

**HISTORY AND PHYSICAL**

SKIN: Intact with no noted lesions.  
HEAD: Normocephalic and atraumatic.  
EYES: PERRLA. EOMI.  
EARS: Tympanic membranes are visible and intact.  
NOSE: The nares are patent bilaterally.  
THROAT: Mucosal membranes are well vascularized and moist. No erythema or injection noted.  
NECK: Supple. Trachea is midline. Carotids are strong and equal. No bruits appreciated. No masses were palpated at the time of examination.  
HEART: S1 and S2 sounds present with regular rate and rhythm. No murmur, rub, or gallop noted.  
CHEST: Symmetrical movement. Lungs are clear to auscultation and percussion throughout.  
ABDOMEN: Flat, normal bowel sounds in all four quadrants. No masses or organomegaly noted.  
BREASTS/GROIN/RECTAL AND GENITAL: Examinations were all deferred at this time.  
MUSCULOSKELETAL: The patient has good peripheral pulses. No clubbing, cyanosis, edema or varicosities noted in the periphery. The patient does have limited range of motion of the left knee. The patient is unable to flex or extend knee and needs to walk on crutches to ambulate. The patient is unable to bear weight.

**ASSESSMENT:**

- 1. Left patellar dislocation.
- 2. Arthritis bilateral knees.
- 3. Left rib mass on approximately the 10th left rib, on the anterior portion of the rib cage.
- 4. History of panic attacks.

PLAN: Tibial tubercle osteotomy and left knee patellar realignment on 3/09/2005 per Dr. Misna.



\_\_\_\_\_  
PREDRAG JEVTIC

/pv D.03/08/2005 14:45:00 T.03/08/2005 15:48:47  
Doc ID #: 4048817 Voice ID #: 3916026

**ST. JOSEPH REGIONAL MEDICAL CENTER**

DOCTOR: PREDRAG JEVTIC  
VISIT TYPE: C  
ROOM #: PAC

NAME: PARKS, LARRY E  
MRN: 778667  
DOB: 03/26/1957

DATE: 03/08/2005  
ACCT #: 71260192  
AGE: 47Y

**HISTORY AND PHYSICAL**

**GENERAL INFORMATION**

PMD Dr (None)

Informant  Patient  Involved Other(s) \_\_\_\_\_  Nursing Home  Medical Record  H&P  
 Other \_\_\_\_\_ How obtained:  In person  Phone  Other forms  
 Who can we share your health information with? Sheresa Relationship FIANCEE  no one  
 Reason for Admission Procedure: C. difficile infection w/ Tibial Tubercle Osteotomy & C. Kne Arthro Reimplant

**Discharge Planning:**

Are you going to need assistance at home after discharge?  No  Yes  
 With whom do you live?  Alone  Spouse  Significant Other  Family member Mother & Father  
 Will this person be assisting you after D/C?  No  Yes  
 if no, who will be involved in your care, education, and discharge planning?  
 Recent Home Health care services?  No  Yes  
 Method of transportation  Drive self  Family/Friend Transport company \_\_\_\_\_ Phone # for ride \_\_\_\_\_

**Communication Barriers:**

Language ENGLISH Name of Interpreter \_\_\_\_\_  Interpreter request  
 Visual deficit  Glasses  Contacts  Prosthesis  Blind Reading  
 Auditory Deficit  Deaf  Hard of Hearing  Hearing Aid:  R  L  
 Dentition:  Dentures ↓ ;  Partial ↓ ↑  Loose Teeth  Removable braces/dental appliances  
 Body Piercing(s) Ear

Ht \_\_\_\_\_ Wt 75.3  Kg  lbs  Stated  
6'5" Wt 167.5  Kg  lbs  Actual

**ALLERGIES:** Do you have any allergies/adverse drug reactions:  No  Yes (Circle) (Medication, food, latex, tape, dye)  
 Item/Reaction: \_\_\_\_\_ Item/Reaction: \_\_\_\_\_

**MEDICATIONS:**  NONE (Include name, dose, frequency, OTC, herbals and alternative meds)

Place "X" to indicate which medications taken the morning of procedures. Indicate last dose taken if patient was instructed to dc med.

Prescription/Non-Prescription	Dosage	Prescription/Non-Prescription	Dosage
<u>tylenol #3 7 Q10 (12hr)</u>			

Pt/Significant Other verbalizes understanding of medications?  No  Yes  
 Immunizations:  Adult: Tetanus (year) 2001  Unknown Last influenza vaccine: 2004  Pneumovax (year) none  
**PREVIOUS SURGERIES:**  None  Referred to PMD for F/U  
Chronic Arthroscopy (1979)

**ANESTHESIA:** Have you or a family member had any previous problems with anesthesia?  No  Yes  Self  Family member  
 if yes:  Local  Regional  General  Malignant Hyperthermia  N/V Describe: \_\_\_\_\_

