursing unit protocol. Do not wake patient. ***Remove blood presscure cuff when not in use.***			
Review Information:			
Doctor Cosign: Not Required			
Order Comment:			

Order: Vital Signs

Order Start Date/Time: 2/27/2015 22:00 EST			
Order Date/Time: 2/23/2015 14:56 EST			
Order Status: Canceled	Department Status: Canceled	Catalog Type: Patient Care	Activity Type: Asmt/Tx/Monitoring
End-state Date/Time: 2/27/2015 03:43 EST		End-state Reason:	
Ordered and Electronically Signed By: Stachowiak PA,James R		Consulting Physician:	
Entered By: Bracanovich RN,Lisa A on 2/27/2015 03:43 EST			
Order Details: 02/27/15 22:00:00			
Order Comment:			
Action Type: Order	Action Date/Time: 2/26/2015 22:35 EST	Action Personnel: Stachowiak PA,James R	
Responsible Provider: Stachowiak PA,James R	Supervising Provider:	Communication Type: CPOE	
Order Details: 02/27/15 22:00:00			
Review Information:			
Doctor Cosign: Not Required			
Order Comment:			
Action Type: Cancel	Action Date/Time: 2/27/2015 03:43 EST	Action Personnel: Bracanovich RN,Lisa A	
Responsible Provider: Stachowiak PA,James R	Supervising Provider:	Communication Type:	
Order Details: 02/27/15 22:00:00			
Review Information:			
Doctor Cosign: Not Required			
Order Comment:			

Medication Orders

Order: morphine
Order Start Date/Time: 2/27/2015 08:57 EST
Order Date/Time: 2/27/2015 08:57 EST
Order Status: Discontinued | Clinical Category: Medications | Medication Type: Inpatient
End-state Date/Time: 2/27/2015 17:54 EST | End-state Reason:
Ordered and Electronically Signed By: Depp MD,Timothy B | Consulting Physician:
Entered By: SYSTEM,SYSTEM on 2/27/2015 17:54 EST
Order Details: 10 mg, = 5 mL, Syrup, PO, q2hr(s), PRN, Moderate Pain, or respiratory distress. Initiate with 5 mg dose. May titrate up to 10 mg per dose if moderate pain is not relieved or if breathing does not normalize., Routine, Start Date: 02/27/15 8:57:00
Order Comment: Instructions: or respiratory distress. Initiate with 5 mg dose. May titrate up to 10 mg per dose if moderate pain is not relieved or if breathing does not normalize.

Order: ocular lubricant (Artificial Tears)
Order Start Date/Time: 2/27/2015 08:57 EST
Order Date/Time: 2/27/2015 08:57 EST
Order Status: Discontinued | Clinical Category: Medications | Medication Type: Inpatient
End-state Date/Time: 2/27/2015 17:54 EST | End-state Reason:
Ordered and Electronically Signed By: Depp MD,Timothy B | Consulting Physician:
Entered By: SYSTEM,SYSTEM on 2/27/2015 17:54 EST
Order Details: 1 drop(s), Soln, BOTH EYES, As Directed, PRN, Other (see Instructions), dryness, Routine, Start Date: 02/27/15 8:57:00
Order Comment: Instructions: dryness

Order: scopolamine (Transderm-Scop)
Order Start Date/Time: 2/27/2015 08:57 EST
Order Date/Time: 2/27/2015 08:57 EST
Order Status: Discontinued | Clinical Category: Medications | Medication Type: Inpatient
End-state Date/Time: 2/27/2015 11:15 EST | End-state Reason:
Ordered and Electronically Signed By: Depp MD,Timothy B | Consulting Physician:
Entered By: Twohey RPh,Mark J on 2/27/2015 11:15 EST
Order Details: 1.5 mg, = 1 patch72hr, Patch72hr, TOP, q72hr, PRN, Other (see Instructions), respiratory secretions or Nausea/vomiting, Routine, Start Date: 02/27/15 8:57:00
Order Comment: Instructions: respiratory secretions or Nausea/vomiting

Order: lorazepam (Ativan)
Order Start Date/Time: 2/27/2015 09:10 EST
Order Date/Time: 2/27/2015 09:10 EST
Order Status: Discontinued | Clinical Category: Medications | Medication Type: Inpatient
End-state Date/Time: 2/27/2015 17:54 EST | End-state Reason:
Ordered and Electronically Signed By: Depp MD,Timothy B | Consulting Physician:
Entered By: SYSTEM,SYSTEM on 2/27/2015 17:54 EST
Order Details: 1 mg, = 0.5 mL, Inj, IV, q4hr(s), PRN, Anxiety, Start Date: 02/27/15 9:10:00
Order Comment: GIVE VIA IV ROUTE IF PO/SL ROUTE NOT FEASABLE

Order: scopolamine
Order Start Date/Time: 2/27/2015 10:00 EST
Order Date/Time: 2/27/2015 09:34 EST
Order Status: Discontinued | Clinical Category: Medications | Medication Type: Inpatient
End-state Date/Time: 2/27/2015 17:54 EST | End-state Reason:
Ordered and Electronically Signed By: Barber MD,Jason K | Consulting Physician:
Entered By: SYSTEM,SYSTEM on 2/27/2015 17:54 EST
Order Details: 1.5 mg, = 1 patch72hr, Patch72hr, TOP, q72hr, Routine, Start Date: 02/27/15 10:00:00
Order Comment:

Medication Orders

Order: morphine 100mg/D5W 100mL (premix) 100 mg + Premix 100 mL
Order Start Date/Time: 2/27/2015 10:09 EST
Order Date/Time: 2/27/2015 10:09 EST
Order Status: Deleted | Clinical Category: Continuous Solutions | Medication Type: Inpatient
End-state Date/Time: 2/27/2015 10:12 EST | End-state Reason: Other (Add Comment)
Ordered and Electronically Signed By: Barber MD,Jason K | Consulting Physician:
Entered By: Huggins RPh,Rebecca M on 2/27/2015 10:12 EST
Order Details: 100 mL, 100 mL = Total Volume, IV, Routine, Start Date: 02/27/15 10:09:00, @ 0.5 mL/hr, 200 hr, 74.8, kg
Order Comment: Usual Starting Dose: Begin infusion 2mg/hr. Usual Maximum Dose: 30mg/hr. Conc=1mg/mL. Double Check. Sound-Alike-Look-Alike-Drug.

Order: morphine 100 mg + Sodium Chloride 0.9% 100 mL
Order Start Date/Time: 2/27/2015 10:14 EST
Order Date/Time: 2/27/2015 10:15 EST
Order Status: Discontinued | Clinical Category: Continuous Solutions | Medication Type: Inpatient
End-state Date/Time: 2/27/2015 17:54 EST | End-state Reason:
Ordered and Electronically Signed By: Barber MD,Jason K | Consulting Physician:
Entered By: SYSTEM,SYSTEM on 2/27/2015 17:54 EST
Order Details: 100 mL, 100 mL = Total Volume, IV, Start Date: 02/27/15 10:14:00, @ 0.5 mL/hr, 200 hr, 74.8, kg
Order Comment:

Order: Sodium Chloride 0.9% 1,000 mL
Order Start Date/Time: 2/27/2015 10:44 EST
Order Date/Time: 2/27/2015 10:44 EST
Order Status: Discontinued | Clinical Category: Continuous Solutions | Medication Type: Inpatient
End-state Date/Time: 2/27/2015 17:54 EST | End-state Reason:
Ordered and Electronically Signed By: Barber MD,Jason K | Consulting Physician:
Entered By: SYSTEM,SYSTEM on 2/27/2015 17:54 EST
Order Details: 1,000 mL, 1,000 mL = Total Volume, IV, Routine, Start Date: 02/27/15 10:44:00, KVO, 74.8, kg
Order Comment:

Immunizations

Vaccine: diphtheria/pertussis,acel/tetanus adult
Date Given: 2/23/2015 16:32 EST
Age: 56 years
Admin Person: Grosse RN,Jennifer E
Data Source: PowerChart
Site: Right Deltoid
Route: IM
Amount: 0.5mL
Manufacturer: *PHR Pharmacy
Expiration Date: 12/6/2016
Lot Number: HM4FY

Respiratory

DOCUMENT NAME: Adult Suction
SERVICE DATE/TIME: 2/26/2015 23:30 EST
RESULT STATUS: Auth (Verified)
PERFORM INFORMATION:
ELECTRONICALLY SIGNED BY: Anderson RCP,Benjamin A (2/26/2015 23:30 EST)

DOCUMENT NAME: Adult Rounds
SERVICE DATE/TIME: 2/27/2015 09:16 EST
RESULT STATUS: Auth (Verified)
PERFORM INFORMATION:
ELECTRONICALLY SIGNED BY: Harden RCP,Nancy A (2/27/2015 09:16 EST)

Adult Rounds
02/27/15 09:16 am Performed by Harden RCP, Nancy A
Entered on 02/27/15 09:16 am

Rounds Adult

ARC O2-Aero-Pox Charges	Oxygen Daily
ARC Rounds Oxygen	On
ARC O2 Device	Nasal Cannula
ARC Liters per minute	2 L/min

DOCUMENT NAME: Adult Suction
SERVICE DATE/TIME: 2/27/2015 11:55 EST
RESULT STATUS: Auth (Verified)
PERFORM INFORMATION:
ELECTRONICALLY SIGNED BY: Bucknor RCP,Michelle Ann (2/27/2015 11:55 EST)

Adult Suction
02/27/15 11:55 am Performed by Bucknor RCP, Michelle Ann
Entered on 02/27/15 04:18 pm

Airway Care

Date Intubated	02/23/15 14:37

Breath Sounds, Adult

ARC Breath Sounds-Pre Treatment Grid
All Lobes Pre Rx: Scattered, Rhonchi

Cough / Suction Adult

Respiratory

ARC Suction Type Rx Charge	Nasotracheal, Not Needed/Not Performed
ARC Rx Assess Comment	NOT DONE PER FAMILY REQUEST

Chaplaincy

Chaplain Referral Reason	Initial Visit
Chaplain Referral For	Patient
Pastoral Care	Chaplain

Intervention

Chaplain Intervention	Pastoral Support, Prayer, Presence
Chaplain Intervene Response	Effective
Chaplain Intervention Outcome	Needs Met

DOCUMENT NAME:	Chaplain Spiritual Assessment
SERVICE DATE/TIME:	2/27/2015 12:12 EST
RESULT STATUS:	Auth (Verified)
PERFORM INFORMATION:	Fonte,Gerard R (2/27/2015 12:12 EST)
ELECTRONICALLY SIGNED BY:	

Chaplain Spiritual Assessment
02/27/15 12:12 pm Performed by Fonte, Gerard R
Entered on 02/27/15 12:24 pm

Referral

Chaplain Referral Source: Other: Palliative Care

Comment: The Palliative Care Team was consulted on 2/24, actually written on 2/24 to help with goals of care/code status. He had suffered a ICH on 2/23 with a fall at work and is nos s/p chraniotomy. He was seen by Dr. Karin Jenkins of our Team on 2/25 who listed his 7 co-morbidities. He was on STICU, then was terminally extubated on 2/27 and Hospice consulted, however, with insurance consideration (Aetna Fed. Empl.) and workmans comp due to his fall at work, he is not yet admitted to Hospice. On my visit at bedside where I met 5 of his family members, including wife April, daughter Robin, sister, an older woman and an older man spokesperson who I think is his dad or older brother. He is re-married, April being his second wife with 2 step children. His first wife had given him 2 sons and 2 daughters. He is actively dying. Dr. Jenkins reported that he worked as a parts distributer, and attended the Our Lady of Perpetual Help Catholic Church in Camden. A woman in the room said he is a "lapsed Catholic" during my visit today, but his wife told me he is Catholic and that the priest had been called and came. STU

Chaplaincy

Unit Chaplain Fabian Maganda had also seen him on 2/25. The goal of my visit was to see if he needed a priest. He has apparently battled with alcoholic cirrhosis, and was not a liver transplant candidate, and he may have melanoma. In any case, he is actively dying today. I notified LMSW Lauren King to contact Dr. Jenkins and Lisa Monteith so that EOL care can be consistently administered.

Chaplain Referral Reason	Initial Visit
Chaplain Referral For	Patient, Family, Spouse/Significant Other
Emotional-Spiritual	Other: Actively dying
Chap Caregiver Name	5 family members present quietly
Pastoral Care	Chaplain, Clergy/Faith Representative

Intervention

Chaplain Intervention	Listening, Presence
Chaplain Intervene Response	Effective
Chaplain Intervention Outcome	Follow-Up Needed
Chaplain Notify	Nurse, Physician, Social Worker

Religious History

Religion	Catholic
Local Congregation	Our Lady of Perpetual Help, when he attended (lapsed)
Chap Spiritual Advisor Name	Priest came recently
Chap Religious Participation	Not At All Religious
Faith Relevance	Very
Chap Imp Faith	Other: Last Rites

Discharge Plan

Chap Pt Attitude	Other: Dying
Chap Spiritual Concerns	Other: State of his soul
Chap Spiritual Needs	Other: Final salvation
Pastoral Needs	Other: Spiritual watchcare

DOCUMENT NAME: Chaplain Spiritual Assessment
SERVICE DATE/TIME: 2/27/2015 15:06 EST
RESULT STATUS: Auth (Verified)
PERFORM INFORMATION: Duckett Chaplain Resident,Jacqueline M (2/27/2015 15:06 EST)

ELECTRONICALLY SIGNED BY:

Chaplaincy

Chaplain Spiritual Assessment
02/27/15 03:06 pm Performed by Duckett Chaplain Resident, Jacqueline M
Entered on 02/27/15 03:16 pm

Referral

Chaplain Referral Source	Hospice
	Comment: Pt was not admitted to hospice as planned but I had a chance to visit with the family. He looked imminent. The family was very tearful and sad. I offered prayer and they were appreciative. Chaplain Jerry Fonte visited the pt and family eariler today.
Chaplain Referral Reason	Follow Up
Chaplain Referral For	Patient, Family, Spouse/Significant Other
Emotional-Spiritual	Anxious, Sad
Pastoral Care	Chaplain, Clergy/Faith Representative

Intervention

Chaplain Intervention	Pastoral Support, Prayer, Presence
Chaplain Intervene Response	Effective
Chaplain Intervention Outcome	Needs Met
Chaplain Notify	Pt/Family

Religious History

Religion	Catholic
Local Congregation	Our Lady of Perpetual Help
Chap Religious Participation	Fairly Religious
Faith Relevance	Very
Chap Imp Faith	Prayer/Meditation

Medication Administration

Medications

Admin Date/Time: 2/27/2015 00:02 EST
Medication Name: **acetaminophen (Tylenol)**
Charted Date/Time: **2/27/2015 02:20 EST**
Admin Details: Auth (Verified)
Pain Evaluation at Rest: Pain level acceptable
Action Details: Order: Stachowiak PA,James R 2/26/2015 23:16 EST; Perform: Blair RN,Larresha C 2/27/2015 02:20 EST; VERIFY: Blair RN,Larresha C 2/27/2015 02:20 EST

Admin Date/Time: 2/27/2015 01:47 EST
Medication Name: **morphine**
Charted Date/Time: **2/27/2015 01:47 EST**
Ingredients: morphine 2 mg 1 mL
Admin Details: (Auth) IV, PICC Line
Action Details: Order: Smith MD,Robert S 2/27/2015 01:24 EST; Perform: Bracanovich RN,Lisa A 2/27/2015 01:47 EST; VERIFY: Bracanovich RN,Lisa A 2/27/2015 01:47 EST
Reason for Medication: Bracanovich RN,Lisa A 2/27/2015 01:47 EST
Pain - Severe

Admin Date/Time: 2/27/2015 02:17 EST
Medication Name: **morphine**
Charted Date/Time: **2/27/2015 03:37 EST**
Admin Details: Auth (Verified)
Pain Associated Behaviors Evaluation: No pain behaviors present; Pain Evaluation at Rest: Pain level undetermined, sleeping no report of pain; Medication Effective: Yes
Action Details: Order: Smith MD,Robert S 2/27/2015 01:24 EST; Perform: Bracanovich RN,Lisa A 2/27/2015 03:37 EST; VERIFY: Bracanovich RN,Lisa A 2/27/2015 03:37 EST

Admin Date/Time: 2/27/2015 03:50 EST
Medication Name: **morphine**
Charted Date/Time: **2/27/2015 03:50 EST**
Ingredients: morphine 2 mg 1 mL
Admin Details: (Auth) IV, PICC Line
Action Details: Order: Smith MD,Robert S 2/27/2015 01:24 EST; Perform: Bracanovich RN,Lisa A 2/27/2015 03:50 EST; VERIFY: Bracanovich RN,Lisa A 2/27/2015 03:50 EST
Reason for Medication: Bracanovich RN,Lisa A 2/27/2015 03:50 EST
Pain - Severe

Admin Date/Time: 2/27/2015 04:20 EST
Medication Name: **morphine**
Charted Date/Time: **2/27/2015 04:32 EST**
Admin Details: Auth (Verified)
Pain Evaluation at Rest: Pain level undetermined, sleeping no report of pain; Open FLACC: Open FLACC; Pain, Unable to Self Report: 18 years or older,FLACC: Medication Effective: Yes; FLACC Score: 0; FLACC Consolability: Content, relaxed; FLACC Legs: Normal position or relaxed; FLACC Face: No particular expression or smile; FLACC Cry: No cry, awake or asleep; FLACC Activity: Lying quietly, normal position, moves easily
Action Details: Order: Smith MD,Robert S 2/27/2015 01:24 EST; Perform: Bracanovich RN,Lisa A 2/27/2015 04:32 EST; VERIFY: Bracanovich RN,Lisa A 2/27/2015 04:32 EST

Medication Administration

Medications

Admin Date/Time: 2/27/2015 10:46 EST
Medication Name: **morphine**
Charted Date/Time: **2/27/2015 12:37 EST**
Admin Details: Auth (Verified)
Medication Effective: Yes; Open FLACC: Open FLACC; Pain Evaluation at Rest: Pain level undetermined, sleeping no report of pain; Pain, Unable to Self Report: 18 years or older,FLACC; FLACC Cry: No cry, awake or asleep; FLACC Activity: Lying quietly, normal position, moves easily; FLACC Consolability: Content, relaxed; FLACC Score: 0; FLACC Legs: Normal position or relaxed; FLACC Face: No particular expression or smile
Action Details: Order: Smith MD,Robert S 2/27/2015 01:24 EST; Perform: Mitchell RN,Aramide 2/27/2015 12:36 EST; VERIFY: Mitchell RN,Aramide 2/27/2015 12:36 EST

Admin Date/Time: 2/27/2015 11:08 EST
Medication Name: **glycopyrrolate (Robinul)**
Charted Date/Time: **2/27/2015 11:08 EST**
Ingredients: Robinul 0.1 mg 0.5 mL
Admin Details: (Auth) SUBQ, PICC Line
Action Details: Order: Depp MD,Timothy B 2/27/2015 08:57 EST; Perform: Mitchell RN,Aramide 2/27/2015 10:55 EST; VERIFY: Mitchell RN,Aramide 2/27/2015 10:55 EST
Reason for Medication: Mitchell RN,Aramide 2/27/2015 11:08 EST
Secretion Control

Admin Date/Time: 2/27/2015 11:20 EST
Medication Name: **scopolamine**
Charted Date/Time: **2/27/2015 11:20 EST**
Ingredients: scopolamine 1.5 mg 1 patch72hr
Admin Details: (Auth) TOP
Action Details: Order: Barber MD,Jason K 2/27/2015 09:34 EST; Perform: Mitchell RN,Aramide 2/27/2015 11:20 EST; VERIFY: Mitchell RN,Aramide 2/27/2015 11:20 EST

Continuous Infusions

Admin Date/Time: 2/23/2015 15:13 EST
Medication Name: **propofol (IV additive) 500 mg + Premix 50 mL**
Charted Date/Time: **2/23/2015 15:13 EST**
Ingredients: z22857 500 mg 50 mL 5 mcg/kg/min; Premix 50 mL
Admin Details: (Begin Bag) (Auth) 50 mL, 2.31 mL/hr, Left Antecubital Fossa, 77 kg
Action Details: Order: Smith MD,Peter G 2/23/2015 14:56 EST; Perform: Grosse RN,Jennifer E 2/23/2015 15:13 EST; VERIFY: Grosse RN,Jennifer E 2/23/2015 15:13 EST

Admin Date/Time: 2/23/2015 16:32 EST
Medication Name: **Sodium Chloride 0.9% 1,000 mL**
Charted Date/Time: **2/23/2015 16:32 EST**
Ingredients: 21035 1000 mL
Admin Details: (Begin Bag) (Auth) 1000 mL, 125 mL/hr, Left Arm
Action Details: Order: Stachowiak PA,James R 2/23/2015 14:56 EST; Perform: Grosse RN,Jennifer E 2/23/2015 16:32 EST; VERIFY: Grosse RN, Jennifer E 2/23/2015 16:32 EST

Admin Date/Time: 2/23/2015 19:00 EST
Medication Name: **propofol (IV additive) 500 mg + Premix 50 mL**
Charted Date/Time: **2/23/2015 23:47 EST**
Admin Details: (Rate Change) (Auth) 0 mL/hr, Left Antecubital Fossa, 77 kg
Action Details: Order: Smith MD,Peter G 2/23/2015 14:56 EST; Perform: Looney RN,Marisa A 2/23/2015 23:47 EST; VERIFY: Looney RN,Marisa A 2/23/2015 23:47 EST

DOCUMENT NAME: Patient & Family Education
SERVICE DATE/TIME: 2/27/2015 01:00 EST
RESULT STATUS: Auth (Verified)
PERFORM INFORMATION:
ELECTRONICALLY SIGNED BY: Bracanovich RN,Lisa A (2/27/2015 01:00 EST)

Patient & Family Education
02/27/15 01:00 am Performed by Bracanovich RN, Lisa A
Entered on 02/27/15 03:38 am

Patient & Family Education

Charting Department	Nursing
Person Educated	Patient, Family Member/Friend
Patient Learning Preferences	Verbal
Patient Willingness To Learn	Resistant
Caregiver-Other Willingness to Learn	Consents to Education
Patient Readiness to Learn	Cognitive/Sensory Impairment
Caregiver-Other Readiness to Learn	No Barriers
Patient Outcomes-Participation	Unable to Teach
Caregiver-Other Outcomes-Participation	Verbalized Understanding
Education Method	Verbal
Patient Follow Up Needed	None Needed

Interdisciplinary Plans of Care Education

Information Provided-VTE	VTE Treatment Plan

Education

Info Provided-PUP Prevention Activities — Positioning, Helps with Turning Schedule, Skin care
Info Provided-Pressure Ulcer/Wound — Friction and Shear Avoidance, Positioning, Skin Assessment
Information Provided-High Fall Risk — Adherence to Fall Risk Specific Precautions, Bed, Chair Exit Alarms, Patient Specific Fall Risk Factors
Info Provided-Falls-Injury Factors — Get Up Slowly to Avoid Drop in BP, Use Call Light, Wait for Assistance
Info Provided-Falls-Environmental Safety — Ambulation Aid Use, Call Light Use, Conventional, Night Light Use, Nonskid Footware Use, Personal Article Availability, Remove Clutter, Side Rails for Mobility, Bed Control

Nursing-Nutrition-Surginet-L&D Pt-Fam Ed

Information Provided — Activities of Daily Living, Fall Prevention Education, Pain Control, Pain Scale, Patient Responsibilites, Patient Safety, Plan of Care for the Shift

---

DOCUMENT NAME: Patient & Family Education
SERVICE DATE/TIME: 2/27/2015 08:00 EST
RESULT STATUS: Auth (Verified)
PERFORM INFORMATION: Mitchell RN,Aramide (2/27/2015 08:00 EST)
ELECTRONICALLY SIGNED BY:

Patient & Family Education
02/27/15 08:00 am Performed by Mitchell RN, Aramide
Entered on 02/27/15 12:40 pm

Patient & Family Education

Charting Department — Nursing
Person Educated — Family Member/Friend
Caregiver Name — wife and daughter
Caregiver Able to Read — Yes
Patient Learning Preferences — Verbal
Caregiver-Other Willingness to Learn — Consents to Education
Patient Readiness to Learn — Cognitive/Sensory Impairment
Caregiver-Other Readiness to Learn — No Barriers
Patient Outcomes-Participation — Unable to Teach
Caregiver-Other Outcomes-Participation — Verbalized Understanding
Patient Follow Up Needed — Involves Family

Education

Nursing-Nutrition-Surginet-L&D Pt-Fam Ed

Information Provided — Activities of Daily Living, Pain Control, Plan of Care for the Shift

DOCUMENT NAME: MCM Interventions
SERVICE DATE/TIME: 2/27/2015 11:03 EST
RESULT STATUS: Auth (Verified)
PERFORM INFORMATION: Mcdonald RN,Pamela J (2/27/2015 11:03 EST)
ELECTRONICALLY SIGNED BY: Mcdonald RN,Pamela J (2/27/2015 11:03 EST)

MCM Interventions Entered On: 02/27/2015 11:11
Performed On: 02/27/2015 11:03 by Mcdonald RN, Pamela J

Interventions
MCM Interventions-Patient : Continue to Follow for D/C Needs, Continued Assessment

Consult With Mcdonald RN, Pamela J - 02/27/2015 11:03
MCM Consult With : Case Manager
(Comment: Pt transferred to 11W late yesterday, pt is s/p fall w/ intracranial hemorrphage, s/p hemicraniotomy. Continued decline in neurological status, Palliative Care consult, pt now a AND/DNR 5, order in chart for hospice consult. CM left message as well w/ Hospice Coor. re: order/consult. In the mean time, CM received a call from Amanda Vogal Case Manager w/ Worker's Comp. (it is reported that pt sustained fall at work). Amanda coming to the hospital today. Her phone #: 770-876-4489.CM attempted to call Amanda back. Left message. [Mcdonald RN, Pamela J - 02/27/2015 11:03])

Mcdonald RN, Pamela J - 02/27/2015 11:03

DOCUMENT NAME: Clinical Note
SERVICE DATE/TIME: 2/27/2015 12:25 EST
RESULT STATUS: Auth (Verified)
PERFORM INFORMATION: Fonte,Gerard R (2/27/2015 12:25 EST)
ELECTRONICALLY SIGNED BY: Fonte,Gerard R (2/27/2015 12:25 EST)

Result Comment by Fonte, Gerard R on Friday, February 27, 2015 12:12 .
The Palliative Care Team was consulted on 2/24, actually written on 2/24 to help with goals of care/code status. He had suffered a ICH on 2/23 with a fall at work and is nos s/p chraniotomy. He was seen by Dr. Karin Jenkins of our Team on 2/25 who listed his 7 co-morbidities. He was on STICU, then was terminally extubated on 2/27 and Hospice consulted, however, with insurance consideration (Aetna Fed. Empl.) and workmans comp due to his fall at work, he is not yet admitted to Hospice. On my visit at bedside where I met 5 of his family members, including wife April, daughter Robin, sister, an older woman and an older man spokesperson who I think is his dad or older brother. He is re-married, April

Case Management

being his second wife with 2 step children. His first wife had given him 2 sons and 2 daughters. He is actively dying. Dr. Jenkins reported that he worked as a parts distributer, and attended the Our Lady of Perpetual Help Catholic Church in Camden. A woman in the room said he is a "lapsed Catholic" during my visit today, but his wife told me he is Catholic and that the priest had been called and came. STU Unit Chaplain Father Maganda had also seen him on 2/25. The goal of my visit was to see if he needed a priest. He has apparently battled with alcoholic cirrhosis, and was not a liver transplant candidate, and he may have melanoma. In any case, he is actively dying today. I notified LMSW Lauren King to contact Dr. Jenkins and Lisa Monteith so that EOL care can be consistently administered.

* Auth (Verified) *

D H E C
PROMOTE PROTECT PROSPER

South Carolina Department of Health and Environmental Control
BURIAL - REMOVAL - TRANSIT PERMIT
and
DEATH NOTIFICATION

DIVISION OF VITAL RECORDS

Richland
COUNTY

180379

Death Certificate Attached ☐ Yes ☑ No

Name of Deceased	Date of Death	Time of Death	Reportable Fetal Death
Edmund Dillon	2/27/15	1230 ☐ AM ☑ PM	☐ Yes ☑ No

Place of Death (Facility Name or if not institution give Street and Number)	City or Town	Zip Code
Palmetto Health Richland	Columbia	29203

If Hospital Death: ☐ D.O.A. ☑ In-Patient ☐ Emer. Rm. ☐ Out-Patient

CERTIFIER *(Name of Physician, Medical Examiner or Coroner who is to provide cause of death and certify death certificate.)*

Dr. Jason Barner

Address	Phone
Richland Hospital Internal Medicine 4MP Drive Suite 320 Columbia, SC 29203	(803) 434-6771

Autopsy ☐ Yes ☑ No

Was Case Referred To Medical Examiner / Coroner? ☑ Yes ☐ No

Funeral Home or Other Agent First Assuming Custody of Body

Name Powers Funeral Home

Address	Phone
5832 Ridgeway Rd Lugoff, SC 29078	(803) 408-8711

Name and Address of Funeral Home or Other Agent Handling Final Disposition if other than Named Above

Permission is hereby granted to remove this body and upon compliance with the requirements of the laws of this state to dispose of the remains. A certified copy of the death certificate, and when required by law, an authorization by the [illegible] ...red to the permit prior to disposition if disposal is by cremation or burial at sea. Neither a death certi... authorize cremation of fetal remains.

DILLON, EDMUND
R1505401814
MR R012719295 JONES, MARK A
56Y M

Stephanie Lee
Signature of Registrar or other authorized issuing officer

2/27/15
Date Issued

For Use Only By Coroner Issuing Permit

Was (or will) death (be) actively investigated? ☐ Yes ☐ No

I hereby certify that I have received the remains of the above individual and will comply with the laws of this State governing disposition and the filing of the death certificate.

Signature of Funeral Director or Other Agent

DHEC-0649 (04/2013)

THIS COPY FOR INDIVIDUAL ISSUING PERMIT

D - 0770

* Auth (Verified) *

DILLON, EDMUND
R1505401814
MR R012719295 JONES, MARK A
56Y M

PALMETTO HEALTH
ADULT / PEDIATRIC RELEASE OF BODY FORM

Name: Edmund Dillon Age: 56 Sex: DOB:
Race: Other SSN: MRN:
Address: City: Lugoff State: SC Zip:
Next of Kin: Robin Dillon Relationship to Deceased: Daughter
Contact Number/s: Funeral Home: Powers
Admit Date & Time: 2-23-15 1504 Room#: 1117 Death Date & Time: 2-27-15 1230
Pronouncing Physician: Tessa Barber Contact #:
Attending Physician: Mark A Jones Contact #: 434-8800
Certifying Physician: Tessa Barber Contact #:

Deceased Inpatient < 24 hrs? Yes ☐ No ☑ / Accident / Fall Related Yes ☐ No ☐ / Extended Care Facility? Yes ☐ No ☑

CORONER'S CASE: YES ☑ NO ☐ | CORONER / FAMILY REQUESTED AUTOPSY: YES ☐ NO ☐

Coroner Name: Ann McGowan County: Kershaw Date: 2-27-15 Time: 1317
Coroner Name: County: KCC Date: 2-27-15 Time: 1320
Coroner Name: County: Date: Time:
Body Released by Coroner: Yes ☑ No ☐ / Coroner's Name: Ann McGowan
Date & Time of Body Release: 2-27-15 1317 Coroner Certifying Death: Yes ☐ No ☑
Life Point Donation: Yes ☐ No ☑ Representatives Name: Amber Dowdy 1301

1. Autopsies will be conducted as required by State Statute to determine "Cause of Death" of patients under the custody of the South Carolina Department of corrections (SCDC) THE CORONER'S OFFICE MUST BE NOTIFIED!
2. If a "Family Requested Autopsy" is performed, the Release of Body to Funeral Home is authorized upon "Notification of Autopsy Completion" by the Palmetto Health Pathologist.
3. All Patient Belongings will be managed by the Unit Nursing Staff or P.H. Security.

For the Protection of Funeral Home staff, Please be aware that this Patient: Has ☐ Has Not ☑ been considered Infectious while at Palmetto Health due to the following: AIDS/HTLV-III ☐, ANTHRAX ☐, HEPATITIS ☐, LEPROSY ☐, RABIES ☐, PLAGUE ☐, SYPHILLIS ☐ FLU ☐ TUBERCULOSIS ☐, MRSA ☐, VRE ☐, C-DIFF ☐, ☐ Palmetto Health Yellow Card with Body. Other:

Signature of A.O.D. Completing/Reviewing Form: Date: 2-27-15 Time: 1330
A.O.D. Authorizes Body Release to Funeral Home: Date: 2-27-15 Time: 1330

Acknowledge Receipt of the Remains of the Patient Identified Above.
Funeral Home Representative: Security Officer: SIO Ellis
02/27/15 1805

651002S10mr 3/13 r2/14

* Auth (Verified) *

C. Wells 2/27/15 1700

DILLON, EDMUND
R1505401814
MR 012719295
JONES, MARK A
56Y M

Jennifer Wallace 2/27/15 1648

* Auth (Verified) *

DILLON, EDMUND
R1505401814
MR 012719295 JONES, MARK A
16Y M

Palmetto Health Richland
Security Services
RELEASE OF BODY CHECKLIST

Started By: S. Hill *Date:* 2/27/15

Deceased call received from (Name: Brown) Date/Time: 2/27/15 @ 1626

Paperwork for body complete (Yes or No) DOA or Hospital: Room # 1117

Back of Release Form signed (Yes or No) *Signed by AOD* (Yes or No)

Checked off and labeled if potentially infectious (Yes or No)

AOD notified (Name: Michael Moore) Date/Time: 2/27/15 1714

Date/Time of Admission: 2/23/15 @ 1509 Date/Time of Death: 2/27/15 @ 1280

Officer(s) dispatched (Name: Ellis) Date/Time: 2/27/15 @ 1626

Remains in morgue (Date/Time: 2/27/15 @ 1700) FH pick up from floor (Date/Time: —)

1st Coroner Case (Yes or No) Date/Time notified: _____ Name: — County: Richland

2nd Coroner Case (Yes or No) Date/Time notified: 2/27/15 Name: Doris McGaugan County: Richland

Released by: Doris McGaugan 1st Date/Time: 2/27/15 @ 1317

Received by: _____ 2nd Date/Time: _____

Autopsy case (Yes (No) or Pending) *Autopsy Completion form received* (Date/Time: _____)

Potential Donor (Yes, No, or Pending) *If Yes, Released by:* _____ *Date/Time:* _____

Funeral Home (Name: Powers FH Date/Time notified: 2/27/15 1718 / Coroner called)

Transport Services (Name: —) Date/Time notified: — / Coroner / FH called)

Does decease have valuables (Yes or (No)) Released to: — Date/Time: —

Unless Autopsy or Jewelry

Conference Call (Operator Name: —) (AOD Name: —)

(Dep. Coroners Name: —) Date/Time: —)

Operator Verify the Release (Name: S. Hill) Date/Time: 2/27/15 @ 1714)

Shift Supervisor Release (Name: Cpl Stevens) Date/Time: 02/02/15 1104)

Funeral Home/Transporter (Name (Print): Robert Powers

Rev. 09-23-11

* Transcribed *

DILLON, EDMUND
R1505401814
JONES, MARK A
56Y M

PALMETTO HEALTH

Adult - Pediatric Family Requested Autopsy

The Family of Edmund Dillon has been
Full Name of the Deceased
offered the option of a "Family Requested Autopsy" for their loved one under the "Ann S. Perdue Act" and have chosen to: ____ Accept or ✓ Decline.

Theresa D Beaty — Name of Legally Qualified Representative Printed

Theresa D Beaty — Name of Legally Qualified Representative Signed

Sister — Relationship to the Deceased

Date & Time

PALMETTO HEALTH

FUNERAL HOME RELEASE

This Signed Form Authorizes Palmetto Health to Release the Body / Remains of:

Full Name of the Deceased

To the Following Funeral Home / Crematorium:

Powers Funeral Home | Camden, SC
Full Name of Funeral Home / Crematorium & Contact Number

Theresa D Beaty — Name of Legally Qualified Representative Printed

Theresa D Beaty — Name of Legally Qualified Representative Signed

Sister — Relationship to the Deceased

2/27/15 — Date & Time

Grace Bokilo-Naso, RN — Name of Witness Printed

Grace Bokilo-Naso RN — Name of Witness Signed

651001S10nv 9/13

Ancillary Notes

* Auth (Verified) *

DILLON, EDMUND 0523
R1505401814
JONES, MARK A
66Y M

RADIOMETER ABL800 FLEX

ABL835 RED LAB:#13 15:09 02/23/2015
PATIENT REPORT Syringe: S 195u Sample #: 79507

Identifications			
Patient ID	1505401814012719295O		
Patient Last Name	DILLON		
Patient First Name	EDMUND		
Operator	CAG		
$FO_2(t)$	60.0 %		
T	37.0 °C		
Sample type	Arterial		

Blood Gas Values			
pH	7.390		[7.251 - 7.599]
pCO_2	35.6	mmHg	[20.1 - 59.9]
pO_2	265	mmHg	[55.1 - 499]
Acid Base Status			
$cHCO_3^-(P)_c$	21.0	mmol/L	[11.1 - 39.9]
ABE_c	-2.9	mmol/L	
Electrolyte Values			
$cCa^{2+}(7.4)_c$	0.84	mmol/L	[0.79 - 1.57]
cLac	1.4	mmol/L	[- 4.9]
Oximetry Values			
$ctHb$	11.1	g/dL	[5.6 - 19.9]
sO_2	99.0	%	[85.1 -]
FO_2Hb	98.2	%	[85.1 -]
$FCOHb$	2.0	%	[0.9 - 9.9]
$FMetHb$		%	[-]
Temperature Corrected Values			
$pH(T)$	7.390		
$pCO_2(T)$	35.6	mmHg	
$pO_2(T)$		mmHg	

Notes:
! Value(s) below the reportable range
c Calculated value(s)

Printed 15:11:07 15-02-23

Discharge Information

DOCUMENT NAME: Death Summary
SERVICE DATE/TIME: 2/28/2015 09:24 EST
RESULT STATUS: Auth (Verified)
PERFORM INFORMATION: Barber MD,Jason K (2/28/2015 09:24 EST)
ELECTRONICALLY SIGNED BY: Barber MD,Jason K (2/28/2015 10:33 EST)

Death Summary

PATIENT: DILLON, EDMUND DICT: Jason Barber, MD
MR #: 012719295
ADMITTED: 02/23/2015 DOB: 10/13/1958
EXPIRED: 02/27/2015 PT.LOC: 11W

ATTENDING PHYSICIAN: Jason Barber, MD

ADMITTING HISTORY: Mr. Dillon is a 56-year-old gentleman who was initially admitted to the trauma service with a closed head injury admitted on 02/23/2015. For details please history and physical done on initial trauma consultation.

HOSPITAL COURSE: Mr. Dillon is a 56-year-old gentleman who had a closed head injury, he hit his head. A CT scan showed large right subdural hematoma with left shift. Neurosurgical consultation was obtained. The patient underwent right decompressive craniectomy. The patient was monitored in the surgical stepdown unit. The patient's mentation remained markedly low. He continued to clinically decline. The patient was transferred to the floor with expected hospice service and [____] assumed primary care service. The patient was transferred out [____] later and the patient had expired. Time of death was noted to be 12:30 p.m. on 02/27/2015. Hospice service was notified, but given the patient's insurance, was not able to get the patient inpatient hospice. Wed Death certification has been completed via the Web Death website. This will be a coroner's case due to the closed head injury.

D: 02/28/2015 05:08 T: 02/28/2015 09:24 TID: ah
Job #: 12497 Doc #: 41266942
cc: Jason Barber, MD

Electronically Signed & Verified on 02/28/2015 10:33 by Barber MD, Jason K

Non Medication Orders

Order: Chlorhexidine bath

Order Start Date/Time: 2/28/2015 09:00 EST
Order Date/Time: 2/23/2015 18:52 EST
Order Status: Canceled | Department Status: Canceled | Catalog Type: Patient Care | Activity Type: Patient Care
End-state Date/Time: 2/27/2015 17:54 EST | End-state Reason:
Ordered and Electronically Signed By: Guidelines of Care,* | Consulting Physician:
Entered By: SYSTEM,SYSTEM on 2/27/2015 17:54 EST
Order Details: 02/28/15 9:00:00, x 7 days per week
Order Comment:
Action Type: Order | Action Date/Time: 2/27/2015 10:59 EST | Action Personnel: Javis,Cheryl J
Responsible Provider: Guidelines of Care,* | Supervising Provider: | Communication Type: Sig Not Required
Order Details: 02/28/15 9:00:00, x 7 days per week
Review Information:
Doctor Cosign: Not Required
Order Comment:
Action Type: Cancel | Action Date/Time: 2/27/2015 17:54 EST | Action Personnel: SYSTEM,SYSTEM
Responsible Provider: Guidelines of Care,* | Supervising Provider: | Communication Type:
Order Details: 02/28/15 9:00:00, x 7 days per week
Review Information:
Doctor Cosign: Not Required
Order Comment:

Order: Code Status

Order Start Date/Time: 2/23/2015 14:56 EST
Order Date/Time: 2/23/2015 14:56 EST
Order Status: Canceled | Department Status: Canceled | Catalog Type: Patient Care | Activity Type: CPOE
End-state Date/Time: 2/25/2015 17:05 EST | End-state Reason:
Ordered and Electronically Signed By: SYSTEM,SYSTEM | Consulting Physician:
Entered By: SYSTEM,SYSTEM on 2/25/2015 17:05 EST
Order Details: Start Date/Time 02/23/15 14:56:00, Code Status 1-Full Code=FC
Order Comment:
Action Type: Order | Action Date/Time: 2/23/2015 15:00 EST | Action Personnel: Stachowiak PA,James R
Responsible Provider: Stachowiak PA,James R | Supervising Provider: | Communication Type: CPOE
Order Details: Start Date/Time 02/23/15 14:56:00, Code Status 1-Full Code=FC
Review Information:
Nurse Review: Electronically Signed, Looney RN,Marisa A on 2/23/2015 20:26 EST
Doctor Cosign: Not Required
Order Comment:
Action Type: Cancel | Action Date/Time: 2/25/2015 17:05 EST | Action Personnel: SYSTEM,SYSTEM
Responsible Provider: SYSTEM,SYSTEM | Supervising Provider: | Communication Type: Discern Expert
Order Details: Start Date/Time 02/23/15 14:56:00, Code Status 1-Full Code=FC
Review Information:
Doctor Cosign: Not Required
Order Comment: Cancelled by Rule

Non Medication Orders

Order: Line Care
Order Start Date/Time: 2/28/2015 09:00 EST
Order Date/Time: 2/25/2015 16:11 EST
Order Status: Canceled | Department Status: Canceled | Catalog Type: Patient Care | Activity Type: Infusion Therapy
End-state Date/Time: 2/27/2015 17:54 EST | End-state Reason:
Ordered and Electronically Signed By: Maxey MD,Melissa | Consulting Physician:
Entered By: SYSTEM,SYSTEM on 2/27/2015 17:54 EST
Order Details: 02/28/15 9:00:00, Flush, Flush PICC line Q12hours, prior to and after each infusion and after blood sampling per hospital PGR**NO SYRINGE SMALLER THAN 10mL!
Order Comment:

Action Type: Order | Action Date/Time: 2/27/2015 10:59 EST | Action Personnel: Vaughan RN,Shannon L
Responsible Provider: Maxey MD,Melissa | Supervising Provider: | Communication Type: Sig Required
Order Details: 02/28/15 9:00:00, Flush, Flush PICC line Q12hours, prior to and after each infusion and after blood sampling per hospital PGR**NO SYRINGE SMALLER THAN 10mL!
Review Information:
Doctor Cosign: Not Required
Order Comment:

Action Type: Cancel | Action Date/Time: 2/27/2015 17:54 EST | Action Personnel: SYSTEM,SYSTEM
Responsible Provider: Maxey MD,Melissa | Supervising Provider: | Communication Type:
Order Details: 02/28/15 9:00:00, Flush, Flush PICC line Q12hours, prior to and after each infusion and after blood sampling per hospital PGR**NO SYRINGE SMALLER THAN 10mL!
Review Information:
Doctor Cosign: Not Required
Order Comment:

Order: Line Care
Order Start Date/Time: 2/28/2015 09:00 EST
Order Date/Time: 2/25/2015 16:11 EST
Order Status: Canceled | Department Status: Canceled | Catalog Type: Patient Care | Activity Type: Infusion Therapy
End-state Date/Time: 2/27/2015 17:54 EST | End-state Reason:
Ordered and Electronically Signed By: Maxey MD,Melissa | Consulting Physician:
Entered By: SYSTEM,SYSTEM on 2/27/2015 17:54 EST
Order Details: 02/28/15 9:00:00, PICC Line Valve change q12 hours for Propofol infusion or intermittent dose.
Order Comment:

Action Type: Order | Action Date/Time: 2/27/2015 10:59 EST | Action Personnel: Vaughan RN,Shannon L
Responsible Provider: Maxey MD,Melissa | Supervising Provider: | Communication Type: Sig Required
Order Details: 02/28/15 9:00:00, PICC Line Valve change q12 hours for Propofol infusion or intermittent dose.
Review Information:
Doctor Cosign: Not Required
Order Comment:

Action Type: Cancel | Action Date/Time: 2/27/2015 17:54 EST | Action Personnel: SYSTEM,SYSTEM
Responsible Provider: Maxey MD,Melissa | Supervising Provider: | Communication Type:
Order Details: 02/28/15 9:00:00, PICC Line Valve change q12 hours for Propofol infusion or intermittent dose.
Review Information:
Doctor Cosign: Not Required
Order Comment:

Non Medication Orders

Order: Line Care
Order Start Date/Time: 2/28/2015 09:00 EST
Order Date/Time: 2/25/2015 16:11 EST
Order Status: Canceled | Department Status: Canceled | Catalog Type: Patient Care | Activity Type: Infusion Therapy
End-state Date/Time: 2/27/2015 17:54 EST | End-state Reason:
Ordered and Electronically Signed By: Maxey MD,Melissa | Consulting Physician:
Entered By: SYSTEM,SYSTEM on 2/27/2015 17:54 EST
Order Details: 02/28/15 9:00:00, Assessment of PICC line documentation to include external catheter length.
Order Comment:

Action Type: Order | Action Date/Time: 2/27/2015 10:59 EST | Action Personnel: Vaughan RN,Shannon L
Responsible Provider: Maxey MD,Melissa | Supervising Provider: | Communication Type: Sig Required
Order Details: 02/28/15 9:00:00, Assessment of PICC line documentation to include external catheter length.
Review Information:
Doctor Cosign: Not Required
Order Comment:

Action Type: Cancel | Action Date/Time: 2/27/2015 17:54 EST | Action Personnel: SYSTEM,SYSTEM
Responsible Provider: Maxey MD,Melissa | Supervising Provider: | Communication Type:
Order Details: 02/28/15 9:00:00, Assessment of PICC line documentation to include external catheter length.
Review Information:
Doctor Cosign: Not Required
Order Comment:

Non Medication Orders

Order: Vital Signs

Order Start Date/Time: 2/28/2015 09:00 EST
Order Date/Time: 2/27/2015 08:57 EST

Order Status: Canceled	Department Status: Canceled	Catalog Type: Patient Care	Activity Type: Asmt/Tx/Monitoring
End-state Date/Time: 2/27/2015 17:54 EST		End-state Reason:	
Ordered and Electronically Signed By: Depp MD,Timothy B		Consulting Physician:	

Entered By: SYSTEM,SYSTEM on 2/27/2015 17:54 EST
Order Details: 02/28/15 9:00:00, or as nursing unit protocol. Do not wake patient. ***Remove blood presscure cuff when not in use.***
Order Comment:

Action Type: Order	Action Date/Time: 2/27/2015 10:59 EST	Action Personnel: Depp MD,Timothy B
Responsible Provider: Depp MD,Timothy B	Supervising Provider:	Communication Type: CPOE

Order Details: 02/28/15 9:00:00, or as nursing unit protocol. Do not wake patient. ***Remove blood presscure cuff when not in use.***
Review Information:
Doctor Cosign: Not Required
Order Comment:

Action Type: Cancel	Action Date/Time: 2/27/2015 17:54 EST	Action Personnel: SYSTEM,SYSTEM
Responsible Provider: Depp MD,Timothy B	Supervising Provider:	Communication Type:

Order Details: 02/28/15 9:00:00, or as nursing unit protocol. Do not wake patient. ***Remove blood presscure cuff when not in use.***
Review Information:
Doctor Cosign: Not Required
Order Comment:

Order: VTE EBN Adult PowerPlan Initiated

Order Start Date/Time: 2/23/2015 18:18 EST
Order Date/Time: 2/23/2015 18:18 EST

Order Status: Completed	Department Status: Completed	Catalog Type: Patient Care	Activity Type: Communication Orders
End-state Date/Time: 2/23/2015 18:18 EST		End-state Reason:	
Ordered and Electronically Signed By:		Consulting Physician:	

Entered By: Alexander RN,Ashley C on 2/23/2015 18:18 EST
Order Details:
Order Comment:

Action Type: Order	Action Date/Time: 2/23/2015 18:18 EST	Action Personnel: Alexander RN,Ashley C
Responsible Provider:	Supervising Provider:	Communication Type:

Order Details:
Review Information:
Doctor Cosign: Not Required
Order Comment:

RICHLAND COUNTY CORONER'S OFFICE
DEATH SCENE INVESTIGATION FORM

RCCO CASE#: 2015-000638

Date Printed: 03/02/2015

RCCO CASE# 2015-000638 RCCO INVESTIGATOR Robert Dean COUNTY Richland County

DATE NOTIFIED 02/28/2015 DAY OF WEEK NOTIFIED Saturday TIME NOTIFIED 11:54

NOTIFIED BY Coroner Gary Watts NOTIFIER PHONE# (803)576-1799 AGENCY *None

ARRIVAL DATE ARRIVAL TIME CLEAR DATE CLEAR TIME

ORGAN/TISSUE PROCUREMENT AGENCY NOTIFIED? YES ☐ NO ☒

DEMOGRAPHIC DATA

NAME Edmund John Dillon

DOB AGE SEX M RACE Caucasian

ADDRESS ZIP

CITY STATE PHONE# SSN

MARITAL STATUS Married MEANS OF IDENTIFICATION

BY WHOM AFFILIATION

DATE OF IDENTIFICATION TIME ACTIVE MILITARY? YES ☐ NO ☒ VETERAN? YES ☐ NO ☒

PRISONER/INMATE# FACILITY/LOCATION

NEXT OF KIN

NAME Mrs. April Dillion

RELATIONSHIP Wife

ADDRESS ZIP CITY STATE

PHONE# ALTERNATE PHONE#

NOTIFIED BY AFFILIATION

DATE NOTIFIED TIME

LOCATION

FUNERAL HOME

NAME Powers Funeral Home

PHONE 803-408-8712 FAX 803-408-8713

ADDRESS P.O. Box 65 ZIP 29078 CITY Lugoff STATE SC

PERMIT# _____ BODY RELEASED _____ TIME _____

FROM FACILITY/SECURITY _____

FACILITY/SECURITY CONTACT _____

REMOVAL SERVICE

REMOVAL SERVICE _____

REMOVAL ATTENDANT _____

TIME CALLED _____ ARRIVAL TIME _____ BAG LOCK# _____

TAKEN TO: RMH MORG ☐ NEWBERRY HOSP ☐ USC MED. ☐ FUNERAL HOME ☐

PRONOUNCEMENT OF DEATH

DATE PRONOUNCED 02/27/2015 TIME PRONOUNCED 12:30

BY Dr. Jason Barber LOCATION PHR

TIME OF DEATH

DATE: ☒ ACTUAL: 02/27/2015

☐ ESTIMATED: _____ TO: _____

TIME: ☒ ACTUAL: 12:30

☐ ESTIMATED: _____ TO: _____

☐ UNKNOWN:

STREET NUMBER: 5 STREET/LOCATION: Medical Park

ZIP: 29204 CITY: Columbia STATE: SC

PROXIMITY:

CAUSE OF DEATH

CAUSE OF DEATH Pending Investigation

TEST DESCRIPTION

MEDICAL BRIEF

TOXICOLOGY DRUGS

TOXICOLOGY ALCOHOL

RCCO CASE#: 2015-000638

Date Printed: 03/02/2015

CERTIFIED BY Coroner Gary Watts PHONE# (803)576-1799

CONFIRMED BY Robert Dean PHONE# (803)576-1799

PENDING

☐ AUTOPSY BY WHOM *N/A

LOCATION

POST AUTOPSY BAG LOCK#

☐ EXTERNAL EXAM BY WHOM

LOCATION

POST EXTERNAL BAG LOCK#

☐ OTHER

MANNER OF DEATH - TO BE COMPLETED BY ADMINISTRAVTIVE PERSONNEL ONLY

JUSTIFIABLE HOMICIDE ☐ HOMICIDE ☐ SUICIDE ☐ ACCIDENT ☐ NATURAL ☐ UNDETERMINED ☐ PENDING ☒

PENDING(SPECIFY):

INCIDENT INFORMATION

TRAUMA RELATED TO DEATH? YES ☒ NO ☐ PENDING ☐

IF YES OR PENDING, COMPLETE THE FOLLOWING:

DATE: ☒ ACTUAL: 02/23/2015

☐ ESTIMATED: TO:

TIME: ☐ ACTUAL:

☐ ESTIMATED: TO:

☒ UNKNOWN:

LOCATION: Shop Rd ZIP: 29201 CITY: Columbia STATE: SC

DID DEATH OCCUR IN HOSPITAL (NO DATA)

SCENE ENVIRONMENT (NO DATA)

ADDTL RCCO RESPONDERS

ADDTL RCCO RESPONDERS (NO DATA)

RCCO INVESTIGATORS RCCO ARRIVAL DATE RCCO CLEAR SCENE DATE

EMERGENCY LAW ENFORCEMENT AGENCIES ON SCENE

EMS ON SCENE (NO DATA)

D-9784

LAW ENFORCEMENT AGENCIES ON SCENE (NO DATA)

FIRE/FIRST RESPONDER RESPONSE (NO DATA)

NON-EMERGENCY PERSONNEL RESPONSE (NO DATA)

BODY ACTUALIZATION (NO DATA)

SPECIFIC MARKS OF VIOLENCE ON BODY (NO DATA)

CHILD FATALITY (NO DATA)

PROPERTY AND EVIDENCE (NO DATA)

CURRENT/ RECENT MEDICAL CONDITIONS (NO DATA)

MEDICAL HISTORY

PHYSICIAN HISTORY (NO DATA)

ALCOHOL HISTORY (NO DATA)

DRUG HISTORY (NO DATA)

MEDICAL CONDITIONS/ILLNESS/INJURIES (NO DATA)

PAST OPERATIVE PROCEDURES (NO DATA)

MEDICATIONS

MEDICATIONS (NO DATA)

PSYCHIATRIC HISTORY

PSYCHIATRIC HISTORY (NO DATA)

PRIOR PSYCHIATRIC HOSPITAL ADMISSION (NO DATA)

SUSPECTED SELF-INFLICTED INJURY (NO DATA)

DEPRESSION (NO DATA)

SUSPECTED ALCOHOL AND/OR DRUG USE/ABUSE (NO DATA)

PREVIOUS SUICIDE ATTEMPTS (NO DATA)

PREVIOUS SUICIDE THREATS (NO DATA)

VEHICLE COLLISIONS (NO DATA)

OTHER VEHICLES INVOLVED (NO DATA)

CASE NOTES

R/O was notified of the decedent's death by Coroner Gary Watts. The decedent is a Kershaw County resident that works at a business on Shop Rd. In Richland County. It is alleged that the decedent sustained a fall at work 2-23-2015 and was transported to Palmetto Health Richland. It is reported that the decedent underwent brain surgery at Palmetto health Richland, as a result of the fall. The decedent coded and was pronounced 2-27-2015 1230hrs by Dr. Jason Barber. The decedent was released to Powers Funeral home as per family wishes. R/O was unable to reach the decedent's family for details on recent events and history at the time of this report.

R/O secured the decedent's admission blood from the Lab at Palmetto Health Richland and secured them into evidence with the RCCO morgue refrigerator. R/O also issued a subpoena for medical records from Palmetto Health Richland.

REQUEST FOR ASSISTANCE WITH FOLLOW-UP INVESTIGATION (NO DATA)

RCCO CASE#: 2015-000638

Date Printed: 03/02/2015

INVESTIGATOR'S SIGNATURE _____ INITALS _____

PRINT NAME _____ DATE / / TIME _____

INVESTIGATOR'S SIGNATURE _____ INITALS _____

PRINT NAME _____ DATE / / TIME _____

State of South Carolina
Richland County Coroner – Medical Examiner Office

Property / Evidence Form

Concerning: EDMUND DILLON	RCCMEO Case Number:
Obtained From: STAT LAB PALMETTO HEALTH RICHLAND	Collection Date / Time: 2-28-2015 1355 HRS

Item	Quantity	Description of Property
1	1	GOLD BLOOD TUBE LABELED 2-23-2015 1201 HRS
2	1	LAVENDER " " " " " "
3	1	GREEN " " " " " "
4	1	BLUE " " " " 1419 HRS

NOTHING FOLLOWS

☐ Additional Items Listed on Continuation Form

Submitting Deputy: ROBERT DEAN (Printed) _____ (Signature)

Evidence Officer: _____ Date / Time Rec'd: _____

Locations: _____

CHAIN OF CUSTODY

Date / Time Released:	Items Released	Reason Released
2-28-2015 1406 HRS	1, 2, 3, 4	TO EVIDENCE
Released to: TO RCCO MORGUE REFRIGERATOR		Released by:

RICHLAND COUNTY CORONER'S OFFICE
CORONER'S ACTIVITY LOG

RCCO CASE#: 2015-000638

Date Printed: 03/02/2015

RCCO INVESTIGATORS	ACTIVITY	DATE
Robert Dean		
Robert Dean	the decedent worked at the following business located in Richland County: FleetPride 1631 Shop Road, Columbia, SC 29201 (803) 799-4812	03/02/2015 11:07

T Crumbo

This Space Reserved For Lab Receipt Barcode

SLED LABORATORY FORENSIC SERVICES REQUEST

SLED LAB No. L15-05788
Submission: 1 5/1/2015 10:51:02AM

Name of Investigating officer: Coroner Gary Watts
Agency: Richland County Coroner's Office **Phone No:** (803) 576-1790
Fax No: _____ **Email:** _____
Mailing Address: PO Box 192
City / State / Zip: Columbia, SC 29202
CC: _____

ORI No: SC040013M
Agency Case No: 2015000638
Offense: DEATH INVESTIGATION
County: Richland
Offense Date: 02/27/2013
Officer Involved Shooting ☐ Yes
Rush: ☐ Yes

Is this evidence related to another lab number?
☐ Yes ☒ No
If yes, Lab Number:

SLED ITEM No LAB ONLY	Agency Item No.	Description of Evidence	Analysis Requested
1	4	Blood (Toxicology) - Edmund J Dillon	TOXICOLOGY
2	1,2,3	Blood (Toxicology) - Edmund J Dillon	TOXICOLOGY

Victim(s) Deceased	Sex	Race	DOB	SSN
Edmund J Dillon	M	W	10/31/1958	

Comments
Case Comments: Edmund J Dillon
Admissions blood submitted

Submission Comments: Edmund J Dillon

All sealed evidence packages accepted by the laboratory are assumed to contain what they are "said to contain" by the submitter. The laboratory does not conduct a detailed inventory of evidence package contents during the evidence intake process.

This Space Reserved For Lab Receipt Barcode.

SLED LABORATORY
FORENSIC SERVICES REQUEST

SLED LAB No. L15-05788
Submission: 1 5/1/2015 10:51:02AM

Submitted By :

Ricky Montgomery

Received By :

Doris Yarbrough
Forensic Technician

SOUTH CAROLINA LAW ENFORCEMENT DIVISION

FORENSIC SERVICES LABORATORY REPORT

NIKKI R. HALEY
Governor

MARK A. KEEL
Chief

Coroner Gary Watts
Richland County Coroner's Office
PO Box 192
Columbia, SC 29202

TOXICOLOGY DEPARTMENT
July 06, 2015
SLED No: L15-05788
Your Case No: 2015000638
Incident Date: 02/27/2013

[V-Deceased] Edmund J Dillon

This is an official report of the South Carolina Law Enforcement Division Forensic Services Laboratory and is to be used in connection with an official criminal investigation. These examinations were conducted under your assurance that no previous examinations of person(s) or evidence submitted in this case have been or will be conducted by any other laboratory or agency.

Mark A. Keel, Chief
South Carolina Law Enforcement Division

ITEMS OF EVIDENCE

Item: 1.1 **Sample Type: Blood (Toxicology)** - Admissions Blood labeled "DILLON, EDMUND"

Analysis by Headspace Gas Chromatography (GC) and/or Headspace Gas Chromatography/Mass Spectrometry (GC/MS)

Analyte	Result	Units	Threshold
Ethanol	0.018	% (g/dL)	0.010
Methanol	Negative	% (g/dL)	0.010
Acetone	Negative	% (g/dL)	0.010
Isopropanol	Negative	% (g/dL)	0.010

Screen by Enzyme Linked Immunosorbant Assay (ELISA)

Analyte	Result	Units	Threshold
Amphetamine	Negative	mg/L	0.100
Benzodiazepines	Negative	mg/L	0.050
Buprenorphine	Negative	µg/L	1.000
Carisoprodol	Negative	mg/L	0.500
Cocaine Metabolite	Negative	mg/L	0.200
Methadone	Negative	mg/L	0.050
Methamphetamine	Negative	mg/L	0.100
Opiates	Negative	mg/L	0.075
Oxycodone	Negative	mg/L	0.075
Tramadol	Negative	mg/L	0.050
Zolpidem	Negative	mg/L	0.020

Comprehensive Analysis

A comprehensive drug screen utilizing gas chromatography/mass spectrometry and liquid chromatography/tandem mass spectrometry was performed on this sample. With the exception of the compound(s) listed, no other drugs or poisons of concern were found.

Item: 1.2 **Sample Type: Serum** - Admissions Serum labeled "DILLON, EDMUND"

No Analysis Performed

Item: 2 **Sample Type: Blood (Toxicology)** -

Sample Not Submitted

7/6/15

This report contains the conclusions, opinions and interpretations of the analyst whose signature appears below.

Jennifer M. G. Brown
Forensic Toxicologist

For any additional interpretation of results please contact the Toxicologist above at the SLED Toxicology Department , (803) 896-7385.

State of South Carolina
Department of Health and Environmental Control

State Birth Number

CERTIFICATE OF DEATH

State File Number
15 007973

NAME OF DECEDENT Edmund Dillon
For use by physician or institution

Items 1-23c To Be Completed/Verified By: FUNERAL DIRECTOR

1. DECEDENT'S LEGAL NAME (Include AKA's, if any) (First, Middle, Last): Edmund John Dillon
2. SEX: Male
3. SOCIAL SECURITY:
4a. AGE-Last Birthday (Years): 56
4b. UNDER 1 YEAR Months / Days
4c. UNDER 1 DAY Hours / Minutes
5. DATE OF BIRTH (MM/DD/YYYY):
6. BIRTHPLACE (City and State or Foreign Country): Norfolk, VA
7a. RESIDENCE-STATE: South Carolina
7b. COUNTY: Kershaw
7c. CITY OR TOWN: Elgin
7d. ?
7e. APT. NO:
7f. ZIP CODE:
7g. INSIDE CITY LIMITS? ☐ Yes ☒ No
8. EVER IN US ARMED FORCES? ☐ Yes ☒ No
9. MARITAL STATUS AT TIME OF DEATH: ☒ Married ☐ Married, but separated ☐ Widowed ☐ Divorced ☐ Never Married ☐ Unknown
10. SURVIVING SPOUSE'S NAME (If Wife, give name prior to first marriage): April Patricia Woodward
11. FATHER'S NAME (First, Middle, Last): William Vincent Dillon
12. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): Mary Veronica Novak
13a. INFORMANT'S NAME: April Dillon
13b. RELATIONSHIP TO DECEDENT: Family Member
13c. MAILING ADDRESS (Street and Number, City, State, Zip Code):
14. PLACE OF DEATH (Check only one; see instructions)
IF DEATH OCCURRED IN HOSPITAL: ☒ Inpatient ☐ Emergency Room/Outpatient ☐ Dead on Arrival
IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: ☐ Hospice facility ☐ Nursing home/Long term care facility ☐ Decedent's home ☐ Other (Specify)
15. FACILITY NAME (If not inpatient, give street and number): Palmetto Health Richland
16. CITY OR TOWN, STATE AND ZIP CODE: Columbia, South Carolina 29203
17. COUNTY OF DEATH: Richland
18. METHOD OF DISPOSITION: ☐ Burial ☒ Cremation ☐ Donation ☐ Entombment ☐ Removal from state ☐ Other (Specify)
19. PLACE OF DISPOSITION (Name of Cemetery, crematory, other place): Powers Crematory LLC
20. LOCATION-CITY, TOWN AND STATE: Lugoff, South Carolina
21. NAME AND ADDRESS OF FUNERAL FACILITY: Powers Funeral Home, LLC
22. SIGNATURE OF FUNERAL SERVICE LICENSEE OR OTHER AGENT: Robert Allen Powers Sr (Electronically Verified)
23. LICENSE NUMBER (Of Licensee): 2381
832 Ridgeway Road Lugoff, SC 29078
23a. EMBALMER (Signature): Robert Allen Powers Sr
23b. EMBALMER LICENSE NUMBER: 2381
23c. LICENSE NUMBER (Of Facility): 717

Items 24-49 To Be Completed By: MEDICAL CERTIFIER

ITEMS 24-28 MUST BE COMPLETED BY PERSON WHO PRONOUNCES OR CERTIFIES DEATH
24. DATE PRONOUNCED DEAD (MM/DD/YYYY): 02/27/2015
25. TIME PRONOUNCED DEAD: 12:30 PM
26. SIGNATURE OF PERSON PRONOUNCING DEATH (Only when applicable): Jason Barber
27. LICENSE NUMBER: 28996
28. DATE SIGNED (MM/DD/YYYY): 2/27/2015
29. ACTUAL OR PRESUMED DATE OF DEATH (Spell Month): February 27, 2015
30. ACTUAL OR PRESUMED TIME OF DEATH: 12:30 PM
31. WAS CORONER OR MEDICAL EXAMINER CONTACTED? ☒ Yes ☐ No

CAUSE OF DEATH (See instructions and example)

32. PART 1. Enter the chain of events - disease, injuries, or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Enter only one cause on a line. Add additional lines if necessary.