		Interventions
<b>Educational Learning Needs</b>	Best way to learn: <input checked="" type="checkbox"/> Reading <input type="checkbox"/> Listening <input checked="" type="checkbox"/> Observation <input type="checkbox"/> Pictures <input type="checkbox"/> Video Special Educational needs/learning barriers _____ <input checked="" type="checkbox"/> None <input type="checkbox"/> Physical Impairment <input type="checkbox"/> Cognitive Limitation <input type="checkbox"/> Emotional Barriers <input type="checkbox"/> Pain/Discomfort <input type="checkbox"/> Lack of motivation <input type="checkbox"/> Communication Barrier <input type="checkbox"/> Limited reading ability <input type="checkbox"/> Unable to read If barriers present, alternative teaching methods to use _____	
<b>Safety and Abuse</b>	Safety/abuse: Do you feel safe in your home environment? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Have you been physically, emotionally, or verbally abused or threatened by someone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Apparent physical evidence of abuse or neglect? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Social Service referral
<b>Advanced Directives</b>	Advanced Directive: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A age 17 or less <input type="checkbox"/> POA <input type="checkbox"/> Living Will <input type="checkbox"/> Copy on Chart: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Patient instructed to bring in on day of service <input type="checkbox"/> Comments: _____	<input checked="" type="checkbox"/> Info on Advance Directives given/refused
<b>Spiritual Cultural</b>	No <input checked="" type="checkbox"/> Is there anything we can do to support your religious/spiritual/cultural beliefs while you are hospitalized? <input type="checkbox"/> Yes	<input type="checkbox"/> Spiritual Care Consult



- St. Francis Hospital
- St. Michael Hospital
- Embury Memorial Hospital
- St. Joseph Outpatient Center

**PARKS LARRY E**  
 DOB: 03/26/57 47Y SEX: M MR: 778657  
 MLSNA JACQUELINE S  
 ACCT# 71258136

Have you been treated or are you being treated for any of the following conditions or illnesses?

Neurological	No <input checked="" type="checkbox"/>	<input type="checkbox"/> Stroke/CVA <input type="checkbox"/> TIA <input type="checkbox"/> Dizziness/Fainting <input type="checkbox"/> Alzheimer/Dementia <input type="checkbox"/> Parkinson's <input type="checkbox"/> Migraines/HA <input type="checkbox"/> Seizure (last _____) <input type="checkbox"/> Other _____	
Cardiovascular	No <input checked="" type="checkbox"/>	<input type="checkbox"/> Heart Failure <input type="checkbox"/> CAD <input type="checkbox"/> cp/Angina <input type="checkbox"/> Valve <input type="checkbox"/> Mitral Valve Prolapse <input type="checkbox"/> Prophylaxis <input type="checkbox"/> Murmur <input type="checkbox"/> Irregular HR <input type="checkbox"/> HTN <input type="checkbox"/> Pacer (mfg. _____) <input type="checkbox"/> AICD (Settings) _____ <input checked="" type="checkbox"/> Cardiac Work-up <u>of cardiac workup</u> <input type="checkbox"/> MI (year _____) <input type="checkbox"/> Cardiomyopathy <input type="checkbox"/> Hyperlipidemia <input type="checkbox"/> other _____	
Peripheral/ Vasc	No <input checked="" type="checkbox"/>	<input type="checkbox"/> Blood Clot/DVT <input type="checkbox"/> Impaired circulation <input type="checkbox"/> Neuropathy <input type="checkbox"/> Other _____	
Respiratory	No <input checked="" type="checkbox"/>	<input type="checkbox"/> Asthma (last _____) <input type="checkbox"/> Bronchitis <input type="checkbox"/> COPD/Emphysema <input type="checkbox"/> Pneumonia <input type="checkbox"/> P.E. <input type="checkbox"/> Sleep Apnea <input type="checkbox"/> SOB <input type="checkbox"/> Recent Cold Symptoms _____ <input type="checkbox"/> O2 use _____ L/min <input type="checkbox"/> Other _____	<input type="checkbox"/> Advised to stop smoking <input type="checkbox"/> Info on smoking cessation given/refused
Smoking Hx	<input type="checkbox"/> no <input type="checkbox"/> Date quit _____ month/year) <input checked="" type="checkbox"/> Current <u>1</u> ppd <u>30</u> yrs.		
History of TB:	<input checked="" type="checkbox"/> No Self Family/Close Contact Treated: <input type="checkbox"/> Yes _____ <input type="checkbox"/> No		
+TB Skin Test:	<input checked="" type="checkbox"/> No Self Family/Close Contact Treated: <input type="checkbox"/> Yes _____ <input type="checkbox"/> No		
Recent Symptoms:	<input type="checkbox"/> Abnormal Fatigue <input type="checkbox"/> Drenching Night Sweats <input type="checkbox"/> Hemoptysis		
	<input type="checkbox"/> Chronic Cough/ Cough > 3 weeks <input type="checkbox"/> Recent Immigrant		
Genitourinary	No <input checked="" type="checkbox"/>	<input type="checkbox"/> Chronic Renal Disease <input type="checkbox"/> Hemodialysis/PD (last _____ where _____) <input type="checkbox"/> Anuric <input type="checkbox"/> Prostate problems <input type="checkbox"/> UPI <input type="checkbox"/> Kidney Stones Symptoms: <input type="checkbox"/> Hematuria <input type="checkbox"/> Dribbling <input type="checkbox"/> Frequency <input type="checkbox"/> Hesitancy <input type="checkbox"/> Incontinence <input type="checkbox"/> Nocturia <input type="checkbox"/> Pain <input type="checkbox"/> Retention <input type="checkbox"/> Urgency	
Gastrointestinal	No <input checked="" type="checkbox"/>	<input type="checkbox"/> GI Bleeding <input type="checkbox"/> Bowel Disease <input type="checkbox"/> Pancreatitis <input type="checkbox"/> Ulcer <input type="checkbox"/> GERD <input type="checkbox"/> Liver Disease/Cirrhosis <input type="checkbox"/> Hemorrhoids <input type="checkbox"/> Hiatal Hernia <input type="checkbox"/> Other _____	
Nutrition	No <input checked="" type="checkbox"/>	<input type="checkbox"/> Special Diet <input type="checkbox"/> Eating Disorder <input type="checkbox"/> Unintentional wt loss(5lb/mo) <input type="checkbox"/> Difficulty swallowing <input type="checkbox"/> Difficulty with dentition	<input type="checkbox"/> Dietician Consult
Metabolic-Hematologic	No <input checked="" type="checkbox"/>	<input type="checkbox"/> Diabetes <input type="checkbox"/> No <input type="checkbox"/> Yes (Type I) _____ (Type II) _____ <input type="checkbox"/> Interested in receiving diabetic education <input type="checkbox"/> Thyroid Disease _____ <input type="checkbox"/> Sickle Cell <input type="checkbox"/> Blood Disorder _____ <input type="checkbox"/> Previous Blood transfusion: Last Date _____ Reaction <input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Info given on Diabetes <input type="checkbox"/> Diabetic Educator referral
Musculoskeletal	No <input type="checkbox"/>	<input type="checkbox"/> Muscle Disease <input type="checkbox"/> Bone Disease <input type="checkbox"/> History of Back/Neck Problems <input checked="" type="checkbox"/> Arthritis <input type="checkbox"/> Paralysis <input checked="" type="checkbox"/> other <u>(L) Knee (R) Knee (L) Hip (R) Hip</u>	<u>(L) Ribs (1 year)</u>
Integumentary	No <input checked="" type="checkbox"/>	<input type="checkbox"/> Rash <input type="checkbox"/> Skin Disease _____ <input type="checkbox"/> Tube/drain-location _____ <input type="checkbox"/> Open wound-location _____ <input type="checkbox"/> Ostomy <input type="checkbox"/> Tattoos	
Infectious Disease	No <input checked="" type="checkbox"/>	<input type="checkbox"/> MRSA <input type="checkbox"/> VRE <input type="checkbox"/> STD <input type="checkbox"/> Shingles <input type="checkbox"/> Hepatitis A /B /C <input type="checkbox"/> HIV <input type="checkbox"/> Other _____ Isolation Type/Reason _____ Active Infection _____	
Other	No <input checked="" type="checkbox"/>	<input type="checkbox"/> Cancer/tx _____ <input type="checkbox"/> Fibromyagia _____ <input type="checkbox"/> Other _____	
Female	N/A <input checked="" type="checkbox"/>	<input type="checkbox"/> Post-menopausal LMP _____ <input type="checkbox"/> Pregnant: # wks Gestation _____	
Psycho/Social	No <input checked="" type="checkbox"/>	<input type="checkbox"/> Mental Illness _____ <input type="checkbox"/> Depression <input checked="" type="checkbox"/> Anxiety <input type="checkbox"/> ADD <input type="checkbox"/> ADHD Other <u>Panic Attacks</u>	<input type="checkbox"/> Social Service Consult
	No <input checked="" type="checkbox"/>	Alcohol Use: <input type="checkbox"/> Yes Amount and frequency (per day/per week): _____ last _____	
	No <input checked="" type="checkbox"/>	Drug Use: <input type="checkbox"/> Yes Type and frequency: _____ last _____	
Comfort	No Pain <input type="checkbox"/>	Do you have Pain? <input checked="" type="checkbox"/> Yes (location) <u>(L) Knee</u> Pain (scale 1-10) <u>3-7</u> Is this pain related to <input checked="" type="checkbox"/> Reason for Admission <input checked="" type="checkbox"/> Reason for surgery <input type="checkbox"/> chronic illness What can we do to increase your comfort? <input checked="" type="checkbox"/> Nothing <input type="checkbox"/> _____ Do you feel stressed/anxious about your illness or other events in your life? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Pt instructed on Pain Scale
Mobility/Activity (If patient responds yes to any of these indicators, a nursing intervention is required)	No <input checked="" type="checkbox"/>	Did you fall at home in the last 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No Any recent decline in your ability to do ambulation, mobility or stairs? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Ambulation with assistive device <input type="checkbox"/> Ambulatory with assist of _____ persons <input type="checkbox"/> Bedrest <input type="checkbox"/> Transfers with assistance of _____ persons Any recent decline in your ability of toileting, bathing <u>dressing</u> or feeding? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Independent with ADLs <input type="checkbox"/> Assistance at home with responsible adult Any recent decline in your ability to express yourself or follow directions? <input type="checkbox"/> Yes <input type="checkbox"/> No Personal Adaptive Equipment at Home: <input type="checkbox"/> None <input type="checkbox"/> Cane <input type="checkbox"/> Walker <input checked="" type="checkbox"/> Crutches <input type="checkbox"/> w/c <input type="checkbox"/> Prosthesis <input checked="" type="checkbox"/> Other <u>Footwear</u>	<input type="checkbox"/> Pt instructed to contact MD <input type="checkbox"/> Md notified <input type="checkbox"/> Case Manager Consult

RN Signature J. J. ... SA c 11340 Date 3-8-05 Updated/Reviewed by \_\_\_\_\_ Date \_\_\_\_\_

Updated/Reviewed by \_\_\_\_\_ Date \_\_\_\_\_ Updated/Reviewed by \_\_\_\_\_ Date \_\_\_\_\_



- St. Francis Hospital
- St. Michael Hospital
- Elmbrook Memorial Hospital
- St. Joseph Outpatient Center

**PARKS LARRY E**  
 DOB 03/26/57 47Y SEX: M MR: 778667  
**MLSNA JACQUELINE S**  
 ACCT# 71258136

PLEASE REFER TO N151  
FOR FURTHER DETAILS

1. I hereby authorize Dr. Jacqueline S. Misna and whomever he may designate  
as assistants, to perform upon Larry E. Parks the following  
(Name of Patient)  
operation/procedure: Tibial Tubercle Osteotomy, Patellar  
(Name of Procedure to Be Performed)  
Realignment Left Knee

The nature of this operation and its consequences have been explained to me, as well as any alternative methods of care. If any condition arises in the course of the operation calling in my physician's judgment for procedures in addition to or different from those now contemplated, I further request and authorize my physician to do whatever is deemed advisable.