		Approximate Interval Onset to death
IMMEDIATE CAUSE (Final disease or condition resulting in death)	a Cardiopulmonary Failure	immediate
Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST	Due to (or as a consequence of): b Subdural Hematoma with mass effect	1-2days
	Due to (or as a consequence of): c Subarachoid Hemorrhage	1-2days
	Due to (or as a consequence of): d	
	Due to (or as a consequence of):	

PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I

33. WAS AN AUTOPSY PERFORMED? ☐ Yes ☒ No
34. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? ☐ Yes ☐ No

35. DID TOBACCO USE CONTRIBUTE TO DEATH? ☐ Yes ☐ Probably ☒ No ☐ Unknown
36. IF FEMALE: ☐ Not pregnant within past year ☐ Pregnant at time of death ☐ Not pregnant, but pregnant within 42 days of death ☐ Not pregnant, but pregnant 43 days to one year before death ☐ Unknown if pregnant within the past year
37. MANNER OF DEATH: ☐ Natural ☐ Homicide ☒ Accident ☐ Pending investigation ☐ Suicide ☐ Could not be determined
38. DATE OF INJURY (Spell Month): February 23, 2015
39. TIME OF INJURY: 15:13 PM
40. PLACE OF INJURY (e.g. Decedent's home, construction site, restaurant, wooded area): Unknown
41. INJURY AT WORK? ☒ Yes ☐ No
42. LOCATION OF INJURY: State: South Carolina City or Town: Columbia County: Richland
Street & Number: unknown Apartment Number: Zip Code: 29203
43. DESCRIBE HOW INJURY OCCURRED: fall from ladder with closed head trauam
44. IF TRANSPORTATION INJURY, SPECIFY: ☐ Driver/Operator ☐ Pedestrian ☐ Passenger ☐ Other (Specify)
45. CERTIFIER (Check only one)
☐ Certifying physician-To the best of my knowledge, death occurred due to the cause(s) and manner stated.
☒ Pronouncing and Certifying physician-To the best of my knowledge, death occurred at the time, date, and place and due to the cause(s) and manner stated.
☐ Coroner/Medical Examiner-On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated.
Signature of certifier: Jason K. Barber (Electronically Certified)
46. NAME, ADDRESS, AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH (Item 32): Jason K. Barber, 14 Richland Medical Park, Suite 320 Columbia South Carolina 29203
46a. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER
47. TITLE OF CERTIFIER: Physician
48. LICENSE NUMBER: 28996
49. DATE CERTIFIED (MM/DD/YYYY): 2/27/2015
50. FOR REGISTRAR ONLY - DATE FILED (MM/DD/YYYY): 2/28/2015

Items 51-55 To Be Completed By: Funeral Director

51. DECEDENT'S EDUCATION - Check the box that best describes the highest degree or level of school completed at the time of death:
☐ 8th grade or less
☐ 9th-12th grade; no diploma
☐ High school graduate or GED completed
☒ Some college credit, but no degree
☐ Associate degree (e.g., AA, AS)
☐ Bachelor's degree (e.g., BA, AB, BS)
☐ Master's degree (e.g., MA, MS, MEng, MEd, MSW, MBA)
☐ Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, LLB, JD)

52. DECEDENT OF HISPANIC ORIGIN? - Check the box that best describes whether the decedent is Spanish/Hispanic/Latino/ Latina. Check the "No" box if decedent is not Spanish/Hispanic/Latino/ Latina.
☒ No, not Spanish/Hispanic/Latino/Latina
☐ Yes, Mexican, Mexican American, Chicano/Chicana
☐ Yes, Puerto Rican
☐ Yes, Cuban
☐ Yes, other Spanish/Hispanic/Latino/Latina (Specify)

53. DECEDENT'S RACE (Check one or more races to indicate what the decedent considered himself or herself to be)
☒ White
☐ Black or African American
☐ American Indian or Alaska Native (Name of the enrolled or principal tribe)
☐ Asian Indian
☐ Chinese
☐ Filipino
☐ Japanese
☐ Korean
☐ Vietnamese
☐ Other Asian (Specify)
☐ Native Hawaiian
☐ Guamanian or Chamorro
☐ Samoan
☐ Other Pacific Islander (Specify)
☐ Other (Specify)

54. DECEDENT'S USUAL OCCUPATION (Indicate type of work done during most of working life. DO NOT USE THE TERM "RETIRED"): Salesman
D - 0794
55. KIND OF BUSINESS/INDUSTRY: Tractor Trailer Parts Sales

Amendment Code
Amendment Number
Date
User ID
BRTP NO. 180379

OHEC 670
Rev. 2004

OFFICE OF THE CORONER

Richland County

Gary Watts
Coroner

Coroner's Report

Office of the Coroner
1931 Pineview Dr
Columbia SC 29209
803-576-1799

Case Number: **2015-000638** Name: **Edmund John Dillon**

Sex: Race: **Caucasian** Age: DOB: SSN:

TIME OF DEATH:

Date: Actual: 02/27/2015 Time: Actual: 12:30

Street #: 5 City: Columbia

State: SC Zip: 29204

Proximity:

INCIDENT INFORMATION:

Date: Actual: 02/23/2015 Time: Unknown

Incident Location: Shop Rd

City: Columbia State: SC Zip: 29201

CAUSE OF DEATH: Cardiopulmonary Failure, Subdural Hematoma with mass effect, Subarachnoid Hemorrhage. Fall

AKA:

FKA:

Toxicology Alcohol: Admissions Blood: 0.018%

Toxicology Drugs: Admissions Blood: Negative

Manner of Death: Accident

Case Summary

It is alleged that the decedent sustained a fall at work 2-23-2015 and was transported to Palmetto Health Richland. It is reported that the decedent underwent brain surgery at Palmetto health Richland, as a result of the fall. The decedent coded and was pronounced 2-27-2015 1230hrs by Dr. Jason Barber.

Richland County Coroner's Office

08-Jul-15

By: Coroner

6/7/16 TR

The Case of Edmund Dillon, Dec'd vs Raffles(Fleetpride), Employer and Gallagher Bassett as TPA for American Zurich Insurance Company; Claim # 000714-050164; WCC file # 1501382

Sources:

1) Deposition of Josiah Fludd (Witness to initial event)
2) Affidavit of Josiah Fludd(S.C. WCC file # 1501382)
3) Richland County EMS Report (PRID: 34499055)
4) Kershaw Memorial Hospital EMD record(2/4/94; acct # 268251)
5) Medical Records from Palmetto Health Richland (MRN R012719295)
6) Providence Northeast Family Care medical record of 3/23/16
7) Columbia Skin Clinic, LLC medical records; Chart # 252148
8) Photos of scene presented by Mr. Samuel Priddy,Esq(3013,3012,3014 & 3011)

History of the Present Illness:

The decedent, Mr. Dillon, was a 56 year old Caucasian male, who worked as a salesman at the Fleetpride trucking company. On the morning of 2/23/15 he was standing on the side walk adjacent to a truck ramp when he was observed to collapse. He fell without any effort to stop himself or to break the fall. He hit the back of his head on the concrete pavement of the ramp and lost consciousness. His fall was observed by a truck driver (Mr. Fludd) who was tending to some papers in his truck cab. Mr. Fludd observed Mr. Dillon through the window of his truck door. Mr. Fludd reported that Mr. Dillon appeared to be standing motionless/idle, when he suddenly collapsed without any forewarning. Mr. Fludd called for assistance and then attended to Mr. Dillon along with other employees. Mr. Dillon was unconscious when Mr. Fludd first approached him. When Mr. Dillon came to, he was instructed to continue to lie down due to the concern for other potential injuries. He was noted to be bleeding from the back of his head. Mr. Dillon appeared to be coherent when he came to. Initially he did not want to go to the hospital, but was encouraged to do so by his supervisor. There was a light rain and Mr. Fludd protected Mr. Dillon from the weather with a piece of cardboard while waiting for EMS to arrive.

Richland County EMS arrived and their initial assessment of Mr. Dillon at 11:16 am revealed a HR of 88, BP of 102/64, MAP 76, SaO2 of 100, respirations 18, and Glasgow Coma Scale (GCS) of 4/5/6, score 15 (normal). EMS universal care protocol was initiated. EMS personnel noted a laceration on back of his head. The bleeding had stopped. Mr. Dillon reported no pain and he appeared oriented to time and place. En route to the hospital at 11:26 am, however, his blood pressure reportedly suddenly dropped (BP 83/52 with SaO2 of 100). A repeat BP reading a minute later at 11:27 am was 74/43. An IV was initiated (20 G NS) just as they arrived at the Palmetto Richland hospital EMD at 11:30 am.

At the Palmetto Health Richland EMD and during his assessment, his neurologic status reportedly progressively deteriorated. He required intubation and a subsequent CT revealed a subdural hematoma and subarachnoid hemorrhage with a midline shift. Findings to suggest an acute hemorrhage on chronic subdural hematomas(evidence of prior bleeding/hematomas at

this site) were also identified. He then underwent an emergency craniectomy to evacuate the subdural hematoma and decompress the brain. Additional medical findings on admission, revealed evidence of liver failure (marked ascites, jaundice, elevated liver function tests, coagulopathy, hyperbilirubinemia (elevated bile in the blood) and bilirubinuria (bile in the urine) along with significant electrolyte derangements including hyponatremia(low blood sodium) and hypokalemia(low blood potassium). Admission lab values also revealed anemia (low hemoglobin and hematocrit), thrombocytopenia(a low platelet count -127), abnormal red blood cell morphology and evidence of severe dehydration. A blood alcohol level was 0.007 gm% and urine toxicology screen was negative for drugs of abuse. Following the craniectomy his neurologic signs and symptoms continued to decline (decreased sensation and movement of left side; non -alert; Glasgow Coma Scale-GCS: Eye-1, Motor- 4, Verbal- 1, score 6). The deteriorating neurologic signs were attributed to a persistent intracranial midline shift (shifting of the brain substance) and the development of a new intraparenchymal bleed(bleeding within the brain substance) identified on a post-operative CT. Supportive care along with an electrolyte correction protocol was initiated. His prognosis at this point was considered poor given his brain injury and poor liver function, along with developing kidney and respiratory failure as well as evolving sepsis. Over the course of the next few days his condition continued to deteriorate with persistent metabolic derangements, complete multisystem organ failure and continued lack of neurologic improvement. Following discussion with the family, all life supportive measures were discontinued on 2/27/15 and he was declared dead, four days following admission. No post-mortem examination was performed. The decedent was then cremated.

Case Assessment:

The issues in this case are the circumstances under which Mr. Edmund collapsed, hit his head and eventually died as a result of subdural hematoma with a secondary intraparenchymal bleed. Contributing factors to his demise from a subdural hemorrhage and intraparenchymal bleeding after his head injury were an underlying coagulopathy (abnormal bleeding and clotting disorder)and metabolic/ electrolyte derangements, the latter of which could be attributed to liver failure superimposed on chronic liver disease. His underlying anemia would also have compounded the effects of his persistent bleeding.

Mr. Dillon had a known history of alcohol abuse which was the most likely cause of his liver failure. His wife reports him turning yellow (jaundice) a week or so prior to his fall. The presence of ascites again would be consistent with chronic liver disease. She also reports that he had bouts of diarrhea, nausea and vomiting in the week or two prior to his fall. These latter conditions were the most likely cause of his dehydration and the metabolic derangements. These abnormalities would also have been complicated by the underlying liver failure. He also had a history of prior syncopal episodes (passing out) as documented in his Kershaw EMD

admission (2/4/94). This was attributed to a vasovagal response/orthostatic hypotensive episode.

During his final admission to Richland, a CT scan showed features suggestive of prior old subdural hematomas. These prior subdural hematomas are most likely a consequence of prior falls with head injury. The presence of subdural hematoma(s) may also predispose to rebleeding in the same areas of the brain or to possible seizure activity.

Mr. Dillon experienced what is considered to be an acceleration injury to his head. He was observed to be standing on the level portion of the concrete sidewalk adjacent to the landing ramp when he collapsed and fell backwards hitting his head on the concrete surface of the loading ramp. From a biomechanical standpoint, whether the back of his head impacted the surface of the ramp or the level surface of the sidewalk, the potential energy of his head with respect to ground and gravitational acceleration would not change. Similarly, the contact surface would be the same and hence, to a degree of reasonable medical certainty, the extent of his cranial injuries would not differ significantly.

In my view, and to a degree of reasonable medical certainty, his underlying medical conditions either singly or in combination, initiated the syncopal episode that Mr. Dillon experienced on 2/23/15 which led to his eventual demise. These medical conditions were personal and peculiar to Mr. Dillon and his workplace did not cause, aggravate or otherwise contribute to them and his demise. The cause of death was a subdural hematoma and subsequent intracranial bleed followed by multisystem organ failure with his co-morbid medical conditions as contributing factors. Furthermore, the manner of death would be considered natural.

Prepared and submitted by:

J. Vandersteenhoven 5/21/16

JJ Vandersteenhoven,MD,PhD

CURRICULUM VITAE

Jacob J. Vandersteenhoven, M.D., Ph.D.

PERSONAL INFORMATION:

Citizenship: United States of America **Residence:** 109 Shallow Brook Dr.
Columbia,SC 29223

Work: Lexington Medical Center
Dept of Pathology
2720 Sunset Blvd.
West Columbia, SC 29169
(803)-791-2412 (803)-791-2331(fax)

EDUCATION:

1974-1978, Bachelor of Science, (Biology/Chemistry), *Magna cum laude*,
Notre Dame de Namur University, Belmont CA

1978-1983, Doctor of Philosophy, (Experimental Pathology),
Medical University of South Carolina, Charleston, SC

1983-1987, Doctor of Medicine,
Medical University of South Carolina, Charleston, SC

PROFESSIONAL CERTIFICATION:

1988, National Board of Medical Examiners, Certificate #341869.

1993, Anatomic and Neuropathology,American Board of Pathology (5/31/93)

1996, Cytopathology, American Board of Pathology (7/8/96)

1997, Clinical Pathology,American Board of Pathology (11/19/97)

ACADEMIC APPOINTMENTS:

1994-1995, Clinical Assistant Professor of Pathology, (7/94-7/95)
University of Texas Southwestern Medical Ctr.,Dallas,Texas

1995-1996, Associate Staff (Fellow) (7/95-6/96), Dept of Pathology
University of Texas Southwestern Medical Ctr.,Dallas,Texas

1996-2001, Clinical Assistant Professor of Pathology, (7/96-3/01)
University of Texas Southwestern Medical Ctr., Dallas,Texas

2009-2013, Clinical Professor of Ophthalmology, Dept.of Ophthalmology (4/2009-5/2013)
University of South Carolina School of Medicine,Columbia, SC

2009-2015, Professor of Clinical Neurosurgery, Department of Neurosurgery (4/2009-2015)
University of South Carolina School of Medicine,Columbia, SC

2012-present, Professor of Clinical Neurology, Department of Neurology (6/2012-)
University of South Carolina School of Medicine,Columbia, SC

D 0799

GRADUATE / RESEARCH TRAINING:

1979-1982,	Graduate Research, Department of Biophysical Dentistry, Medical University of South Carolina, Charleston,SC (Dr. M. Spector)
1982-1983,	Graduate Research, Division of Rheumatology and Immunology, Medical University of South Carolina, and Department of Medicine, Veterans Administration Hospital, Charleston, SC (Drs. F. A. DeLustro, R. T. Turner, and N. Bell)
1983-1987,	Post-doctoral Fellowship , Departments of Medicine and Pharmacology, Medical University of South Carolina, Charleston, SC (Drs. N. H. Bell and R. T. Turner) (part time - equivalent to one year)
1987-1988,	Internship, Anatomic Pathology, Department of Pathology, Duke University Medical Center, Durham,NC
1988-1992,	Residency, Anatomic and Neuropathology, Department of Pathology, Duke University Medical Center, Durham,NC
1990,	Neuropathology Fellowship, Department of Pathology, Duke University Medical Center, Durham,NC (Dr. Peter Burger)
1991-1992,	NIH Neuro-Oncology Fellowship, Depts. of Pathology and Neurology, Duke University Medical Center, Durham, NC (Drs. Peter Burger and Clifford Schold)
1995-1996,	Cytopathology Fellowship, Department of Pathology, Div. of Cytology University of Texas Southwestern Medical Ctr., Dallas, TX (7/95-6/96) (Drs. Raheela Ashfaq and Jorge Albores-Saavedra)

AWARDS AND HONORS:

1976 - 1977,	Academic Merit Scholarship, Notre Dame de Namur University, Belmont,CA
1978,	Magna cum laude, Notre Dame de Namur University, Belmont, CA
1978,	Delta Epsilon Sigma, Academic Honorary Society, Notre Dame de Namur University,Belmont CA
1978 - 1983,	South Carolina Graduate Scholarship, Medical University of South Carolina,Charleston, SC
1983,	Young Investigator Award, American Society for Bone and Mineral Research,San Antonio, TX

D 0800

2009, Ophthalmology Resident's Appreciation Award

PROFESSIONAL LICENSES:

1991-present, North Carolina Medical License, 40011(1/26/91)

1992-present, Texas Medical License, J2827(11/14/92)

2001-present, South Carolina Medical License, 22308(3/30/2001)

1992-2002, Texas DPS License, B0082553(inactive)

PROFESSIONAL EXPERIENCE

1988-1992, Durham County Medical Examiner, #32074(Dr. John Butts, NC Chief Med.Exam.).

1992-1994, Associate Pathologist, Department of Pathology (8/92-12/94), Presbyterian Hospital of Dallas, TX

1995, Associate Pathologist, ProPath Services (formerly Medical Laboratory Service Southwest-affiliated with St. Paul Medical Ctr. and SmithKline Beecham Laboratories) Dallas, TX (3/95-6/95)

1995-1996, Cytopathology Fellow, Department of Pathology, Division. of Cytology University of Texas Southwestern Med. Ctr. Dallas, TX (7/95-6/96)

1996-2001, Associate Pathologist, ProPath Services (affiliated with St. Paul Medical Ctr. and SmithKline Beecham Laboratories/ Quest Diagnostics), Dallas, TX (8/96-3/01)

1996-2001, Medical Director, Fine Needle Aspiration Biopsy Clinic, ProPath Services,Dallas, Texas

1998-2001, Cytology Technical Director, ProPath Women's Services, Dallas, Texas

2001-2011, Staff Pathologist,Professional Pathology Services,Dept. of Pathology, Palmetto Richland Memorial Hospital, Columbia, SC (3/01-4/11)

2003-2004, Medical Director, Laboratory Corporation of America, 2 Southern Ct., West Columbia, SC 29169-0000 (8/03-6/04)

2003-2011, Co-director, Gastrointestinal Pathology Section, Professional Pathology Services Columbia, SC

2010-2011 Medical Director, Palmetto Health-University of South Carolina Biorepository

2011-present Staff Pathologist, Pathology Associates of Lexington, Lexington Medical Center West Columbia, SC

MEDICAL STAFF APPOINTMENTS:

2011-present, Lexington Medical Center, West Columbia, SC- Active

D 0801

2001-2011, Palmetto Richland Memorial Hospital, Columbia, SC(3/01-)-Inactive
2002-2011, Palmetto Babtist Medical Ctr., Columbia, SC- Inactive
2009-2011, Kershaw Medical Ctr., Camden, SC- Inactive
1996-2001, St. Paul Medical Ctr., Dallas, Texas (11/96-)-Inactive
1999-2001, Las Colinas Medical Ctr., Irving, Texas(10/99-)-Inactive
1995-2001, Parkland Memorial Hospital, Dallas, Texas (11/95-)-Inactive
1996-2001, Zale-Liphsy University Hospital, Dallas, Texas (2/96-)-Inactive
1992-1999, Presbyterian Hospital of Dallas, Texas (12/92-4-99)-Inactive
1992-1999, Surgery Center Southwest, Dallas, Texas (8/92-5/99)-Inactive

PROFESSIONAL / SOCIETY MEMBERSHIPS:

Fellow, College of American Pathologists
Fellow, American Society of Clinical Pathologists
United States and Canadian Academy of Pathology
American Association of Neuropathologists
International Society of Neuropathology
Columbia Medical Society
Lexington Medical Association
South Carolina Society of Pathologists

EDITORIAL RESPONSIBILITIES:

1999- present, Reviewer(ad hoc) - Archives of Pathology and Laboratory Medicine

NATIONAL COMMITTEE(S)

1998-2004, Neuropathology Committee, College of American Pathologists

HOSPITAL/ LOCAL MEDICAL COMMITTEES:

2003-2004, Columbia Medical Society Publishing Committee
2003-present, Columbia Medical Society Finance Committee
2004-2011, PH-USC Biorepository Committee, Palmetto Richland Memorial Hospital
2007-2011, Pediatric Hospital Surgical Committee, Palmetto Richland Memorial Hospital
2006-2007, Patient Care Committee, Palmetto Richland Memorial Hospital
2009-2011, Neurosciences Committee, Palmetto Richland Memorial Hopital
2013-present Chairman, Clinical Ethics Committee, Lexington Medical Center
2014-present Clinical Outcomes Committee, Lexington Medical Center

BOARD MEMBERSHIP:

2002-2005, Palmetto Master Singers

PROFICIENCY(Cytology) TESTING:

D 0802

2007 CAP PAPM Proficiency Testing- PAPMPT A 2007-Pass
2008 CAP PAPM Proficiency Testing- PAPMPT A 2008- Pass
2009 CAP PAPM Proficiency Testing- PAPMPT A 2009- Pass
2010 CAP PAPM Proficiency Testing- PAPMPT A 2010- Pass
2011 ASCP GYN Proficiency Testing-Pass
2012 ASCP GYN Proficiency Testing-Pass
2013 ASCP GYN Proficiency Testing-Pass
2014 ASCP GYN Proficiency Testing-Pass
2015 ASCP GYN Proficiency Testing-Pass

ACADEMIC / TEACHING ACTIVITIES:

1992-1994, Informal teaching of medicine residents, Presbyterian Hospital of Dallas, Texas
1995-2000, Informal teaching of pathology residents,
University of Texas Southwestern Medical Ctr., Dallas, Texas
1994-1999, Director, Neurosciences Conference, Presbyterian Hosptial of Dallas, Dallas,TX
2006-2011, Endocrinology Cytology/Histopathology Correlation Conference,
University of South Carolina School of Medicine, Columbia, SC
2001-2011, Pediatric Tumor Board, Palmetto Health Richland Memorial Hospital, Columbia, SC
2001-2011, General Surgical Tumor Board, Palmetto Health Richland Memorial Hospital, Columbia, SC
2003-2011, Co-Director-Pathology, Comprehensive Breast Cancer Conference,
Palmetto Health Richland Memorial Hospital, Columbia,SC;
Accredited by the National Accreditation Program for Breast Centers (NAPBC)
2010-2011, Co-Director, Neurosciences Tumor Conference,
Palmetto Health Richland Memorial Hospital, Columbia, SC
2007-2011, Director, Ophthalmic Pathology (Didactic lecture series)- Dept. of Ophthamology,
University of South Carolina School of Medicine, Columbia, SC
2001-present, Informal teaching of medical students and residents,
Palmetto Health Richland Memorial Hospital, Columbia, SC and
Lexington Medical Center, West Columbia, SC
2014-present, Neuropathology for Neurology Residents(Didactic Series), Dept of Neurology,
University of South Carolina School of Medicine, Columbia, SC

SCIENTIFIC PRESENTATIONS / INVITED LECTURES:

"Heterotopic Bone Induced by Demineralized Allogeneic Bone Matrix Implants in Rats",
FASEB, Atlanta, GA, 1981

D 0803

"Bone Formation and Resorption in Experimentally Induced Heterotopic Ossification", American Society for Bone and Mineral Research, Seabrook Island, SC, 1981

"Bone Induction by Demineralized Allogeneic Bone Matrix Particles in Porous Polysulfone Implants in Rats", Society for Biomaterials Research, Orlando, FL,1982

"The Role of Vitamin D in Osteoinduction", Bone and Mineral Research Society, San Antonio, TX, 1983

"Postmortem Study of Temporal Neocortex Needle Biopsies in Alzheimer's Disease: Implications for Antemortem Diagnosis", American Association of Neuropathologists, San Francisco, CA, 1990

"Progressive Multifocal Leukoencephalopathy (PML) in Pediatric Acquired Immunodeficiency Syndrome (AIDS)", American Association of Neuropathologists, Baltimore, MD, 1991

"Prognostic Significance of Ki-67 Proliferation Index in Fibrillary Astrocytic Neoplasms", American Association of Neuropathologists, St. Louis, MO, 1992

"Differential Diagnosis of CNS Meningiomas", St. Francis Med. Ctr., Wichita, KS, 2/96

"Fine Needle Aspiration and Its Role in Clinical Management",St. Paul Med. Ctr, Dallas, TX 1/97

"Current Concepts in Neuropathology", Dallas - Ft. Worth Neuro-Oncology Conference, Plaza Medical Ctr., Ft. Worth, TX 1/15/98

"Review of Non-Neoplastic Neuropathology", Osler Institute Neurosurgical Review, Tampa, FL, 2/23/98

"Clinicopathologic Characteristics of Selected Tumors of the Central Nervous System" in Brain Tumors: A Nursing Perspective, Arlington, TX 1/9/99

"How Now Mad Cow": An Update on Transmissible Spongioform Encephalopathies", Columbia Medical Journal Club, Columbia, SC, 2/16/04.