- I authorize and consent to the administration of such anesthetics as may be advisable, to be applied by a nurse-anesthetist or an anesthesiologist. If an anesthesiologist administers the anesthetic, he/she will render a separate statement for services.
- I recognize that all surgical procedures involve a degree of risk and that it is never possible to guarantee a successful outcome. I understand that the operation to be performed on me may result in complications. These complications have been explained to me and I accept them as a necessary risk.
- I authorize the hospital pathologist to use discretion in the disposal of any tissue that is surgically removed.
- I authorize the use of data concerning my care. I authorize the taking of medical photographs for medical education and record purposes with the understanding that my identity will be protected.
- I understand that there may be health care industry manufacturer's representatives or similar visitors in the room, during the procedure and consent to this at the discretion and approval of the physician and hospital.

I certify that I have read and fully understand the above authorization and consent.

Signature of Witness <u>[Signature]</u>	Date <u>3-9-05</u>	Time <u>0615</u>	Signature of Patient <u>Larry Parks</u>	Date <u>3-9-05</u>
Signature of Witness	Date	Time	Signature of Person Authorized to Consent for Patient/Legal Guardian / Date	
(NOTE: The signatures of two witnesses are needed for a telephone consent.)			Relationship to Patient	



**AUTHORIZATION AND  
CONSENT TO  
OPERATION/PROCEDURE**

**PARKS LARRY E**  
DOB: 03/26/57 47Y SEX: M MR: 778667  
MLSNA JACQUELINE S  
RUCT# 71258136



ALL invasive procedures that require a consent form need to follow this checklist even if NOT needing to be marked.  
**INSTRUCTIONS:** PLACE INITIALS IN EACH BOX OR USE NA, (if not applicable) TO COMPLETE. Do not continue with the process unless you are able to verify that you have completed that step of the process.

**ALL sites need to be verified. \*SITE needs only to be verified and marked when there is a right/left distinction, multiple structures (such as fingers or toes) or spinal regions indicated. See POLICY N149 for further information**

PROCEDURE Tibial Tubercle Osteotomy, Left Knee Patellar Realignment

STEP	Verification Process	PATC/UNIT	Procedure Area
A.	Patient, procedure and *site verified verbally with patient or legal representative	M	12
B.	Procedure and *site verified with physician's order.	M	12
C.	Procedure verified with procedure schedule	MLL	12
D.	Patient, procedure and *site verified with operative/procedure consent	R33	12
E.	Patient, procedure and *site verified with History & Physical	P35	12
F.	Site is marked and verified, by a member of the procedure team, as correct when right/left, multiple structures or levels indicated, prior to entering the procedure room. (see "F" below)		12
G.	Patient, procedure and *site verified with available imaging studies by physician		
H.	Patient, procedure, *site, position, special equipment and correct implants verified verbally with team by taking a "time out" immediately prior to the start of the procedure.		12

**IF UNABLE TO COMPLETE A STEP IN THE VERIFICATION PROCESS - EXPLAIN WHY**

Step \_\_\_\_\_ Explanation \_\_\_\_\_

Step \_\_\_\_\_ Explanation \_\_\_\_\_

SITE MARKED \_\_\_\_\_ (LOCATION) BY WHOM \_\_\_\_\_

**ACTIONS TO COMPLETE THE CHECKLIST:**

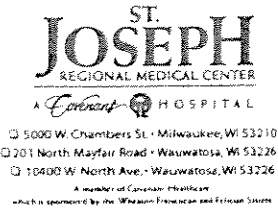
- A. Provide an explanation why the procedure and site could not be verbally verified with patient.
- B. Physician's order to obtain consent must be present if consent has not been obtained. The order, consent and H&P should be in agreement.
- C. If the procedure does not match the procedure schedule, contact the physician. Verify that you have the correct patient and the correct procedure with the order, consent and H&P.
- D. When the procedure and site cannot be verified by the consent, please notify the physician and correct before proceeding
- E. When the procedure and site cannot be verified with the H&P, please contact transcription to check for and obtain H&P before proceeding. If there is no H&P dictated, please contact the physician before proceeding.
- F. The person performing the procedure should mark the site, the RN circulating the procedure, or an allied healthcare person employed by the surgeon may mark if the physician is not immediately available. The Physician will mark the site if patient is a minor, incompetent or comatose. The word YES will be used to mark the site.
- G. If an imaging study has been done, but is not available for the verification process, the physician is to be notified and the decision to proceed will be made by the MD.
- H. The procedure team and the physician must take a "time out", immediately before the incision is made, to verify the patient, procedure, site, position, special equipment and correct implants. This must be repeated for each site.