Neuropathology Case Presentation, Neurosurgery Grand Rounds, Univ. of South Carolina School of Medicine, Columbia, SC. April 24, 2009.

Neuropathology Case Presentation, Neurosurgery Grand Rounds, Univ. of South Carolina School of Medicine, Columbia, SC. June 12, 2009.

GRANTS / CLINICAL INVESTIGATIONS:

1) "GRA: *Gliadel*, Radiation Therapy and *Accutane*: A Comprehensive Treatment Program for Malignant Glioma";Rhone-Poulenc Rorer Pharmaceuticals-completed 2/2000, Consulting Neuropathologist

2) National Prostate Cancer Prevention Trial(PCPT) (SWOG 9217),12/2002-12/2004,

D 0804

Reference Pathologist

PUBLICATIONS:

Doctoral Dissertation: "*Characterization of a Model of Osteoinduction and Its Use in Examining the Role of Calcium, Vitamin D, and PTH in Osseous Development*",
Medical University of South Carolina, Charleston, S.C., 1983

PUBLISHED ARTICLES (Peer reviewed):

1. **Vandersteenhoven JJ**, Spector M. Osteoinduction within porous polysulfone implants at heterotopic sites using demineralized allogeneic bone matrix.
J Biomed Mater Res 17:793-806, 1983.
2. **Vandersteenhoven JJ**, Spector M. Histological investigation of bone induction by demineralized allogeneic bone matrix: A natural biomaterial for osseous reconstruction.
J Biomed Mater Res 17:1003-1014, 1983.
3. Turner RT, Farley J, **Vandersteenhoven JJ**, Bell NH Osteoinductive and mitogenic activities are reduced in demineralized allogeneic bone matrix from vitamin D deficient rats. In:VitaminD: Chemical, Biochemical and Clinical Update. Norman AW, Schaefer K, Grigoleit H-G, Herrath DV, eds. Walter de Gruyter, New York, 1985 pp. 471-472.
4. Turner RT, **Vandersteenhoven JJ**, Bell NH. The effects of ovariectomy and 17B -estradiol on bone histomorphometry in growing rats. J Bone Mineral Res 2:115-122, 1987.
5. **Vandersteenhoven JJ**, DeLustro FA, Bell NH, Turner RT. Osteoinduction by implants of demineralized allogeneic bone matrix is diminished in vitamin D deficient rats.
Calcif Tissue Intl 42:39-45, 1988.
6. Turner RT, Farley J, **Vandersteenhoven JJ**, Bell NH, Baylink DJ. Demonstration of reduced mitogenic and osteogenic potential in bone matrix from vitamin D deficient rats. J Clin Invest 82:212-217, 1988.
7. Friedman HS, Touri S, Hatten PH, Hockenberger B, **Vandersteenhoven JJ**, Oakes WJ. Inflammatory lesion mimicking metastatic ependymoma. Neurosurgery 29:617-620, 1991.
8. **Vandersteenhoven JJ**, D'Baibo G, Boyko OB, Hulette CM, Anthony DC, Wilfert C. Progressive multifocal leukoencephalopathy (PML) in pediatric acquired immunodeficiency syndrome (AIDS). Ped Infect Dis J 11:232-237, 1992.
9. Wesseling P, **Vandersteenhoven JJ**, Downey BJ, Ruiter DJ, Burger PC. Cellular components of microvascular proliferation in human glial neoplasms.
Acta Neuropathol 85:508-514, 1993.

D 0805

10. Nelson SC, Friedman HS, Hockenberger B, **Vandersteenhoven JJ**, Gray L, Touri SL, Oakes WJ. False-positive MRI detection of recurrent or metastatic pediatric infratentorial tumors. Medical & Pediatric Oncology 21: 350-355, 1993.

11. Montine TJ, **Vandersteenhoven JJ**, Aguzzi A, Boyko OB, Dodge RK, Kerns BJ, Burger PC. Prognostic significance of Ki-67 proliferation index in fibrillary astrocytic neoplasms. J.Neurosurgery 34:674-679, 1994.

12. Montine TJ, Bruner JM, **Vandersteenhoven JJ**, Dodge RK, Burger PC. Prognostic significance of p53 immunoreactivity in adult patients with supratentorial fibrillary astrocytic neoplasms. Diag Mol Pathol 3: 240-245, 1994.

13. Saboorian MH, Ashfaq R, **Vandersteenhoven JJ**, Schneider N. Cytogenetics as an adjunct in definitive diagnosis of synovial sarcoma by FNA. Cancer Cytopathology 81: 187-192, 1997.

14. Rosenzweig LB, Brett AS,Lefevre JF, **Vandersteenhoven JJ**. Hiradenitis suppurativa complicated by squamous cell carcinoma and paraneoplastic neuropathy. Amer J Med Sci 329: 150-152, 2005.

15. Sonnier CS, Osterman J, Dubuisson D, and **Vandersteenhoven J**. Lymphocytic Hypophysitis followed by Graves disease. The Endocrinologist. 2006;16:2006

16. Farrell C, Crimm H, Meeh P, Croshaw R, Barbar T, **Vandersteenhoven J**, Butler W, Buckhaults P. Somatic Mutations to CSMD1 in Colorectal Adenocarcinomas. Cancer Biol Ther, 2008;7(4):609-613.

PUBLISHED ABSTRACTS:

1. **Vandersteenhoven JJ**, Spector M. Heterotopic bone induced by demineralized allogeneic bone matrix implants in rats. Fed Proc 40:3233, 1981.

2. **Vandersteenhoven JJ**, Spector M. Bone formation and resorption in experimentally induced heterotopic ossification. Amer Soc for Bone Min Res (Southeast Regional meeting) Seabrook Island SC, March 1981.

3. **Vandersteenhoven JJ**, Spector M. Bone induction by demineralized allogeneic bone matrix particles in porous polysulfone implants in rats. 8th Annual Meeting of the Society for Biomaterials Research, Orlando FL, April 1982.

4. **Vandersteenhoven JJ**, Turner RT, Bell NH, DeLustro FA. The role of vitamin D in osteoinduction. Amer Soc Bone Min Res (Southeastern Section) Durham NC, March 1983.

5. **Vandersteenhoven JJ**, Turner RT, Bell NH, DeLustro FA. The role of vitamin D in osteoinduction. Am Soc Bone Min Res, San Antonio TX, June 1983. Calcif Tissue Intl 35:704, 1983.

6. Turner RT, Farley J, **Vandersteenhoven JJ**, Bell NH, Baylink, DJ. Demineralized allogeneic bone matrix from vitamin D deficient rats has reduced mitogenic and osteoinductive activities. Amer Soc Bone and Min Res (Southeastern Section), Hendersonville NC, March 1984.

7. Turner RT, Farley J, **Vandersteenhoven JJ**, Bell NH, Baylink DJ. Demineralized allogeneic bone matrix from vitamin D deficient rats has reduced mitogenic and osteoinductive activities. Amer Fed Clin Invest, Washington DC, May 1984.

8. **Vandersteenhoven JJ**, Crain B. Postmortem study of temporal neocortex needle biopsies in Alzheimeris disease: Implications for antemortem diagnosis. J Neuropathol Exp Neurol 49(3):270, 1990.

9. **Vandersteenhoven JJ**, Dbaibo G, Boyko OB, Hulette CM, Anthony DC, Wilfert C. Progressive multifocal leukoencephalopathy in pediatric acquired immunodeficiency syndrome. J Neuropathol Exp Neurol 50: 326, 1991.

10. **Vandersteenhoven JJ**, Kerns BJ, Downey BJ, Burger PC. Quantification of Ki-67 proliferation index in gliomas as determined by image analysis. J Neuropathol Exp Neurol 51:331, 1992.

11. Montine TJ, **Vandersteenhoven JJ**, Burger PC. Prognostic significance of Ki-67 proliferation index in fibrillary astrocytic neoplasms. J Neuropathol Exp Neurol 52:323, 1993.

12. Montine TJ, **Vandersteenhoven JJ**, Burger PC. Prognostic significance of p53 immunoreactivity in fibrillary astrocytic neoplasms. Am J Clin Path 100:330, 1993.

13. Saboorian MH, Ashfaq R, **Vandersteenhoven JJ**, Schneider N. Cytogenetics as an adjunct in definitive diagnosis of synovial sarcoma by FNA. Acta Cytologica 40:1102, 1996.

14. **Vandersteenhoven JJ**, Narayan KK, Fung K-M, Fuller GN. Central Liponeurocytoma. Neuro-Oncology 4:346, 2002

15. Sonnier CS, Osterman J, Dubuisson D, and **Vandersteenhoven** J. Lymphocytic Hypophysitis With Subsequent Development of Graves' Disease, Case Presentation, August 2006, Brazilian Endocrine Society Post Meeting.

16. Sonnier CS, Osterman J, Dubuisson D, and **Vandersteenhoven** J. Lymphocytic Hypophysitis With Subsequent Development of Graves' Disease, Poster Presentation, June 2006, The Endocrine Society Meeting.

17. Teas J, Skibola C, Zhang Q, Kennedy V, **Vandersteenhoven J,** Butler W, Friedman S and Xie D. Seaweeds as Cancer Static Agents Against Breast Cancer. Mechanisms and Models of Cancer, Salk Institute, La Jolla, CA. August 8-12, 2007

CASE PRESENTATIONS College of American Pathologists-APEX program-Neuropathology Committee:

1. Cerebral Malaria; CAP Neuropathology Test Program
2. Acute Disseminated Encephalomyelitis; CAP Neuropathology Test Program
3. Rabies; CAP Neuropathology Test Program
4. Leptomeningeal melanoma; CAP Neuropathology Test Program
5. Intraventricular Papillary Carcinoma; CAP Neuropathology Test Program
6. Central Neurocytoma; CAP Neuropathology Test Program

7. Leptomyxid amoebae; CAP Neuropathology Test Program

Revised: 5/16

CERTIFICATION OF VITAL RECORD

DEATH CERTIFICATION

STATE FILE NUMBER : 139-15-007973 AMENDED

DECEDENT'S NAME: *EDMUND JOHN DILLON*
AKA's: NA
ARMED FORCES: NO
DATE OF BIRTH:
SEX:
SOCIAL SECURITY NUMBER
AGE
TYPE OF PLACE OF DEATH: HOSPITAL- INPATIENT
COUNTY OF DEATH: RICHLAND
NAME AND ADDRESS OF PLACE OF DEATH: PALMETTO HEALTH RICHLAND, COLUMBIA, SC 29203
PLACE OF DISPOSITION: POWERS CREMATORY LLC
DISPOSITION LOCATION: LUGOFF, SOUTH CAROLINA
METHOD OF DISPOSITION: CREMATION
DECEDENT'S RESIDENCE:
PLACE OF BIRTH: VIRGINIA
MARITAL STATUS: MARRIED
SURVIVING SPOUSE'S NAME: APRIL PATRICIA WOODWARD
FATHER'S NAME: WILLIAM VINCENT DILLON
MOTHER'S NAME PRIOR TO FIRST MARRIAGE: MARY VERONICA NOVAK
INFORMANT'S NAME: APRIL DILLON
RELATIONSHIP: FAMILY MEMBER
MAILING ADDRESS:
FUNERAL HOME: POWERS FUNERAL HOME, LLC, 832 RIDGEWAY ROAD, LUGOFF, SC, 29078
FUNERAL DIRECTOR: ROBERT ALLEN POWERS SR
LICENSE NUMBER: 2381
EMBALMER'S NAME: ROBERT ALLEN POWERS SR
LICENSE NUMBER: 2381
ACTUAL OR PRESUMED DATE OF DEATH : FEBRUARY 27, 2015
MANNER OF DEATH : ACCIDENT
ACTUAL OR PRESUMED TIME OF DEATH: 1230
CAUSE OF DEATH - PART I
CARDIOPULMONARY FAILURE
SUBDURAL HEMATOMA WITH MASS EFFECT
SUBARACHOID HEMORRHAGE

OTHER SIGNIFICANT CONDITIONS - PART II:
NA

CORONER CONTACTED? YES
AUTOPSY PERFORMED? NO
AUTOPSY AVAILABLE? NA
DATE OF INJURY: FEBRUARY 23, 2015
TIME OF INJURY: 1513
INJURY AT WORK? YES
PLACE OF INJURY: UNKNOWN
LOCATION OF INJURY: UNKNOWN, COLUMBIA, RICHLAND COUNTY, SC, 29203
HOW THE INJURY OCCURRED?
FALL HEAD TRAUMA

CERTIFIER NAME AND TITLE: JASON K. BARBER, MD
LICENSE NUMBER: 28996
CERTIFIER'S ADDRESS: 14 RICHLAND MEDICAL PARK, SUITE 320, COLUMBIA, SC, 29203
DATE FILED: FEBRUARY 28, 2015
DATE OF ISSUANCE: JUNE 02, 2015
SPECIAL INSTRUCTIONS :
INJURY DESCRIPTION AMENDED BY: DHEC 627 PER JASON K. BARBER, MD,

ATTEST: This is a true copy of the death certificate on file in the Division of Vital Records, Public Health Statistics and Information Services of the South Carolina Department of Health and Environmental Control and is issued pursuant to Subpoena of the SC WORKER'S COMPENSATION COMMISSION Court of RICHLAND County, Case No. 1501382, Dated June 02, 2015.

DATE: June 02, 2015

SARAH A GIBBS
PROGRAM MANAGER

SC0445131

This is a true certification of the facts on file in the Division of Vital Records, SC Department of Health and Environmental Control.

Catherine Templeton
Director and State Registrar

Barbara E. Derrick
Assistant State Registrar

This copy is not valid unless prepared on an engraved border displaying the state seal and issuing agency logo.

Revision Date: 09/10/2014

D 0809

D H E C
PROMOTE PROTECT PROSPER
South Carolina Department of Health and Environmental Control

MAYO CLINIC

Anemia

Symptoms and causes

By Mayo Clinic Staff

Symptoms

Anemia signs and symptoms vary depending on the cause of your anemia. They may include:

- Fatigue
- Weakness
- Pale or yellowish skin
- Irregular heartbeats
- Shortness of breath
- Dizziness or lightheadedness
- Chest pain
- Cold hands and feet
- Headache

At first anemia can be so mild that it goes unnoticed. But symptoms worsen as anemia worsens.

When to see a doctor

Make an appointment with your doctor if you're feeling fatigued for unexplained reasons. Some anemias, such as iron deficiency anemia or vitamin B-12 deficiency, are common.

Fatigue has many causes besides anemia, so don't assume that if you're tired you must be anemic. Some people learn that their hemoglobin is low, which indicates anemia, when they go to donate blood. If you're told that you can't donate blood because of low hemoglobin, make an appointment with your doctor.

Causes

Anemia occurs when your blood doesn't have enough red blood cells. This can happen if:

- Your body doesn't make enough red blood cells
- Bleeding causes you to lose red blood cells more quickly than they can be replaced
- Your body destroys red blood cells

What red blood cells do

Your body makes three types of blood cells — white blood cells to fight infection, platelets to help your blood clot and red blood cells to carry oxygen throughout your body.

Red blood cells contain hemoglobin — an iron-rich protein that gives blood its red color. Hemoglobin enables red blood cells to carry oxygen from your lungs to all parts of your body and to carry carbon dioxide from other parts of the body to your lungs so that it can be exhaled.

Most blood cells, including red blood cells, are produced regularly in your bone marrow — a spongy material found within the cavities of many of your large bones. To produce hemoglobin and red blood cells, your body needs iron, vitamin B-12, folate and other nutrients from the foods you eat.

Causes of anemia

Different types of anemia and their causes include:

- **Iron deficiency anemia.** This is the most common type of anemia worldwide. Iron deficiency anemia is caused by a shortage of iron in your body. Your bone marrow needs iron to make hemoglobin. Without adequate iron, your body can't produce enough hemoglobin for red blood cells.

  Without iron supplementation, this type of anemia occurs in many pregnant women. It is also caused by blood loss, such as from heavy menstrual bleeding, an ulcer, cancer and regular use of some over-the-counter pain relievers, especially aspirin.

- **Vitamin deficiency anemia.** In addition to iron, your body needs folate and vitamin B-12 to produce enough healthy red blood cells. A diet lacking in these and other key nutrients can cause decreased red blood cell production.

  Additionally, some people may consume enough B-12, but their bodies aren't able to process the vitamin. This can lead to vitamin deficiency anemia, also known as pernicious anemia.

- **Anemia of chronic disease.** Certain diseases — such as cancer, HIV/AIDS, rheumatoid arthritis, kidney disease, Crohn's disease and other chronic inflammatory diseases — can interfere with the production of red blood cells.
- **Aplastic anemia.** This rare, life-threatening anemia occurs when your body doesn't produce enough red blood cells. Causes of aplastic anemia include infections, certain medicines, autoimmune diseases and exposure to toxic chemicals.
- **Anemias associated with bone marrow disease.** A variety of diseases, such as leukemia and myelofibrosis, can cause anemia by affecting blood production in your bone marrow. The effects of these types of cancer and cancer-like disorders vary from mild to life-threatening.
- **Hemolytic anemias.** This group of anemias develops when red blood cells are destroyed faster than bone marrow can replace them. Certain blood diseases increase red blood cell destruction. You can inherit a hemolytic anemia, or you can develop it later in life.
- **Sickle cell anemia.** This inherited and sometimes serious condition is an inherited hemolytic anemia. It's caused by a defective form of hemoglobin that forces red blood cells to assume an abnormal crescent (sickle) shape. These irregular blood cells die prematurely, resulting in a chronic shortage of red blood cells.
- **Other anemias.** There are several other forms of anemia, such as thalassemia and malarial anemia.

Risk factors

These factors place you at increased risk of anemia:

- **A diet lacking in certain vitamins.** Having a diet that is consistently low in iron, vitamin B-12 and folate increases your risk of anemia.
- **Intestinal disorders.** Having an intestinal disorder that affects the absorption of nutrients in your small intestine — such as Crohn's disease and celiac disease — puts you at risk of anemia.
- **Menstruation.** In general, women who haven't experienced menopause have a greater risk of iron deficiency anemia than do men and postmenopausal women. That's because menstruation causes the loss of red blood cells.
- **Pregnancy.** If you're pregnant and aren't taking a multivitamin with folic acid, you're at an increased risk of anemia.
- **Chronic conditions.** If you have cancer, kidney failure or another chronic condition, you may be at risk of anemia of chronic disease. These conditions can lead to a shortage of red blood cells.

Slow, chronic blood loss from an ulcer or other source within your body can deplete your body's store of iron, leading to iron deficiency anemia.

- **Family history.** If your family has a history of an inherited anemia, such as sickle cell anemia, you also may be at increased risk of the condition.
- **Other factors.** A history of certain infections, blood diseases and autoimmune disorders, alcoholism, exposure to toxic chemicals, and the use of some medications can affect red blood cell production and lead to anemia.
- **Age.** People over age 65 are at increased risk of anemia.

Complications

Left untreated, anemia can cause many health problems, such as:

- **Severe fatigue.** When anemia is severe enough, you may be so tired that you can't complete everyday tasks.
- **Pregnancy complications.** Pregnant women with folate deficiency anemia may be more likely to experience complications, such as premature birth.
- **Heart problems.** Anemia can lead to a rapid or irregular heartbeat (arrhythmia). When you're anemic your heart must pump more blood to compensate for the lack of oxygen in the blood. This can lead to an enlarged heart or heart failure.
- **Death.** Some inherited anemias, such as sickle cell anemia, can be serious and lead to life-threatening complications. Losing a lot of blood quickly results in acute, severe anemia and can be fatal.

Any use of this site constitutes your agreement to the Terms and Conditions and Privacy Policy linked below.

Terms and Conditions
Privacy Policy
Notice of Privacy Practices

Mayo Clinic is a not-for-profit organization and proceeds from Web advertising help support our mission. Mayo Clinic does not endorse any of the third party products and services advertised.

Advertising and sponsorship policy
Advertising and sponsorship opportunities

A single copy of these materials may be reprinted for noncommercial personal use only. "Mayo," "Mayo Clinic," "MayoClinic.org," "Mayo Clinic Healthy Living," and the triple-shield Mayo Clinic logo are trademarks of Mayo Foundation for Medical Education and Research.

© 1998-2016 Mayo Foundation for Medical Education and Research. All rights reserved.

MAYO CLINIC

Diseases and Conditions

Thrombocytopenia (low platelet count)

By Mayo Clinic Staff

Thrombocytopenia is a condition in which you have a low blood platelet count. Platelets (thrombocytes) are colorless blood cells that help blood clot. Platelets stop bleeding by clumping and forming plugs in blood vessel injuries.

Thrombocytopenia often occurs as a result of a separate disorder, such as leukemia or an immune system problem. Or it can be a side effect of taking certain medications. It affects both children and adults.

Thrombocytopenia may be mild and cause few signs or symptoms. In rare cases, the number of platelets may be so low that dangerous internal bleeding occurs. Treatment options are available.

Thrombocytopenia signs and symptoms may include:

- Easy or excessive bruising (purpura)
- Superficial bleeding into the skin that appears as a rash of pinpoint-sized reddish-purple spots (petechiae), usually on the lower legs
- Prolonged bleeding from cuts
- Bleeding from your gums or nose
- Blood in urine or stools
- Unusually heavy menstrual flows
- Fatigue
- Enlarged spleen
- Jaundice

When to see a doctor

Make an appointment with your doctor if you have any warning signs that worry you.

Bleeding that won't stop is a medical emergency. Seek immediate help if you experience bleeding that can't be controlled by the usual first-aid techniques, such as applying pressure to the area.

If for any reason your blood platelet count falls below normal, the condition is called thrombocytopenia. Normally, you have anywhere from 150,000 to 450,000 platelets per microliter of circulating blood. Because each platelet lives only about 10 days, your body continually renews your platelet supply by producing new platelets in your bone marrow.

Thrombocytopenia can be inherited or it may be caused by a number of medications or conditions. Whatever the cause, circulating platelets are reduced by one or more of the following processes: trapping of platelets in the spleen, decreased platelet production or increased destruction of platelets.

Trapped platelets

The spleen is a small organ about the size of your fist located just below your rib cage on the left side of your abdomen. Normally, your spleen works to fight infection and filter unwanted material from your blood. An enlarged spleen — which can be caused by a number of disorders — may harbor too many platelets, causing a decrease in the number of platelets in circulation.

Decreased production of platelets

Platelets are produced in your bone marrow. If production is low, you may develop thrombocytopenia. Factors that can decrease platelet production include:

- Leukemia
- Some types of anemia
- Viral infections, such as hepatitis C or HIV
- Chemotherapy drugs
- Heavy alcohol consumption

Increased breakdown of platelets

Some conditions can cause your body to use up or destroy platelets more rapidly than they're produced. This leads to a shortage of platelets in your bloodstream. Examples of such conditions include:

- **Pregnancy.** Thrombocytopenia caused by pregnancy is usually mild and improves soon after childbirth.

- **Bacteria in the blood.** Severe bacterial infections involving the blood (bacteremia) may lead to destruction of platelets.
- **Thrombotic thrombocytopenic purpura.** This is a rare condition that occurs when small blood clots suddenly form throughout your body, using up large numbers of platelets.
- **Hemolytic uremic syndrome.** This rare disorder causes a sharp drop in platelets, destruction of red blood cells and impairment of kidney function. Sometimes it can occur in association with a bacterial Escherichia coli (E. coli) infection, such as may be acquired from eating raw or undercooked meat.
- **Medications.** Certain medications can reduce the number of platelets in your blood. Sometimes a drug confuses the immune system and causes it to destroy platelets. Examples include heparin, quinine, sulfa-containing antibiotics and anticonvulsants.

Dangerous internal bleeding can occur when your platelet count falls below 10,000 platelets per microliter. Though rare, severe thrombocytopenia can cause bleeding into the brain, which can be fatal.

Start by seeing your primary care doctor if you have any signs or symptoms that worry you. Most cases of thrombocytopenia can be managed by your doctor. In certain situations, he or she may recommend that you see a specialist in blood diseases (hematologist).

Because appointments can be brief, and because there's often a lot of ground to cover, it's a good idea to be well-prepared for your appointment. Here's some information to help you get ready and what to expect from your doctor.

What you can do

- **Be aware of any pre-appointment restrictions.** At the time you make the appointment, be sure to ask if there's anything you need to do in advance, such as restrict your diet.
- **List the warning signs you've noticed,** such as any unusual bruising or bleeding or any rashes. Include any signs that may seem unrelated to the reason for which you scheduled the appointment.
- **List key personal information,** including any recent illnesses or medical procedures such as a blood transfusion, major stresses or recent life changes.
- **Make a list of all medications,** vitamins and supplements that you're taking.

- **Take along a family member or friend.** It can be difficult to remember all the information provided during an appointment. The person who accompanies you may remember something that you forgot or missed.
- **List questions to ask your doctor.** List your questions from most important to least important, in case time runs out.

For thrombocytopenia, some questions you may want to ask include:

- How many platelets do I have in my blood?
- Is my platelet count dangerously low?
- What is causing my thrombocytopenia?
- Do I need more tests?
- Is my condition likely temporary or chronic?
- What are my treatment options?
- What will happen if I do nothing?
- What are the possible side effects of the treatments you're suggesting?
- Are there any restrictions that I need to follow?
- Is there a generic alternative to the medicine you're prescribing?
- Do you have any brochures or other printed material that I can take with me?
- What websites do you recommend?

Your doctor may use the following tests and procedures to determine whether you have thrombocytopenia:

- **Blood test.** A complete blood count determines the number of blood cells, including platelets, in a sample of your blood. In adults, normal platelet count is 150,000 to 450,000 platelets per microliter of blood. If the complete blood count finds you have fewer than 150,000 platelets, you have thrombocytopenia.
- **Physical exam, including a complete medical history.** Your doctor will look for signs of bleeding under your skin and feel your abdomen to see if your spleen is enlarged. He or she will also ask you about illnesses you've had and the types of medications and supplements you've recently taken.

Your doctor may suggest that you undergo other tests and procedures to determine the cause of your condition, depending on your signs and symptoms.

People with mild thrombocytopenia may not need treatment. For example, they may not have symptoms or the condition clears up on its own.

Some people develop severe or long-term (chronic) thrombocytopenia. Depending on what's causing your low platelet count, treatments may include:

- **Treating the underlying cause of thrombocytopenia.** If your doctor can identify a condition or a medication that's causing your thrombocytopenia, addressing that cause may clear up your thrombocytopenia

  For example, if you have heparin-induced thrombocytopenia, your doctor will direct you to stop using heparin and prescribe a different blood-thinning drug. Your thrombocytopenia may persist for a week or more despite stopping all heparin therapy.

- **Blood or platelet transfusions.** If your platelet level becomes too low, your doctor can replace lost blood with transfusions of packed red blood cells or platelets.
- **Medications.** If your condition is related to an immune system problem, your doctor may prescribe drugs to boost your platelet count. The first-choice drug may be a corticosteroid. If that doesn't work, he or she may try stronger medications to suppress your immune system.
- **Surgery.** If other treatment options don't help, your doctor may recommend surgery to remove your spleen (splenectomy).
- **Plasma exchange.** Thrombotic thrombocytopenic purpura can result in a medical emergency requiring plasma exchange.

If you have thrombocytopenia, try to:

- **Avoid activities that could cause injury.** Ask your doctor which activities are safe for you. Contact sports, such as boxing, martial arts and football, carry a high risk of injury.
- **Drink alcohol in moderation, if at all.** Alcohol slows the production of platelets in your body. Ask your doctor whether it's OK for you to drink alcohol.
- **Use caution with over-the-counter medications.** Over-the-counter pain medications, such as aspirin and ibuprofen (Advil, Motrin IB, others) can impair platelet function.

References

1. Thrombocytopenia and platelet dysfunction. The Merck Manual Professional Edition. http://www.merckmanuals.com. Accessed Feb. 20, 2015.
2. George JN, et al. Approach to the adult with unexplained thrombocytopenia. http://www.uptodate.com/home. Accessed Feb. 18, 2015.
3. AskMayoExpert. Thrombocytopenia. Rochester, Minn.: Mayo Foundation for Medical Education and Research; 2015.
4. Thrombocytopenia. National Heart, Lung and Blood Institute. http://www.nhlbi.nih.gov/book/export/html/4876. Accessed Feb. 23, 2015.

5. AskMayoExpert. Hemolytic uremic syndrome (HUS) (Adult and pediatric). Rochester, Minn.: Mayo Foundation for Medical Education and Research; 2014.
6. E. coli. U.S. Food and Drug Administration. www.foodsafety.gov. Accessed Feb. 23, 2015.
7. AskMayoExpert. Immune thrombocytopenia. Rochester, Minn.: Mayo Foundation for Medical Education and Research; 2014.

March 31, 2015

Original article: http://www.mayoclinic.org/diseases-conditions/thrombocytopenia/basics/definition/con-20027170

Any use of this site constitutes your agreement to the Terms and Conditions and Privacy Policy linked below.

Terms and Conditions
Privacy Policy
Notice of Privacy Practices

Mayo Clinic is a not-for-profit organization and proceeds from Web advertising help support our mission. Mayo Clinic does not endorse any of the third party products and services advertised.

Advertising and sponsorship policy
Advertising and sponsorship opportunities

A single copy of these materials may be reprinted for noncommercial personal use only. "Mayo," "Mayo Clinic," "MayoClinic.org," "Mayo Clinic Healthy Living," and the triple-shield Mayo Clinic logo are trademarks of Mayo Foundation for Medical Education and Research.

© 1998-2016 Mayo Foundation for Medical Education and Research. All rights reserved.

MAYO CLINIC

Symptoms

Low potassium (hypokalemia)

By Mayo Clinic Staff

Low potassium (hypokalemia) refers to a lower than normal potassium level in your bloodstream. Potassium is a chemical (electrolyte) that is critical to the proper functioning of nerve and muscles cells, particularly heart muscle cells.

Normally, your blood potassium level is 3.6 to 5.2 millimoles per liter (mmol/L). A very low potassium level (less than 2.5 mmol/L) can be life-threatening and requires urgent medical attention.

Low potassium (hypokalemia) has many causes. The most common cause is excessive potassium loss in urine due to prescription water or fluid pills (diuretics). Vomiting or diarrhea or both can result in excessive potassium loss from the digestive tract. Only rarely is low potassium caused by not getting enough potassium in your diet.

In most cases, low potassium is found by a blood test that is done because of an illness, or because you are taking diuretics. It is rare for low potassium to cause isolated symptoms such as muscle cramps if you are feeling well in other respects.

Low potassium symptoms may include:

- Weakness
- Fatigue
- Muscle cramps
- Constipation

Abnormal heart rhythms (arrhythmias) are the most worrisome complication of very low potassium levels, particularly in people with underlying heart disease.

Talk to your doctor about what your results mean. You may need to change a medication that's affecting your potassium level, or you may need to treat another medical condition that's causing your low potassium level.

Treatment of low potassium is directed at the underlying cause and may include potassium supplements. Don't start taking potassium supplements without talking to your doctor first.

References

1. Mount DB. Causes of hypokalemia. http://www.uptodate.com/home. Accessed May 13, 2014.
2. Hypokalemia. The Merck Manuals: The Merck Manual for Health Care Professionals. http://www.merckmanuals.com/professional/endocrine_and_metabolic_disorders/electrolyte_disorders/hypokalemia.html. Accessed May 13, 2014.
3. Reid A, et al. Hypokalemia: Common things occur commonly — A retrospective survey. Journal of the Royal Society of Medicine. 2012;3:80.
4. Patient information: Hypokalemia (the basics). http://www.uptodate.com/home. Accessed May 13, 2014.
5. Potassium, serum. Mayo Medical Laboratories. http://www.mayomedicallaboratories.com/test-catalog/Clinical+and+Interpretive/81390. Accessed May 13, 2014.

July 08, 2014

Original article: http://www.mayoclinic.org/symptoms/low-potassium/basics/when-to-see-doctor/sym-20050632

Any use of this site constitutes your agreement to the Terms and Conditions and Privacy Policy linked below.

Terms and Conditions
Privacy Policy
Notice of Privacy Practices

Mayo Clinic is a not-for-profit organization and proceeds from Web advertising help support our mission. Mayo Clinic does not endorse any of the third party products and services advertised.

Advertising and sponsorship policy
Advertising and sponsorship opportunities

A single copy of these materials may be reprinted for noncommercial personal use only. "Mayo," "Mayo Clinic," "MayoClinic.org," "Mayo Clinic Healthy Living," and the triple-shield Mayo Clinic logo are trademarks of Mayo Foundation for Medical Education and Research.

© 1998-2016 Mayo Foundation for Medical Education and Research. All rights reserved.

MAYO CLINIC

Diseases and Conditions

Hyponatremia

By Mayo Clinic Staff

Hyponatremia is a condition that occurs when the level of sodium in your blood is abnormally low. Sodium is an electrolyte, and it helps regulate the amount of water that's in and around your cells.

In hyponatremia, one or more factors — ranging from an underlying medical condition to drinking too much water during endurance sports — causes the sodium in your body to become diluted. When this happens, your body's water levels rise, and your cells begin to swell. This swelling can cause many health problems, from mild to life-threatening.

Hyponatremia treatment is aimed at resolving the underlying condition. Depending on the cause of hyponatremia, you may simply need to cut back on how much you drink. In other cases of hyponatremia, you may need intravenous fluids and medications.

Hyponatremia signs and symptoms may include:

- Nausea and vomiting
- Headache
- Confusion
- Loss of energy and fatigue
- Restlessness and irritability
- Muscle weakness, spasms or cramps
- Seizures
- Coma

When to see a doctor

If you have a medical condition that increases your risk of hyponatremia, or you have other risk factors for hyponatremia, such as participating in high-intensity activities, and you have the signs and symptoms of low blood sodium, see your doctor.

Sodium plays a key role in your body. It helps maintain normal blood pressure, supports the work of your nerves and muscles, and regulates your body's fluid balance.

A normal sodium level is between 135 and 145 milliequivalents per liter (mEq/L) of sodium. Hyponatremia occurs when the sodium in your blood falls below 135 mEq/L.

Many possible conditions and lifestyle factors can lead to hyponatremia, including:

- **Certain medications.** Some medications, such as some water pills (diuretics), antidepressants and pain medications, can cause you to urinate or perspire more than normal.
- **Heart, kidney and liver problems.** Congestive heart failure and certain diseases affecting the kidneys or liver can cause fluids to accumulate in your body, which dilutes the sodium in your body, lowering the overall level.
- **Syndrome of inappropriate anti-diuretic hormone (SIADH).** In this condition, high levels of the anti-diuretic hormone (ADH) are produced, causing your body to retain water instead of excreting it normally in your urine.
- **Chronic, severe vomiting or diarrhea.** This causes your body to lose fluids and electrolytes, such as sodium.
- **Drinking too much water.** Because you lose sodium through sweat, drinking too much water during endurance activities, such as marathons and triathlons, can dilute the sodium content of your blood. Drinking too much water at other times can also cause low sodium.
- **Dehydration.** Taking in too little fluid can also be a problem. If you get dehydrated, your body loses fluids and electrolytes.
- **Hormonal changes.** Adrenal gland insufficiency (Addison's disease) affects your adrenal glands' ability to produce hormones that help maintain your body's balance of sodium, potassium and water. Low levels of thyroid hormone also can cause a low blood-sodium level.
- **The recreational drug Ecstasy.** This amphetamine increases the risk of severe and even fatal cases of hyponatremia.

The following factors may increase your risk of hyponatremia:

- **Age.** Older adults may have more contributing factors for hyponatremia, including age-related changes, taking certain medications and a greater likelihood of developing a chronic disease that alters the body's sodium balance.
- **Certain drugs.** Medications that increase your risk of hyponatremia include thiazide diuretics as well as some antidepressants and pain medications. In addition, the recreational drug Ecstasy has been linked to fatal cases of hyponatremia.
- **Conditions that decrease your body's water excretion.** Medical conditions that may increase your risk of hyponatremia include kidney disease, syndrome of inappropriate anti-diuretic hormone (SIADH) and heart failure, among others.
- **Intensive physical activities.** People who drink too much water while taking part in marathons, ultramarathons, triathlons and other long-distance, high-intensity activities are at an increased risk of hyponatremia.

In chronic hyponatremia, sodium levels drop gradually over 48 hours or longer — and symptoms and complications are typically more moderate.

In acute hyponatremia, sodium levels drop rapidly — resulting in potentially dangerous effects, such as rapid brain swelling, which can result in coma and death.

Premenopausal women appear to be at the greatest risk of hyponatremia-related brain damage. This may be related to the effect of women's sex hormones on the body's ability to balance sodium levels.

Seek emergency care for anyone who develops severe signs and symptoms of hyponatremia, such as nausea and vomiting, confusion, seizures, or lost consciousness.

Call your doctor if you know you are at risk of hyponatremia and are experiencing nausea, headache, cramping or weakness. Depending on the extent and duration of these signs and symptoms, your doctor may recommend seeking immediate medical care.

If you have time to prepare, here's some information to help you get ready for your appointment, and what to expect from your doctor.

What you can do

- **List any symptoms you or your loved one has been experiencing** and for how long.
- **Write down key medical information,** including other medical problems for which you are being treated and the names of all medications, vitamins, supplements or other natural remedies you are taking.
- **Take a family member or friend along,** if you are the one with symptoms of low blood sodium. Someone who accompanies you can help remember all of the information and provide support if you need immediate medical care.
- **Write down questions to ask your doctor.**

For hyponatremia, some basic questions to ask your doctor include:

- What's the most likely cause of my symptoms?
- What causes hyponatremia?
- How severe is the condition?
- What treatment do you recommend?
- How soon do you expect my symptoms will begin to improve?
- Am I at risk of any long-term problems?
- How can I prevent a recurrence of this condition?
- Do I need to make any changes to how much fluid I usually drink?

What to expect from your doctor

Being ready to answer your doctor's questions may reserve time to go over any points you want to talk about in-depth. Your doctor may ask:

- What are your symptoms and when did they start?
- Have you started taking any new medications?

D 0825

- Have your symptoms been getting any better or worse since they first developed?
- Have your symptoms included any mental changes, such as feeling confused, agitated or depressed?
- Have you had nausea, vomiting or diarrhea?
- Have you felt faint, had seizures or lost consciousness?
- Have you had a headache? If yes, has it gotten progressively worse?
- Have your symptoms included weakness, fatigue or lethargy?
- Do you use recreational drugs? If yes, which drugs?

Your doctor will start by asking about your medical history and doing a physical examination.

However, because the signs and symptoms of hyponatremia occur in many conditions, it's impossible to diagnose the condition based on a physical exam alone. To confirm low blood sodium, your doctor will order blood tests and urine tests.

Hyponatremia treatment is aimed at addressing the underlying cause, if possible.

If you have moderate, chronic hyponatremia due to your diet, diuretics or drinking too much water, your doctor may recommend temporarily cutting back on fluids. He or she also may suggest adjusting your diuretic use to increase the level of sodium in your blood.

If you have severe, acute hyponatremia, you'll need more-aggressive treatment. Options include:

- **Intravenous fluids.** Your doctor may recommend IV sodium solution to raise the sodium levels in your blood. This often requires a stay in the hospital.
- **Medications.** You may take medications to manage the signs and symptoms of hyponatremia, such as headache, nausea and seizures.

The following measures may help you prevent hyponatremia:

- **Treat associated conditions.** Getting treatment for conditions that contribute to hyponatremia, such as adrenal gland insufficiency, can help prevent low blood sodium.
- **Educate yourself.** If you have a medical condition that increases your risk of hyponatremia or you take diuretic medications, be aware of the signs and symptoms of low blood sodium. Always talk with your doctor about the risks of a new medication.
- **Take precautions during high-intensity activities.** Athletes should drink only as much fluid as they lose due to sweating during a race. Thirst is generally a good guide to how much water or other fluids you need.
- **Consider drinking sports beverages during demanding activities.** Ask your doctor about replacing water with sports beverages that contain electrolytes when participating in endurance events such as marathons, triathlons and other demanding activities.
- **Drink water in moderation.** Drinking water is vital for your health, so make sure you drink enough fluids. But don't overdo it. Thirst and the color of your urine are usually the best indications of how much water you need. If you're not thirsty and your urine is pale yellow, you are likely getting enough water.

References

1. Papadakis MA, ed., et al. Current Medical Diagnosis & Treatment 2014. 53rd ed. New York, N.Y.: The McGraw-Hill Companies; 2014. http://www.accessmedicine.com/resourceTOC.aspx?resourceID=1. Accessed March 11, 2014.
2. Spasovski G. Clinical practice guideline on diagnosis and treatment of hyponatraemia. Nephrology Dialysis Transplantation. 2014; 29(suppl):i1.
3. Longo DL, et al. Harrison's Online. 18th ed. New York, N.Y.: The McGraw-Hill Companies; 2012. http://www.accessmedicine.com/resourceTOC.aspx?resourceID=4. Accessed March 11, 2014.
4. Hyponatremia. The Merck Manuals: The Merck Manual for Health Care Professionals. http://www.merckmanuals.com/professional/endocrine_and_metabolic_disorders/electrolyte_disorders/hyponatremia.html. Accessed March 14, 2014.
5. Sodium, serum. Mayo Medical Laboratories. http://www.mayomedicallaboratories.com/test-catalog/Clinical+and+Interpretive/81692. Accessed March 15, 2014.
6. Sterns RH. Causes of hyponatremia in adults. http://www.uptodate.com/home. Accessed March 11, 2014.
7. Bennett BL, et al. Wilderness medical society practice guidelines for treatment of exercise-associated hyponatremia. Wilderness & Environmental Medicine. 2013;24:228.

May 28, 2014

Original article: http://www.mayoclinic.org/diseases-conditions/hyponatremia/basics/symptoms/con-20031445

Any use of this site constitutes your agreement to the Terms and Conditions and Privacy Policy linked below.

Terms and Conditions
Privacy Policy
Notice of Privacy Practices

Mayo Clinic is a not-for-profit organization and proceeds from Web advertising help support our mission. Mayo Clinic does not endorse any of the third party products and services advertised.

Advertising and sponsorship policy
Advertising and sponsorship opportunities

A single copy of these materials may be reprinted for noncommercial personal use only. "Mayo," "Mayo Clinic," "MayoClinic.org," "Mayo Clinic Healthy Living," and the triple-shield Mayo Clinic logo are trademarks of Mayo Foundation for Medical Education and Research.

© 1998-2016 Mayo Foundation for Medical Education and Research. All rights reserved.

MAYO CLINIC

Diseases and Conditions

Liver disease

By Mayo Clinic Staff

The liver is an organ about the size of a football that sits just under your rib cage on the right side of your abdomen. The liver is essential for digesting food and ridding your body of toxic substances.

Liver disease can be inherited (genetic) or caused by a variety of factors that damage the liver, such as viruses and alcohol use. Obesity is also associated with liver damage. Over time, damage to the liver results in scarring (cirrhosis), which can lead to liver failure, a life-threatening condition.

Signs and symptoms of liver disease include:

- Skin and eyes that appear yellowish (jaundice)
- Abdominal pain and swelling
- Swelling in the legs and ankles
- Itchy skin
- Dark urine color
- Pale stool color, or bloody or tar-colored stool
- Chronic fatigue
- Nausea or vomiting
- Loss of appetite
- Tendency to bruise easily

When to see a doctor

Make an appointment with your doctor if you have any persistent signs or symptoms that worry you. Seek immediate medical attention if you have abdominal pain that is so severe that you can't stay still.

Liver disease has many causes.

Infection

Parasites and viruses can infect the liver, causing inflammation and that reduces liver function. The viruses that cause liver damage can be spread through blood or semen, contaminated food or water, or close contact with a person who is infected. The most common types of liver infection are hepatitis viruses, including:

- Hepatitis A
- Hepatitis B
- Hepatitis C

Immune system abnormality

Diseases in which your immune system attacks certain parts of your body (autoimmune) can affect your liver. Examples of autoimmune liver diseases include:

- Autoimmune hepatitis
- Primary biliary cirrhosis
- Primary sclerosing cholangitis

Genetics

An abnormal gene inherited from one or both of your parents can cause various substances to build up in your liver, resulting in liver damage. Genetic liver diseases include:

- Hemochromatosis
- Hyperoxaluria and oxalosis
- Wilson's disease

Cancer and other growths

Examples include:

- Liver cancer
- Bile duct cancer
- Liver adenoma

Other

Additional, common causes of liver disease include:

- Chronic alcohol abuse
- Fat accumulating in the liver (nonalcoholic fatty liver disease)

Factors that may increase your risk of liver disease include:

- Heavy alcohol use
- Injecting drugs using shared needles
- Tattoos or body piercings
- Blood transfusion before 1992
- Exposure to other people's blood and body fluids
- Unprotected sex
- Exposure to certain chemicals or toxins
- Diabetes
- Obesity
- High levels of triglycerides in your blood

Complications of liver disease vary, depending on the cause of your liver problems. Untreated liver disease may progress to liver failure, a life-threatening condition.

You may be referred to a doctor who specializes in the liver (hepatologist).

What you can do

- **Be aware of any pre-appointment restrictions,** such as not eating solid food on the day before your appointment.
- **Write down your symptoms,** including any that may seem unrelated to the reason why you scheduled the appointment.
- **Make a list of all your medications,** vitamins and supplements.
- **Write down your key medical information,** including other conditions.
- **Write down key personal information,** including any recent changes or stressors in your life.
- **Ask a relative or friend to accompany you,** to help you remember what the doctor says.
- **Write down questions to ask** your doctor.

Questions to ask your doctor

- What's the most likely cause of my symptoms?
- What kinds of tests do I need? Do these tests require any special preparation?

- Are my liver problems likely temporary or chronic?
- What treatments are available?
- Should I stop taking certain medications or supplements?
- Should I avoid alcohol?
- I have other health conditions. How can I best manage these conditions together?

In addition to the questions that you've prepared to ask your doctor, don't hesitate to ask other questions during your appointment.