PATC/Unit Nurse 3-8-05 e145 [Signature] DATE

PATC/Unit Nurse [Signature] 3/8/05 [Signature] DATE

Procedure Area \_\_\_\_\_ Nurse/Tech \_\_\_\_\_ DATE

Procedure Area [Signature] 3/8/05 Nurse/Tech \_\_\_\_\_ DATE



Peri-Procedure Verification Checklist

79462 11/04 R4

**PARKS LARRY E**  
 DOB: 03/26/57 47Y SEX: M MR: 778667  
 MLSNA JACQUELINE S  
 ACCT# 71258136

ALL ITEMS MUST BE ADDRESSED. SEE INSTRUCTIONS ON BACK OF FORM.  
 REQUIRED FOR ALL PATIENTS RECEIVING GENERAL ANESTHESIA, MONITORED ANESTHESIA CARE (MAC) OR REGIONAL ANESTHESIA.  
 \*PATIENTS HAVING LOCAL ANESTHETICS GIVEN BY SURGEON REQUIRE \*ITEMS ONLY.

PREOPERATIVE PREPARATION	PATC/ UNIT	DSUR/ O.R.	
	7	JH	HEIGHT AND WEIGHT DOCUMENTED* HT: <u>67.5"</u> WT: <u>75.8</u> kg
	7	JH	ALLERGIES DOCUMENTED*
	7	PJ3	PREOPERATIVE TEACHING DONE*
	7	JH	ORDER FOR CONSENT OBTAINED*
	7	PJ3	CONSENT SIGNED, DATED, WITNESSED (SEE REVERSE SIDE FOR A LIST OF ACCEPTABLE ABBREVIATIONS AS LISTED IN PATIENT CARE P/P "PRE-OP REGULATIONS")*
	7	JH	HISTORY AND PHYSICAL COMPLETED BY PHYSICIAN OR P.A./S.A. AND ON CHART
	7	JH	PREOPERATIVE TESTS DONE AND RESULTS ON CHART
	7	JH	CHILDREN UNDER 6 MONTHS - <u>HCT</u> WITHIN 14 DAYS
	7	JH	AFRICAN AMERICAN CHILDREN UNDER AGE 15 - <u>SICKLE CELL</u> INDEX IF NO DOCUMENTATION OF PRIOR TESTING
	7	JH	FEMALES AGES 13-48 INCLUSIVE - <u>URINE/SERUM PREGNANCY</u> TEST WITHIN 48 HRS UNLESS PRIOR TUBAL LIGATION OR HYSTERECTOMY
	7	JH	PREGNANCY TEST RESULT <input type="checkbox"/> N/A <input type="checkbox"/> NEGATIVE <input type="checkbox"/> POSITIVE
	7	JH	IF T & S OR T & C ORDERED OR REQUIRED FOR SURGERY - <u>HCT</u> WITHIN 30 DAYS
	7	JH	PATIENTS OVER 50 YEARS OF AGE - <u>ECG</u> WITHIN 6 MONTHS. (EXCEPTION: NOT REQUIRED FOR EYE SURGERY PATIENTS SCHEDULED FOR MAC).
	7	JH	PATIENTS OVER 60 YEARS OF AGE - <u>HEMOGRAM WITHOUT DIFFERENTIAL</u> WITHIN 30 DAYS (EXCEPTION: NOT REQUIRED FOR EYE SURGERY PATIENTS SCHEDULED FOR MAC)
7	JH	PATIENTS OVER 60 YEARS OF AGE: <u>BASIC METABOLIC PANEL</u> OR K+ . CREAT. GLUCOSE IF TESTING DONE OUTSIDE OF HOSPITAL WITHIN 30 DAYS (EXCEPTION: NOT REQUIRED FOR EYE SURGERY PATIENTS SCHEDULED FOR MAC).	
7	JH	<u>CHEST X-RAY</u>	
7	JH	PATIENTS ON <u>DIURETICS</u> : SERUM K+ WITHIN 24 HOURS (EXCEPTION: NOT REQUIRED FOR EYE SURGERY PATIENTS SCHEDULED FOR MAC)	
7	JH	PATIENTS ON <u>DIALYSIS</u> : HEMOGRAM WITHIN 30 DAYS	
7	JH	PATIENTS ON <u>DIALYSIS</u> : BASIC METABOLIC PANEL DAY OF SURGERY	
7	JH	<u>DIABETIC</u> PATIENTS: BLOOD GLUCOSE MONITORING DAY OF SURGERY - RESULT: _____ TIME: _____	
7	JH	<u>OPEN HEART</u> PATIENTS: BLEEDING TIME AND PROT TIME	
7	JH	PHYSICIANS NOTIFIED OF ABNORMAL CRITICAL VALUES (REFER TO PATIENT CARE P/P "PRE-OP REGULATIONS")	
7	JH	____ TYPED AND SCREENED ____ TYPED & CROSSMATCHED, IF ORDERED OR REQUIRED PER PATIENT CARE P/P "PRE-OP REGULATIONS"	
7	JH	____ BLOOD CONSENT SIGNED ____ BLOOD BAND ON	

IMMEDIATE PREOPERATIVE			
	7	PJ3	CURRENT IV STARTED - DATE: _____ NEEDLE GAUGE: _____
	7	PJ3	BP, P, R, and T* BP <u>101/57</u> P <u>77</u> R <u>16</u> T <u>98.2</u> TIME: <u>0620</u> <u>9990 sat</u>
	7	PJ3	HEART/LUNG ASSESSMENT WITHIN 24 HOURS
	7	PJ3	IDENTIFICATION BAND ON/ NO CODE BAND ON*
	7	PJ3	SHOWER/BATH/SCRUB DONE, IF ORDERED*
	7	PJ3	NPO AS ORDERED OR FOR AT LEAST 6 HOURS FOR SOLIDS AND 4 HOURS FOR CLEAR LIQUIDS - DATE: <u>3-8-05</u> TIME: <u>2200</u>
	7	PJ3	MAKE-UP, HAIR APPLIANCES, ETC. REMOVED
	7	PJ3	HOSPITAL GOWN ON ONLY (CHILDREN CAN WEAR UNDERWEAR)*
	7	PJ3	VOIDED (WITHIN ONE HOUR PRE-OP)*
	7	PJ3	REMOVAL AND STORAGE OF: _____ LOCATION STORED _____
	7	PJ3	DENTURES _____ HEARING AID/ PROSTHESIS _____
	7	PJ3	GLASSES/CONTACT LENSES _____ JEWELRY* _____ <u>E family</u> <u>Chome</u>
	7	PJ3	ORDERED PRE-OP MEDS - GIVEN AND DOCUMENTED
	7	PJ3	PATIENT MEDICATION RECORD AND MEDICATION DOCUMENTATION CURRENT ADMINISTRATION RECORD TO O.R. WITH PATIENT*
7	PJ3	MEDS TO BE GIVEN IN HOLDING AREA - LIST: _____	
7	PJ3	PREVIOUS MEDICAL RECORDS TO O.R.*	