What to expect from your doctor

Your doctor is likely to ask you a number of questions. Being ready to answer them may make time to go over points you want to spend more time on. You may be asked:

- When did you first begin experiencing symptoms, and how severe are they? Have your symptoms been continuous or occasional?
- What, if anything, seems to improve or worsen your symptoms?
- Have you had a fever?
- Have you ever had your skin or eyes turn yellow?
- What medications and supplements do you take?
- How many days of the week do you drink alcohol? Do you have any tattoos?
- Does your job involve exposure to chemicals, blood or body fluids?
- Have you ever had a blood transfusion?
- Have you been told that you have had liver problems before?
- Has anyone in your family ever been diagnosed with liver disease?

Finding the cause and extent of liver damage is important in guiding treatment.

Your doctor is likely to start with a health history and thorough physical examination. Your doctor may then recommend:

- **Blood tests.** A group of blood tests called liver function tests can be used to diagnose liver disease. Other blood tests can be done to look for specific liver problems or genetic conditions.
- **Imaging tests.** CT scan, MRI and ultrasound can show liver damage.
- **Tissue analysis.** Removing a tissue sample (biopsy) from your liver may help diagnose liver disease. Liver biopsy is most often done using a long needle inserted through the skin to extract a tissue sample. It is then analyzed in a laboratory.

Treatment for liver disease depends on your diagnosis. Some liver problems can be treated with lifestyle modifications, such as stopping alcohol use or losing weight, typically as part of a medical program that includes careful monitoring of liver function. Other liver problems may be treated with medications or may require surgery.

Treatment for liver disease that causes liver failure may ultimately require a liver transplant.

No alternative medicine therapies have been proved to treat liver disease. Some studies — notably of Chinese herbal medicine treatments for clearance of hepatitis B virus — have indicated benefits. But the quality of these research studies has been questioned.

On the other hand, some herbal supplements used as alternative medicine treatments can harm your liver. More than a thousand medications and herbal products have been associated with liver damage, including:

- Jin bu huan
- Ma-huang
- Germander
- Valerian
- Mistletoe
- Skullcap
- Chaparral
- Comfrey
- Kava
- Pennyroyal oil

To protect your liver, it's important to talk to your doctor about the potential risks before you take any complementary or alternative medicines.

To prevent liver disease:

- **Drink alcohol in moderation.** For healthy adults, that means up to one drink a day for women of all ages and men older than age 65, and up to two drinks a day for men age 65 and younger. Heavy or high-risk drinking is defined as more than three drinks on any day or more than seven drinks a week for women and for men older than age 65, and more than four drinks on any day or more than 14 drinks a week for men age 65 and younger.
- **Avoid risky behavior.** Get help if you use illicit intravenous drugs, and don't share needles used to inject drugs. Use a condom during sex. If you choose to have tattoos or body piercings, be picky about cleanliness and safety when selecting a shop.

- **Get vaccinated.** If you're at increased risk of contracting hepatitis or if you've already been infected with any form of the hepatitis virus, talk to your doctor about getting the hepatitis A and hepatitis B vaccines.
- **Use medications wisely.** Take prescription and nonprescription drugs only when needed and only in recommended doses. Don't mix medications and alcohol. Talk to your doctor before mixing herbal supplements or prescription or nonprescription drugs.
- **Avoid contact with other people's blood and body fluids.** Hepatitis viruses can be spread by accidental needle sticks or improper cleanup of blood or body fluids.
- **Take care with aerosol sprays.** Make sure the room is ventilated, and wear a mask when spraying insecticides, fungicides, paint and other toxic chemicals. Always follow the manufacturer's instructions.
- **Protect your skin.** When using insecticides and other toxic chemicals, wear gloves, long sleeves, a hat and a mask.
- **Maintain a healthy weight.** Obesity can cause nonalcoholic fatty liver disease.

References

1. Curry MP, et al. Hepatomegaly: Differential diagnosis and evaluation. http://www.uptodate.com/home. Accessed March 25, 2014.
2. Goldman L, et al. Goldman's Cecil Medicine. 24th ed. Philadelphia, Pa.: Saunders Elsevier; 2012. http://www.clinicalkey.com. Accessed March 25, 2014.
3. AskMayoExpert. When should cirrhosis be suspected? Rochester, Minn.: Mayo Foundation for Medical Education and Research; 2013.
4. Friedman LS. Approach to the patient with abnormal liver biochemical and function tests. http://www.uptodate.com/home. Accessed March 25, 2014.
5. Woreta TA, et al. Evaluation of abnormal liver tests. Medical Clinics of North America. 2014;98:1.
6. AskMayoExpert. What is magnetic resonance elastography (MRE) and what are the indications for an MRE examination? Rochester, Minn.: Mayo Foundation for Medical Education and Research; 2013.
7. Feldman M, et al. Sleisenger & Fordtran's Gastrointestinal and Liver Disease: Pathophysiology, Diagnosis, Management. 9th ed. Philadelphia, Pa.: Saunders Elsevier; 2010. http://www.clinicalkey.com. Accessed March 25, 2014.
8. Larson AM. Hepatotoxicity due to herbal medications and dietary supplements. http://www.uptodate.com/home. Accessed March 25, 2014.
9. Viral hepatitis: A through E and beyond. National Institute of Diabetes and Digestive and Kidney Diseases. http://digestive.niddk.nih.gov/ddiseases/pubs/viralhepatitis/index.aspx. Accessed March 25, 2014.

July 15, 2014

Original article: http://www.mayoclinic.org/diseases-conditions/liver-problems/basics/symptoms/con-20025300

Any use of this site constitutes your agreement to the Terms and Conditions and Privacy Policy linked below.

Terms and Conditions
Privacy Policy
Notice of Privacy Practices

Mayo Clinic is a not-for-profit organization and proceeds from Web advertising help support our mission. Mayo Clinic does not endorse any of the third party products and services advertised.

Advertising and sponsorship policy
Advertising and sponsorship opportunities

A single copy of these materials may be reprinted for noncommercial personal use only. "Mayo," "Mayo Clinic," "MayoClinic.org," "Mayo Clinic Healthy Living," and the triple-shield Mayo Clinic logo are trademarks of Mayo Foundation for Medical Education and Research.

© 1998-2016 Mayo Foundation for Medical Education and Research. All rights reserved.

American Journal of Emergency Medicine 34 (2016) 582–585

Contents lists available at ScienceDirect

American Journal of Emergency Medicine

journal homepage: www.elsevier.com/locate/ajem

Brief Report

Is there such a thing as a mechanical fall?☆

Jiraporn Sri-on, MD [a,b,*,1], Gregory Philip Tirrell, BS [a], Lewis A. Lipsitz, MD [c,d], Shan Woo Liu, MD, SD [a]

[a] Emergency Department, Massachusetts General Hospital, Boston, MA 02114, USA
[b] Emergency Department, Vajira Hospital, Navamindradhiraj University, Bangkok, Thailand, 10300
[c] Hebrew Senior Life, Institute for Aging Research, Boston, MA, USA
[d] Beth Israel Deaconess Medical Center, Harvard Medical School, Boston, MA, 02215, USA

ARTICLE INFO

Article history:
Received 8 August 2015
Received in revised form 2 December 2015
Accepted 8 December 2015

ABSTRACT

Objectives: The term *mechanical falls* is commonly used in the emergency department (ED), yet its definition and clinical implications are not established. It may be used to attribute falls to extrinsic factors in the environment exonerating clinicians from conducting a thorough assessment of the fall's underlying intrinsic causes. We conducted this study to determine how clinicians assess "mechanical" and "nonmechanical" falls; we explored conditions, fall evaluation, and outcomes associated with these diagnoses.

Methods: This study was a secondary analysis of a retrospective study at 1 urban ED. Data were obtained from medical records of patients aged 65 years and older who presented to the ED for a fall. We compared the associated conditions/causes, the ED fall evaluation, mortality, ED revisits, subsequent hospitalizations, and recurrent falls between the 2 terms.

Results: We had a sample size of 350 patients: 218 (62.3%) with "mechanical falls" and 132 (37.7%) with nonmechanical falls. There was little difference among associated conditions between the 2 fall labels other than mechanical falls had more associated environmental causes but fewer syncope causes. However, more than a quarter of nonmechanical falls had associated environmental factors as well. Similarly, there was little difference in the fall evaluation, ED revisit rates, recurrent falls, subsequent hospitalizations, and death between the 2 groups.

Conclusions: The term *mechanical fall* is unclear, inconsistently used, and not associated with a discrete fall evaluation and does not predict outcomes. We propose eliminating the term because it inaccurately implies that a benign etiology for an older person's fall exists.

© 2015 Elsevier Inc. All rights reserved.

1. Introduction

The term *mechanical falls* has become commonly used in emergency departments (EDs), yet its definition and clinical implications have not been established. It may be used to attribute falls to extrinsic factors in the environment and excuse clinicians from conducting a thorough assessment of underlying intrinsic causes in the patient. Given that a third of older adults in the United States fall annually and 2.3 million nonfatal falls were treated in EDs in 2010 [1], a figure that is likely to increase as the elderly population grows [2], it is important to understand what is often termed *mechanical falls* in the ED.

The term *mechanical fall* is not well defined in academic research, and it is open to interpretation what differentiates a mechanical from a nonmechanical fall [3,4]. The term implies that an external mechanical force or object caused the fall. Although more than 25% of community-dwelling older adults have falls related to slipping, tripping, or stumbling [5,6], external factors are seldom the sole cause of an elderly patient's fall. In almost all cases, patients' comorbidities and health status are involved: a younger person in the same environment probably would not have fallen. Because elderly fall patients are at high risk for recurrent falls [7,8], evaluation of fall patients should determine modifiable fall risk factors. We hypothesized that the use of the term *mechanical fall* may lead to a less thorough evaluation of the elderly fall and may not adequately assess elderly fall etiology.

We conducted this secondary analysis of a retrospective study to determine what ED clinicians do to assess what they call "mechanical" and "nonmechanical" falls; we explored what conditions or pathologies ED clinicians attribute to these labels, whether the labels led to a specific fall evaluation approach, and what outcomes are associated with these diagnoses.

☆ Funded by the Hartford Foundation's Center of Excellence.

* Corresponding author at: Emergency Department, Vajira Hospital, Navamindradhiraj University, 681 Samsen Road, Dusit District, Bangkok, Thailand, 10300. Tel.: +66 896840010.
E-mail addresses: Jiraporn.rew@gmail.com (J. Sri-on), gregt89@yahoo.com (G.P. Tirrell), lipsitz@hls.harvard.edu (L.A. Lipsitz), SLIU1@mgh.harvard.edu (S.W. Liu).
[1] Please contact: Jiraporn.rew@gmail.com with any questions or concerns.

http://dx.doi.org/10.1016/j.ajem.2015.12.009
0735-6757/© 2015 Elsevier Inc. All rights reserved.

D 0835

P984

2. Methods

2.1. Study setting

This "mechanical fall" study was a secondary analysis of a retrospective study that described the evaluation of ED fall patients presenting to 1 urban, level 1 trauma center, academic hospital ED [9].

2.2. Study population

We included patients aged 65 years and older who presented to the ED for a fall from January 1, 2012, through December 31, 2012, who had been assigned an *International Classification of Diseases, Ninth Revision*, "E" code of a fall (E880-E886 and E888) and had visited a primary care physician affiliated within the hospital's network in the past 3 years. We excluded patients who were transferred from other hospitals to reduce the potential of missing study data.

2.3. Data collection

We adapted our data collection form from the recommendations of the American Geriatrics Society/British Geriatrics Society Clinical Practice Guideline for Prevention of Falls in Older Persons 2010 [10] and the Geriatric Emergency Department (GED) Guideline [11]. Details of the adaption have been described elsewhere [9].

One emergency physician and 1 research assistant performed the data abstraction. We met once a week to clarify terms and discuss the progression of data collection. The study's principal investigator (SL) supervised data collection and monitored the quality of data abstraction. We randomly sampled 5% of 350 patient's charts to test for interrater agreement using Cohen κ coefficient.

There is no standard definition for what constitutes a "mechanical fall." "Mechanical fall" is a subjective term which is often associated with a slip or trip leading to a fall. We did not define "mechanical fall" ourselves; rather, we recorded the number of falls which were described as a "mechanical fall" by clinicians (ED residents and/or ED attending) in the patients' electronic charts.

2.4. Outcomes

We first examined conditions/factors associated with mechanical vs nonmechanical falls. The categories for conditions associated with the fall were taken from the practice guideline of Baraff et al for elder falls [12]. Data for such conditions/factors were taken from the history of the present illness section of the clinician note.

We then explored whether patients labeled as having a mechanical fall vs patients who were not described as having had a mechanical fall had discrete ED evaluations. We examined the ED evaluation of elderly fall patients in 4 categories: (1) history, (2) physical examination (PE), (3) diagnostic evaluation, and (4) safety assessment. Key history elements consisted of factors associated with falls as identified by the GED Guideline [11] and included the location of fall, comorbidities and other health problems, fall history, loss of consciousness or alteration of mental status immediately before or after the fall, activities of daily living, alcohol consumption, and certain medications. Key elements of the PE included an examination of gait, balance, foot problems, orthostatic hypotension, muscle strength, and cognition. Key elements of the diagnostic evaluation include complete blood count, electrolyte panel, electrocardiogram (ECG), x-ray, and computed tomography (CT). Finally, key elements of the safety assessment before discharge are a get-up and go test (a test for assessing physical mobility) [13] in the ED and a physical therapy (PT) evaluation (gait, balance, and muscle strength) before disposition from ED. Finally, we explored whether mechanical vs nonmechanical labels predicted follow-up events, 30-day and 6-month mortality, frequency of ED revisits, subsequent hospitalizations, and recurrent falls.

2.5. Data analysis

We compared differences in associated conditions/factors of the fall, evaluation, and follow-up events between mechanical- and nonmechanical-labeled patients. Proportions were presented for categorical data and compared using χ^2 or Fisher exact test. Continuous data were presented as means with SDs if normally distributed and medians with interquartile ranges (IQRs) if nonnormally distributed; a t test was used to compare data if normally distributed and Wilcoxon rank sum test was used for nonnormal data. We analyzed all data using STATA software (version 13.0).

3. Results

A total of 450 patients were eligible for inclusion in this study. One hundred were excluded: 40 because they were improperly assigned an *International Classification of Diseases, Ninth Revision*, code; 29 because they were transferred from other hospitals; 22 because they revisited for the same fall; 8 because they were duplicate charts; and 1 because the chart was inaccessible due to legal reasons. Our final analysis was based on 350 patients. In terms of reliability of chart review, the κ value was 0.84 (95% confidence interval, 0.67-1.00).

Two hundred eighteen patients (62.3%) had what was described as a mechanical fall, and 132 patients (37.7%) had nonmechanical falls. Mechanical and nonmechanical falls were similar in terms of age, sex, race/ethnicity, primary insurance, residence, and Charlson comorbidity index score (Table 1).

Overall, there was no clear discrete difference in the associated conditions between the 2 fall labels other than mechanical falls had more associated environmental factors than nonmechanical falls (57.3% vs 28.8%; $P < .01$) but fewer syncope causes (0.9% vs 12.9%; $P < .01$). However, more than a quarter of nonmechanical falls also had associated environmental factors. Mechanical fall patients fell indoors less frequently than nonmechanical fall patients (54.1% vs 70.4%; $P < .01$) and had fall location recorded less frequently (22.9% vs 13.6%; $P = .03$). Mechanical fall patients lost consciousness or had an altered mental state less frequently than nonmechanical fall patients (4.6% vs 25.0%; $P < .01$) and also had a lower rate of dementia (9.6% vs 18.9%; $P = .01$).

Table 1
Demographic data between mechanical and nonmechanical fall patients

Variable	Mechanical, n = 218 (%)	Nonmechanical, n = 132 (%)	P
Age, mean ± SD	80.5 (8.9)	79.3 (8.4)	.20
Sex (male), n (%)	145 (66.5)	80 (60.6)	.26
Race/ethnicity, n (%)			
White	201 (92.2)	126 (95.5)	.23
Black	6 (2.7)	4 (3.0)	1.00
Hispanic	4 (1.8)	0 (0)	.30
Asian	8 (3.7)	2 (1.5)	.24
Other	1 (0.5)	0 (0)	1.00
Primary insurance, n (%)			.08
Medicare	191 (87.6)	143 (85.6)	
Commercial	14 (6.4)	14 (10.6)	
Company	7 (3.2)	0	
Welfare	0 (0)	1 (0.8)	
Self-pay	5 (2.3)	4 (3.0)	
Other	1 (0.5)	0	
Residence, n (%)			.68
Home with relative(s)	77 (35.3)	39 (29.5)	
Home alone	106 (48.6)	76 (57.6)	
Assisted living	28 (12.8)	15 (11.3)	
Skilled rehab facility	4 (1.8)	1 (0.8)	
Acute rehab facility	1 (0.5)	0	
Homeless	1 (0.5)	0	
Unknown	0	1 (0.8)	
Charlson comorbidity index, mean (SD)	6.8 (3.0)	6.6 (2.9)	.49
ED length of stay, median (IQR), h	5 (3-7)	5 (4-8)	.01
Hospital length of stay, median (IQR), d	3 (1-5)	2 (1-4)	.12

D 0836

Overall, there was no difference between the frequencies of recorded recommended PE between patients termed mechanical vs nonmechanical fall (Table 2). Emergency department clinicians examined gait, balance, orthostatic hypotension, and foot problems in less than a quarter of all elderly fall patients.

More than half of all elderly fall patients had some diagnostic investigation. Although the rate at which ECGs and CTs were performed for mechanical fall patients was less than for nonmechanical fall patients, there were no differences in the number of patients with abnormal ECGs (ECG abnormalities [11.6% vs 5.2%; $P = .23$] or CT abnormalities [40.4% vs 31.3%; $P = .20$]). The most common ECG abnormality that we found was atrial fibrillation (6/11 [54.5%]). Few elderly fall patients had a PT evaluation or performed the get-up and go test before disposition from the ED (Table 2).

In terms of disposition and short- and long-term outcomes, the ED disposition of patients was similar in terms of discharge to place of preadmission residence, admission to the hospital, and admission to the observation unit. There were similar ED revisit rates, recurrent falls, subsequent hospitalizations, and death between mechanical and nonmechanical fall patients (Table 3).

Table 2
The conditions/associated factors of fall and the key evaluation elements among mechanical and nonmechanical older adult ED fall patients

	Mechanical, n = 218 (%)	Nonmechanical, n = 132 (%)	P
Conditions/associated factors of fall			
Environment	125 (57.3)	38 (28.8)	<.01
Poor light source	7 (3.2)	0	.05
Uneven or slippery surfaces	77 (35.3)	22 (16.7)	<.01
Loose rugs	13 (6.0)	2 (1.5)	.06
Steep stairs	10 (4.6)	3 (2.3)	.39
Objects in pathway	12 (5.5)	7 (5.3)	.94
Lack of handrails	4 (1.8)	1 (0.8)	.65
Inappropriate furniture	5 (2.3)	2 (1.5)	.72
Aging/functional decline	59 (27.0)	44 (33.3)	.21
Weakness	12 (5.5)	14 (10.6)	.08
Poor balance	48 (22.2)	33 (25.0)	.52
Vision impairment	2 (0.9)	0	.53
Syncope and presyncope	2 (0.9)	17 (12.9)	<.01
Other medical problems	4 (1.8)	9 (6.8)	.02
Delirium	3 (1.4)	6 (4.6)	.09
Foot and footwear problem	4 (1.8)	1 (0.8)	.65
Unclear	38 (17.4)	39 (29.6)	<.01
History key elements			
Indoor	118 (54.1)	93 (70.4)	.01
Outdoor	50 (22.9)	21 (15.9)	.01
Not recorded	50 (22.9)	18 (13.6)	.03
Fall history asked about	60 (27.5)	57 (43.2)	<.01
Loss of consciousness/Altered mental status	10 (4.6)	33 (25.0)	<.01
Alcohol use	42 (19.3)	26 (19.7)	.92
Polypharmacy (≥5 medications), n (%)	151 (71.6)	95 (71.9)	.93
Independence with ADLs	90/115 (78.3)	47/73 (64.4)	.04
Dementia	21 (9.6)	25 (18.9)	.01
Prior hip fracture	18 (8.2)	7 (5.3)	.29
Physical examination key elements			
Gait and/or balance evaluation	35 (16.1)	25 (18.9)	.49
Orthostatic evaluation	22 (10.1)	21 (15.9)	.11
Cognitive assessment (orientation to time, place, person)	216 (99.1)	130 (99.5)	.61
Muscle strength test	132 (60.5)	67 (50.8)	.07
Foot problem evaluation	3 (1.4)	2 (1.5)	.08
Investigation evaluation			
Complete blood count	116 (53.2)	83 (62.9)	.07
Electrolyte panel	116 (53.2)	83 (62.9)	.07
ECG, n = 127	69 (31.6)	58 (43.9)	.02
New ECG abnormalities, n = 11	8 (11.6)	3 (5.2)	.23
Atrial fibrillation	5 (7.2)	1 (1.7)	.24
Sinus bradycardia	2 (2.9)	1 (1.7)	1.00
ST abnormality	1 (1.5)	1 (1.7)	1.00
X-ray, n = 275	178 (81.7)	97 (73.5)	.07
CT, n = 184	104 (47.7)	80 (60.6)	.02
CT abnormality, n = 67	42 (40.4)	25 (31.3)	.20
Head CT abnormality, n = 56	33 (31.7)	23 (28.8)	.66
Soft tissue injury	17 (16.4)	8 (10.0)	.21
Fracture	10 (9.6)	5 (6.3)	.41
Subarachnoid hemorrhage	1 (1.0)	5 (6.3)	.09
Subdural hematoma	1 (1.0)	4 (5.0)	.17
Cerebral hemorrhage	1 (1.0)	0	1.00
Cerebral contusion	1 (1.0)	0	1.00
Safety assessment before ED disposition			
Get-up and go test	8 (3.7)	0	.08
Patients have PT evaluation	26 (11.9)	20 (15.2)	.39

Abbreviation: ADLs, activities of daily living.

4. Discussion

Our exploration of the term *mechanical fall* revealed that mechanical vs nonmechanical falls are not clearly differentiated by the associated conditions/factors surrounding the fall nor do the terms guide a fall evaluation or predict outcomes.

The term *mechanical fall* implies that an external force (eg, environmental) caused the patient to fall and/or that there is no underlying pathology of concern and/or the patients did not pass out first. Our exploratory data show that these implications are often not true of falls which are described as mechanical in nature. Both mechanical and nonmechanical fall patients had high rates of worrisome causes, such as poor balance, and high rates of comorbidities associated with them. Furthermore, our study found that the term *mechanical fall* was not used consistently; a quarter of nonmechanical fall patients had an environmental cause for their fall.

Our study showed little overall difference between the fall evaluations of the 2 groups indicating labeling patients as having mechanical falls does not lead to a distinct evaluation approach. In some instances, the evaluation of mechanical fall patients was less comprehensive than the evaluation of nonmechanical fall patients. In our study, ED clinicians asked fewer mechanical fall patients about their fall history than they asked of nonmechanical fall patients. A history of previous falls is one of the most important key history items for elderly fall patients [6-8]. This information can help prevent future falls and substantial morbidity, and many studies have recommended asking elderly fall patients this key history element [6-8]. Evaluating a patient's fall risk factors is not any more or less applicable for elderly patients based on the cause of their fall. Mechanical falls may seem reassuring but are still a sign of potential decline.