COMMENTS

FAMILY WAITING - LOCATION\* wife waiting rm

PATIENT READY FOR O.R. - SIGNATURE OF RN\* [Signature]

DATE 3-9-05



Preoperative Checklist

PARKS LARRY E

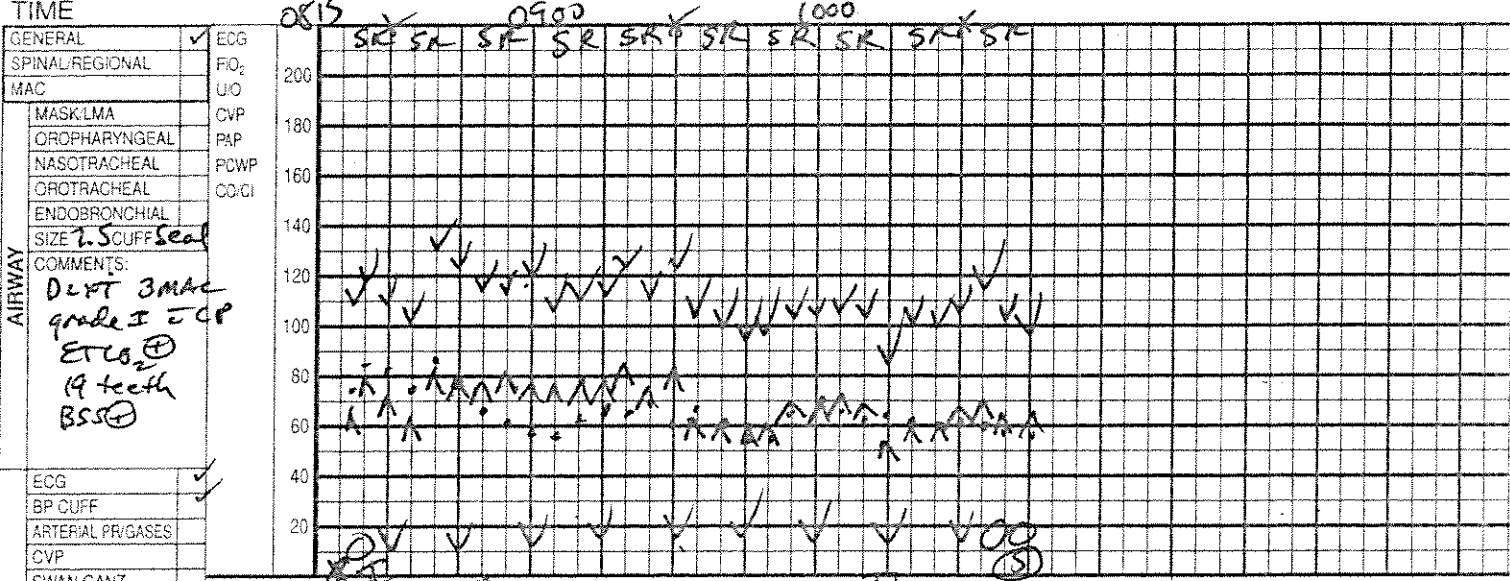
DOB: 03/26/57 47Y SEX: M MR: 778667  
 MLSNA JACQUELINE S

ACCT# 71258136



HEIGHT: 68" WEIGHT: 76kg DATE OF SURGERY: 3.9.05 PREMEDICATION:  $\emptyset$

PROPOFOL/ETOMIDATE	mg	200							
ROO/CIS/MIVA/PANC	mg	60							
SUCCINYLCHOLINE	mg								
FENTANYL	50mcg	< 5	>			1	1		
MIDAZ	mg	2							



**OPERATION:**  
 (1) Knee: Tibia tubercle osteotomy  
 patella realignment

Immediately prior to administration of anesthetic, I have reassessed the patient and determined that the patient is an adequate candidate to undergo the planned anesthesia.

ANESTHESIOLOGIST: [Signature]  
 SURGEON: MISNA, J

PATIENT IN ROOM TIME: 0823  
 ANESTHESIA TIME: FROM 0819 TO 1058  
 ANESTHESIA TIME (IF DISCONTINUOUS): FROM: TO:  
 SURGERY TIME: FROM 0847 TO 1050  
 ESTIMATED BLOOD LOSS:  
 REPLACEMENT:  
 IV FLUIDS: (L) 0.9 NS  
 CELL SAVER:  
 COLLOIDS:  
 TOTAL URINE OUTPUT:  
 ANTIBIOTICS: 0830 Ampicillin  
 PACU / ICU / DS:  
 BP 92/57 P 57 R 1  
 O2 SATURATION 98 TEMP 96  
 REPORT GIVEN:

REMARKS:  
 186 PIV @  
 OR @ 0823  
 PPP  
 I Induction PuO2  
 OU taped  
 (1) Suction sputated awake

TIME	pH	pCO <sub>2</sub>	HCO <sub>3</sub>	pO <sub>2</sub>	SaO <sub>2</sub>	K	HCT	GLU	ACT

PRE-OPERATIVE ASSESSMENT

BP: 101 / 57 P: 77

DATE 3.9.05

THE FOLLOWING HAVE BEEN REVIEWED:

	Yes	No
Laboratory Work	<input checked="" type="checkbox"/>	<input type="checkbox"/>
X-Ray Reports	<input type="checkbox"/>	<input checked="" type="checkbox"/>
ECG Report	<input type="checkbox"/>	<input checked="" type="checkbox"/>
History & Physical	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Consultations	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Others:	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Patient Consent Form	<input checked="" type="checkbox"/>	<input type="checkbox"/>

ALLERGIES: PCN

MEDS: Tylenol par

PREVIOUS ANESTHETIC EXPERIENCE: 5 problems

PERSONAL/FAMILY HISTORY ANESTHETIC COMPLICATIONS  NO  YES

PLANNED ANESTHETIC:  GENERAL  REGIONAL  MONITORED ANESTHESIA CARE

RISK OF BLOOD TRANSFUSION:  HIGH  INTERMEDIATE  LOW

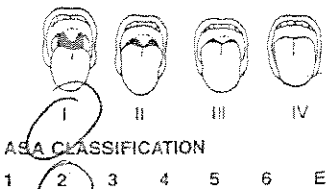
COMMENTS: 47 y/o man  
Panic/anxiety disorder

RISKS, BENEFITS, COMPLICATIONS AND ALTERNATIVES OF ANESTHESIA AND POSSIBLE BLOOD TRANSFUSION DISCUSSED WITH PATIENT ON 3.9.05 DATE/TIME

AIRWAY EVALUATION

EXAM: HEART RRR  
LUNGS CTA

DENTITION  
intact



- SHORT NECK
- RECEDING LOWER JAW
- PROTRUDING UPPER OR LOWER INCISORS
- DECREASED MENTAL-THYROID CARTILAGE DISTANCE
- LIMITED NECK EXTENSION

SIGNATURE

NPO STATUS > 8 hrs

POST-OPERATIVE CONDITION

- 1. Satisfactory
- 2. Poor
- 3. Critical but Stable
- 4. Critical and Unstable

COMMENTS/COMPLICATIONS

DATE / TIME

On PACU USS responsive but related

3.9.05

SIGNATURE



ANESTHESIA RECORD

PARKS LARRY E  
 DOB 03/26/57 47Y SEX: M MR: 778667  
 MLSNA JACQUELINE S  
 ACCT#: 71258136





Elmbrook Memorial Hospital  
19333 West North Avenue  
Brookfield, WI 53045

St. Francis Hospital  
3237 16<sup>th</sup> Street  
Milwaukee, WI 53215

St. Joseph Regional Medical Center  
5000 West Chambers  
Milwaukee, WI 53210

St. Michael Hospital  
2400 West Villard  
Milwaukee, WI 53209

## OPERATIVE/PROCEDURE REPORT

ORIGINAL  
CC:

DATE OF PROCEDURE: 03/09/2005

PREOPERATIVE DIAGNOSIS: Recurrent patellar dislocation, left knee.

POSTOPERATIVE DIAGNOSIS: Recurrent patellar dislocation, left knee.

PROCEDURE PERFORMED: Tibial tubercle transfer, left knee, with patellar re-alignment, left knee.

SURGEON: JACQUELINE MLSNA, MD

INDICATIONS AND HISTORY: This patient is a 47-year-old man with history of recurrent patellar dislocations. He suffered a recent fall and now has a patellar dislocation which cannot be reduced even with the knee in extension. After thorough discussion with him, with reference to his options, he has elected to undergo tibial tubercle osteotomy and patellar re-alignment procedure.

DESCRIPTION OF PROCEDURE: The patient was brought to the operating room, placed in supine position, where general endotracheal anesthesia was administered. Following this, the left lower extremity was prepped and draped in sterile fashion. The limb was exsanguinated with the use of an esmarch and a tourniquet inflated to 300 mmHg.

An incision was made through the patient's old medial parapatellar arthrotomy. Dissection was carried down further in a curving-type fashion over the tibial tubercle, to bring the incision somewhat laterally over the soft tissue. Sharp dissection was carried down to the subcutaneous tissue. Further dissection was carried out through the patient's scar. There was clearly a rent in the joint. Fluid was evacuated from the joint. The tissue was then dissected laterally. There was marked attenuation of the medial retinaculum, which was completely avulsed from the patella. There was absolutely no soft tissue left on the medial aspect of the patella. Arthritic changes were noted of significance, on the undersurface of the patella. Multiple osteophytes were removed from about the patella and the lateral femoral condyle. A large loose body was noted within the joint and was removed. The anterior cruciate ligament was absent. The trochlear groove was essentially absent.