For follow-up events, there were similar rates of ED revisits; subsequent hospitalization; recurrent falls; and death at 7 days, 30 days, and 6 months after discharge from the ED. More importantly, there

Table 3
The outcomes among mechanical fall and nonmechanical fall

ED disposition place	Mechanical fall, n = 218 (%)	Nonmechanical, n = 132 (%)	P
Discharge to place of preadmission residence, n = 187	120 (55.1)	67 (50.8)	.74
Transfer to hospital, n = 92	57 (26.2)	35 (26.5)	.94
Discharge to place of preadmission residence, n = 38	19 (33.3)	19 (55.9)	.04
Discharge to skill rehab facility, n = 53	38 (66.7)	15 (44.1)	.04
Institutionalization, n = 1	0	1 (2.9)	.90
Transfer to observation, n = 67	37 (16.9)	30 (22.7)	.19
Discharge to place of preadmission residence, n = 38	23 (62.2)	26 (86.7)	.02
Discharge to skill rehab facility	14 (37.8)	3 (17.7)	.02
Discharge to nursing home	0	1 (3.3)	
New nursing home, n = 4	4 (0.9)	0	.63
Revisit within 30 d	34 (15.6)	28 (21.2)	.18
Revisit within 6 mo	94 (43.1)	55 (41.7)	.79
Recurrent fall in 30 d	14 (6.4)	12 (9.1)	.36
Recurrent fall in 6 mo	45 (20.6)	34 (25.8)	.27
Subsequence hospitalization in 30 d	23 (10.6)	16 (12.1)	.65
Subsequence hospitalization in 6 mo	71 (32.7)	38 (28.8)	.46
Death within 30 d	1 (0.5)	1 (0.8)	1.00
Death within 6 mo	3 (1.4)	6 (4.6)	.07

D 0837

were very high rates of recurrent falls, ED revisits, and hospitalizations in the mechanical fall group, indicating that there is likely some underlying pathology in these so-called mechanical falls.

Our study shows that nothing distinguishes a mechanical fall from a nonmechanical fall. The terms *mechanical* and *nonmechanical* are not clearly defined. There are no particular conditions/etiologies associated with them, and there are no associated discrete, nonoverlapping evaluations of mechanical and nonmechanical fall patients. The terms also do not predict outcomes, suggesting that they are not useful. In past years, the terms *intrinsic* and *extrinsic* have been used to describe falls. However, it is clear now that falls are multifactorial. All fall patients need a thorough evaluation at least following GED guideline to determine the etiology of the fall to impact outcomes.

5. Limitations

This study was conducted at a single hospital. The results of this study may not be generalizable to EDs in other areas. Our sample size was relatively small. The number of patients with undesirable outcomes was limited. In addition, chart reviews are limited in their ability to accurately measure quality of care. There is a potential for missing data if the patients sought care outside our hospital's network. Causes of falls were based on ED charts and not some independent criterion standard evaluation. Finally, the rate of recurrent falls may be lower than the actual rate depending on how often patients reported these events to their health care provider.

6. Conclusion

In conclusion, our data show that the term *mechanical fall* is unclear and inconsistently used; the terms *mechanical* and *nonmechanical falls* overlap to a great extent and do not describe distinct entities, nor do they lead to a specific evaluation or predict outcomes. We propose eliminating the term *mechanical fall*. A fall, mechanical or not, is often a sentinel event leading to a decline in the older patient.

Acknowledgments

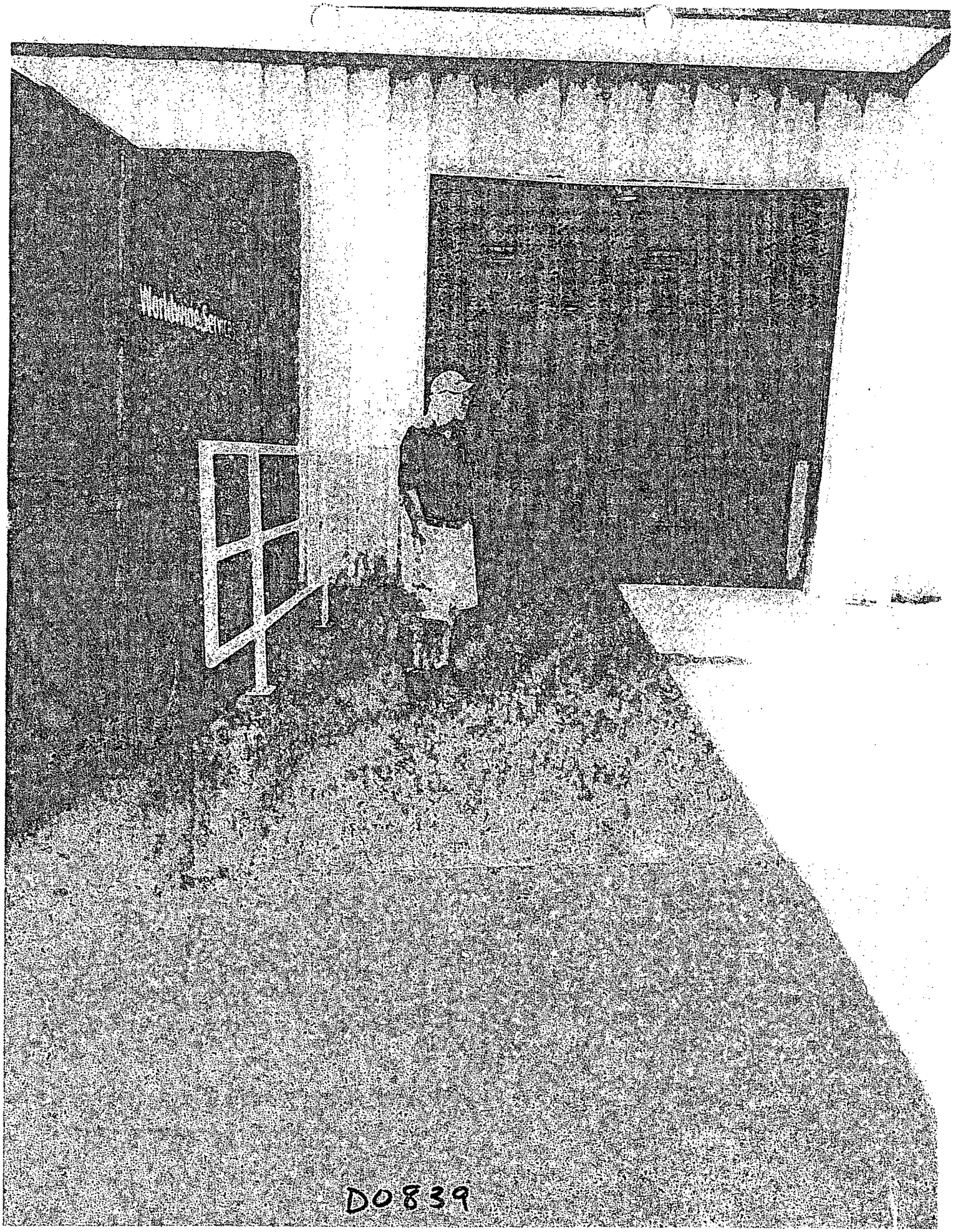
This study was funded by the Hartford Foundation's Center of Excellence.

http://dx.doi.org/10.1016/j.ajem.2015.12.009

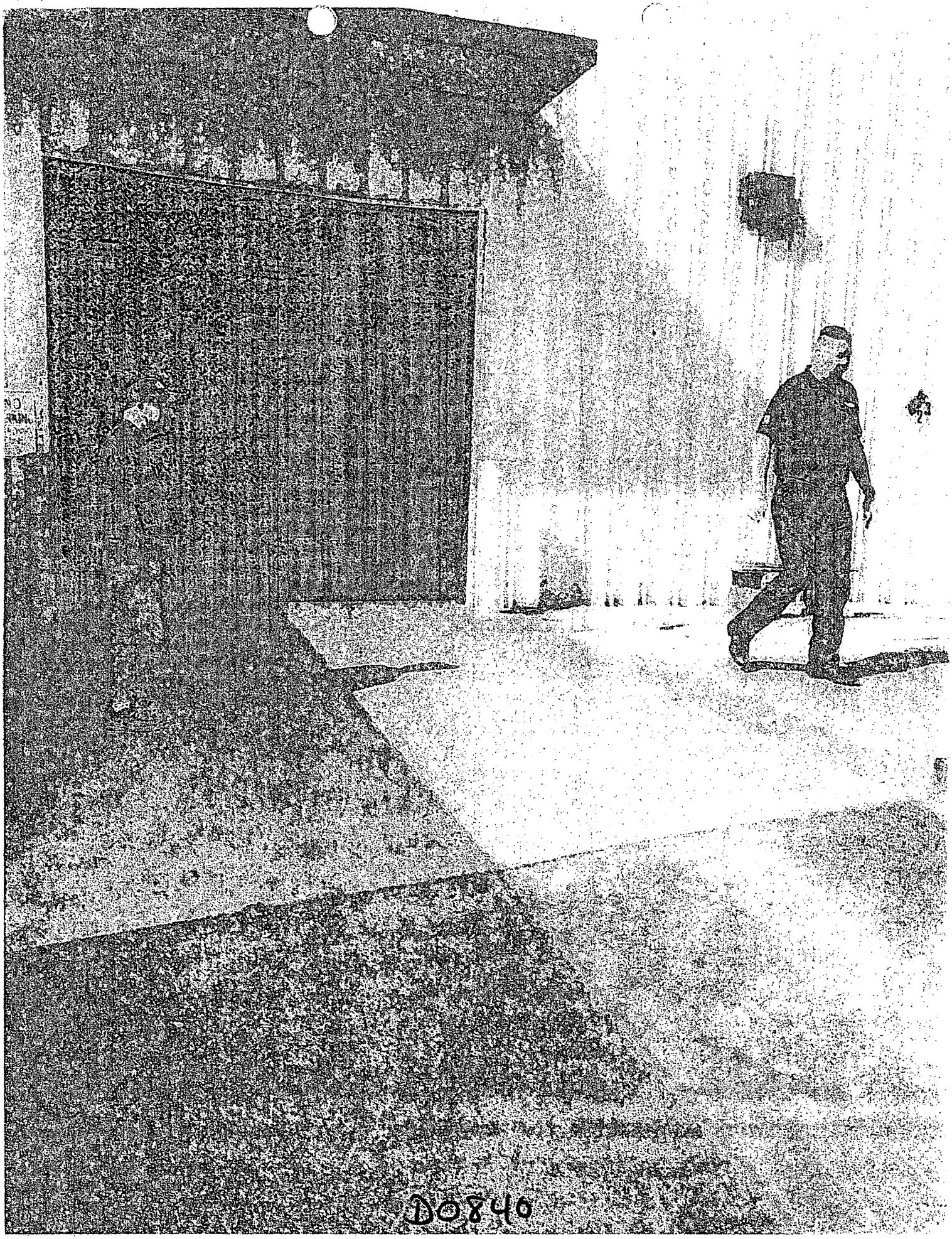
References

[1] Falls among older adults: an overview [Internet]. Atlanta: Centers for Disease Control and Prevention; 2015[[updated 2015 Mar 19; cited 2015 Mar 20] Available from: http://www.cdc.gov/HomeandRecreationalSafety/Falls/adultfalls.html].
[2] Orces CH, Alamgir H. Trends in fall-related injuries among older adults treated in emergency departments in the USA. Inj Prev 2014;20:421–3.
[3] Levine JM. The myth of the mechanical fall [Internet]. Available from: http://jmlevinemd.com/falls-in-elderly-persons/.
[4] Greenberg MR, Nguyen MC, Stello B, Goldberg AR, Barraco RD, Porter BG, et al. Mechanical fall: are patients willing to discuss their risk with a health care provider? J Emerg Med 2015;48(1):108–14.
[5] Close J, Ellis M, Hooper R, Glucksman E, Jackson S, Swift C. Prevention of falls in the elderly trial (PROFET): a randomised controlled trial. Lancet 1999;353:93–7.
[6] Carpenter CR, Scheatzle MD, D'Antonio JA, Ricci PT, Coben JH. Identification of fall risk factors in older adult emergency department patients. Acad Emerg Med 2009; 16:211–9.
[7] Tinetti ME, Speechley M, Ginter SF. Risk factors for falls among elderly persons living in the community. N Engl J Med 1988;319:1701–7.
[8] Graafmans WC, Ooms ME, Hofstee HM, Bezemer PD, Bouter LM, Lips P. Falls in the elderly: a prospective study of risk factors and risk profiles. Am J Epidemiol 1996; 143:1129–36.
[9] Tirrell GP, Sri-On J, Lipsitz LA, Camargo CA, Kabrhel C, Liu SW. Evaluation of older adult patients with falls in the emergency department: discordance with national guidelines. Acad Emerg Med 2015;22:461–7.
[10] Panel on Prevention of Falls in Older Persons, American Geriatrics Society and British Geriatrics Society. Summary of the Updated American Geriatrics Society/British Geriatrics Society Clinical Practice Guideline for Prevention of Falls in Older Persons. J Am Geriatr Soc 2011;59:148–57.
[11] American College of Emergency Physicians, American Geriatrics Society, Emergency Nurses Association, Society for Academic Emergency Medicine, Geriatric Emergency Department Guidelines Task Force. Geriatric Emergency Department Guidelines. [update 2013; cited 2015 Mar 20] Available from: http://www.saem.org/education/geriatric-ed-guidelines.
[12] Baraff LJ, Della Penna R, Williams N, Sanders A. Practice guideline for the ED management of falls in community-dwelling elderly persons. Ann Emerg Med 1997;30: 480–9.
[13] Mathias S, Nayak US, Isaacs B. Balance in elderly patients: the "get-up and go" test. Arch Phys Med Rehabil 1986;67:387–9.

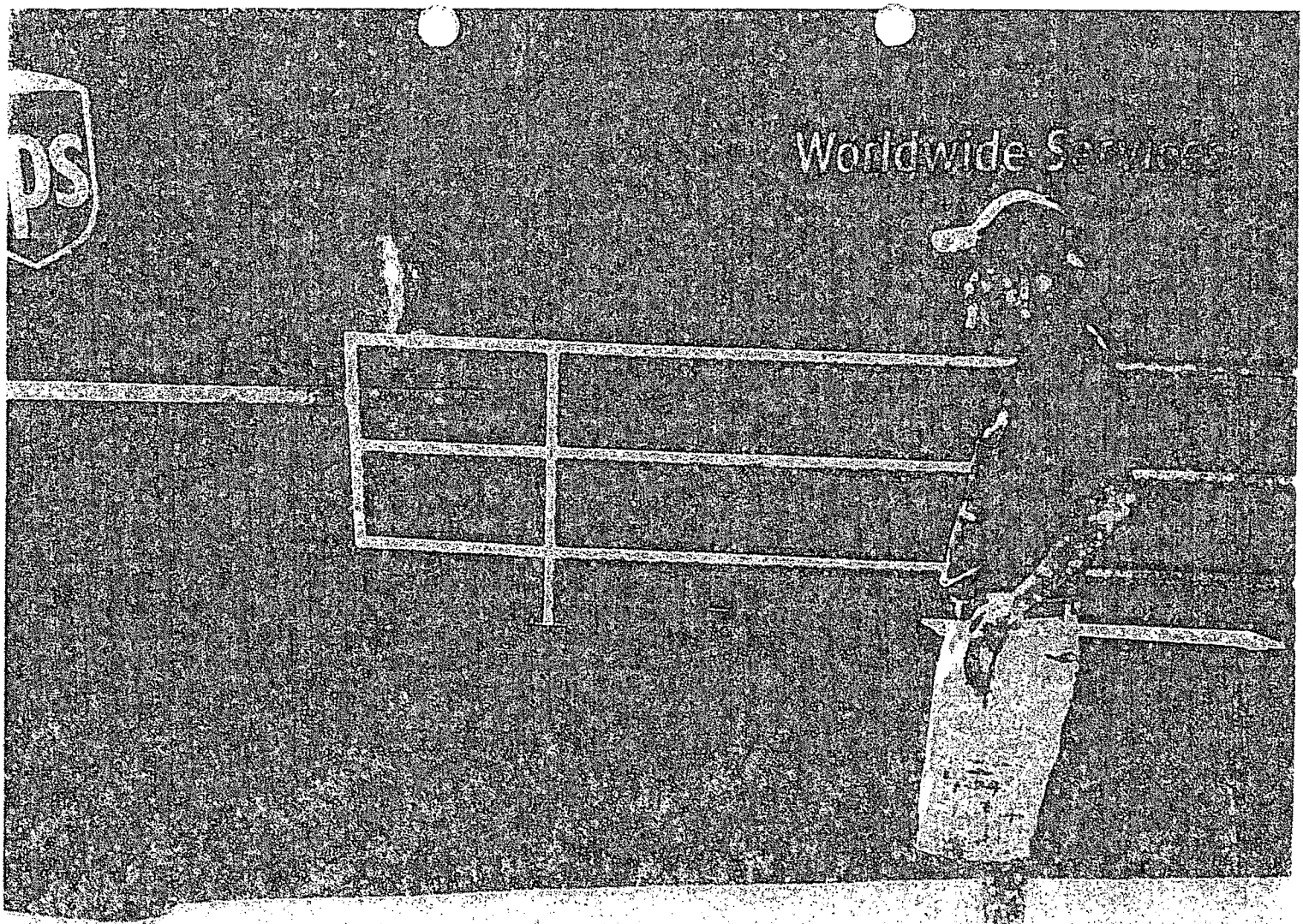
D 0838



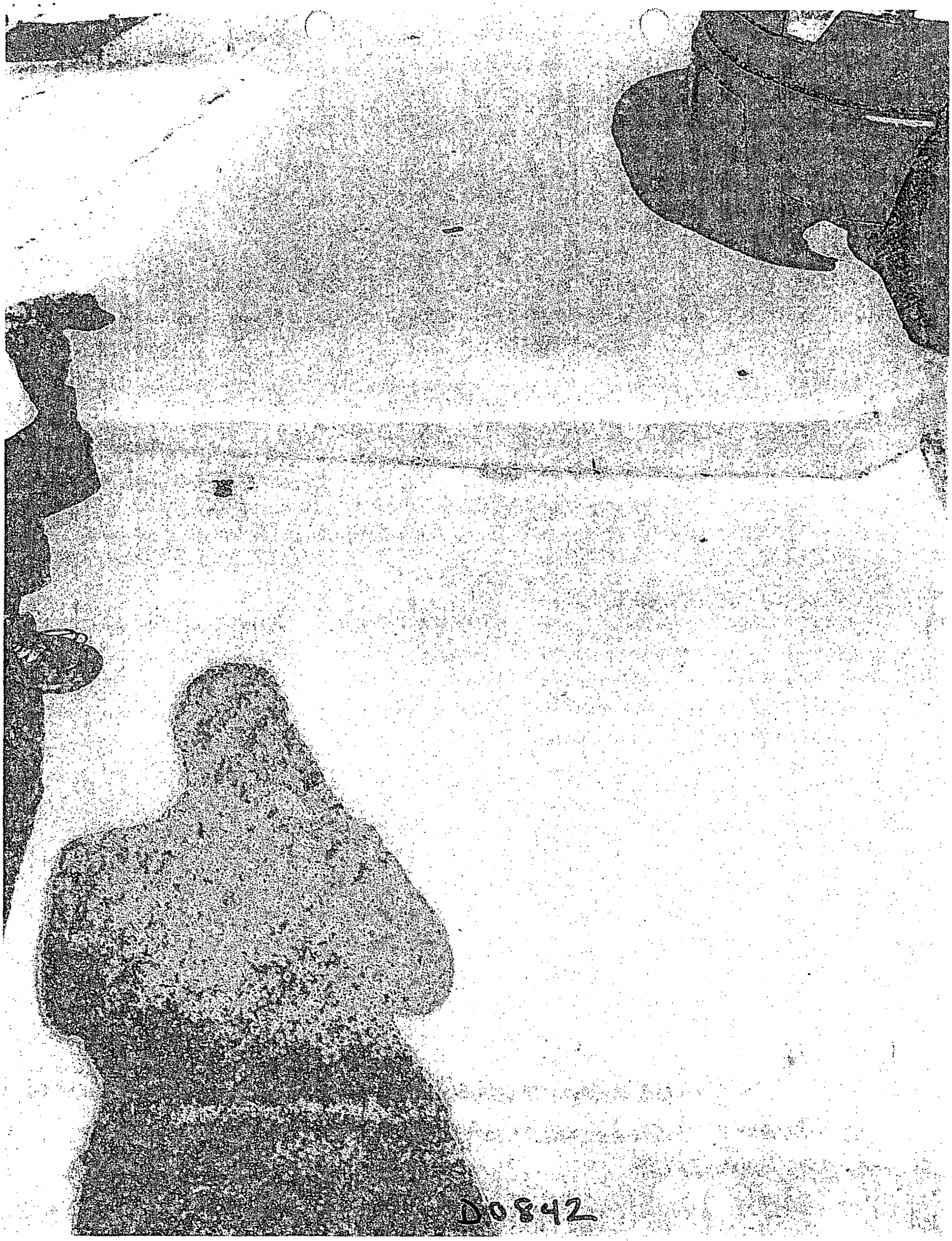
D0839



D0840



D0841


D0842

South Carolina Workers' Compensation Commission

1333 Main Street, Suite 500
P.O. BOX 1715
Columbia, SC 29202-1715
(803) 737-5723

WCC File #: 1501382
Carrier File #: 000714050164WC01
June 8, 2016

NOTICE OF HEARING

RESET

EDMUND DILLON v. FLEETPRIDE.

Subject: **To determine issues as set forth on Forms 52 and 53.**

Date: **August 30, 2016 at 01:00 PM**

Location: **SC Workers' Compensation Commission, 1333 Main Street, Suite 500, Hearing Room A**
Columbia, SC 29202

South Carolina Regulations 67-601 through 67-615 govern hearings before the South Carolina Workers' Compensation Commission. The claimant must attend when not represented by an attorney or when disfigurement is involved. Corporations must be represented by an attorney, and uninsured employers must attend.

Attorneys must file a Form 58 with proof of service pursuant to Regulation 67-611. Postponements are only granted pursuant to Regulation 67-613. Please visit www.wcc.sc.gov/Commissioners to view Commissioners' Preferences. If you have questions regarding this matter, please contact the office of the undersigned Jurisdictional Commissioner.

Commissioner Gene McCaskill
803-737-5663, klindler@wcc.sc.gov

CERTIFICATE OF SERVICE – This is to certify the undersigned has served this notice in the above entitled action upon all parties to this cause by sending a copy hereof by electronic mail or United States mail.

By: Kellie C Lindler, SC Workers' Compensation, June 8, 2016

Party	Attorney
Employee: EDMUND DILLON	Brian Dumas brian@briandumasattorney.com 803-699-4996
Dependent: April Dillon	Brian Dumas brian@briandumasattorney.com 803-699-4996
Employer: FLEETPRIDE. Carrier: American Zurich Insurance Co.	Cynthia C. Dooley cdooley@turnerpadget.com 803-227-4209