### ST. JOSEPH REGIONAL MEDICAL CENTER

DOCTOR: JACQUELINE MLSNA, MD  
VISIT TYPE: C  
ROOM #: PAC

NAME: PARKS, LARRY E  
MRN: 778667  
DOB: 03/26/1957

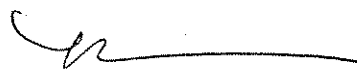
DATE: 03/08/2005  
ACCT #: 71260192  
AGE: 47Y

## OPERATIVE/PROCEDURE REPORT

**OPERATIVE/PROCEDURE REPORT**

After all of the above was accomplished, a tibial tubercle osteotomy was made. The tubercle was transferred medially after preparing the medial aspect of the tibia for this. This was aligned as I thought best. Lateral release was then performed, and multiple drill holes were then made in the patella, to secure permanent sutures. Pants-over-vest type closure was made over the remaining attenuated medial retinaculum. While this afforded marked improvement with greater than 90 degrees of flexion, which was difficult due to the stiffness encountered from this patient's prolonged immobilization prior to his surgery, the patella did begin to tract laterally. I did not feel that further correction of this could be undertaken, as I was already over as far medially as I could be with the correction and already into the muscle with the correction obtained. Therefore, I felt this was the best correction we could achieve possible without performing a patellectomy.

The joint was thoroughly irrigated. The tourniquet was let down. Bleeding points were controlled with electrocautery. A drain was placed within the depths of the wound and brought out anterolaterally. The wound was then closed with Dexon sutures. Skin closure was achieved with staples. Sterile compression bandage was applied. The patient's leg was then placed in a cylinder cast. He was awakened in the surgical suite and taken to the recovery room in satisfactory condition.



---

**JACQUELINE MLSNA, MD**

JM/ms/TSl# 3917567 di: 03/09/2005 11:03 tr: 03/09/2005 22:11

**ST. JOSEPH REGIONAL MEDICAL CENTER**

DOCTOR: JACQUELINE MLSNA, MD

VISIT TYPE: C

ROOM #: PAC

NAME: PARKS, LARRY E

MRN: 778667

DOB: 03/26/1957

DATE: 03/08/2005

ACCT #: 71260192

AGE: 47Y

**OPERATIVE/PROCEDURE REPORT**

**Nursing Data Elements- Preoperative:**

Admitted to holding @ 0740  
 Preoperative checklist reviewed/evaluated

**Risk for injury related to transfer and transport (X29):**

- Allergies verified
- Site marked by WJ
- Site marking verified by \_\_\_\_\_ RN

**LOC:**

- Alert/oriented
- Sedated
- Unresponsive
- Other \_\_\_\_\_
- Drowsy
- Asleep
- Disoriented

**Skin:**

- Warm
- Intact
- Moist
- Dry
- Cool

**Sensory Impairment:**

- Sight
- Hearing
- Language Barrier

**Musculoskeletal status:**

- Paralysis
- Traction
- Limited mobility
- Other \_\_\_\_\_

**Prosthetic/Assist Devices Remaining:**

- Hearing aid
- Pacemaker
- AICD- turned off @ \_\_\_\_\_
- Glasses
- Prosthetics

IV:  Capped \_\_\_\_\_ ga  In place \_\_\_\_\_  patent  
 Inserted \_\_\_\_\_ ga \_\_\_\_\_ By  xylocaine wheal used  
 IV solution \_\_\_\_\_ Site \_\_\_\_\_  
 Site Condition \_\_\_\_\_

Blood Band # \_\_\_\_\_  
 O2 Sat \_\_\_\_\_  
 O2 L/min \_\_\_\_\_

**Risk for anxiety related to knowledge deficit and stress of surgery (X4):**

- Psychosocial status:  Calm/relaxed  Anxious  Talkative  Crying  Restless
- Other \_\_\_\_\_
  - Provided instruction/comfort based on age and identified needs.
  - Communicated patient concerns to appropriate members of health care team.
  - Explained sequence of events and perioperative routine.
  - Evaluated response to instructions.

**Risk for acute/chronic pain (X38,X74):**

Pain assessment (0-10): 6 Location left knee emment

Intervention \_\_\_\_\_

**Outcomes:**

- Verbalizes/displays decreased anxiety, ability to cope, understanding of procedure and sequence of events.
- Verbalizes/displays pain management.
- Verbalizes/displays comfort related to transfer/transport.

Comments: \_\_\_\_\_

[Signature] \_\_\_\_\_ RN

Transferred to suite by \_\_\_\_\_ via:  
 Stretcher  W/C  Bed  Isolette  Crib  Ambulatory  Carried

**Structural Data:**

Rm # 11 ASA: 2 Pt in Rm 0823 Procedure start 0847 Procedure finish 1050 Pt out of Rm 1052

Anesthesia Type:  General  MAC  Spinal  Epidural  Local  Topical  Regional  IV Sedation Monitored by:  MD  RN

Pre-op Dx: relevant patellar dislocation left knee

Procedures(s): left knee tibio tubercle osteotomy; left patellar realignment

Post op Dx:  Same

Surgeon 1	Assistant	Circulator 1	Scrub 1
<u>J. T. Misra</u> in/out	<u>E. Duce</u> in/out	<u>A. Little RN</u> in/out	<u>R. Lindsay ST</u> in/out
Surgeon 2 _____	Relief _____	Relief _____	Relief _____
Anesthesiologist _____	Assistant _____	Relief _____	Relief _____
Anes/Monitor Tech _____	Other _____	Circulator 2 or Monitoring RN _____	Scrub 2 _____
Codes: Delay _____	Other _____	Relief _____	Relief _____
Complication _____	Laser Operator _____	Relief _____	Relief _____
Cancellation _____	_____	_____	_____



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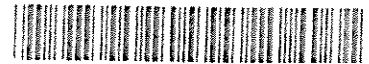
- St. Francis Hospital
- St. Michael Hospital
- St. Joseph Outpatient Center
- Etibrook Memorial Hospital
- St. Joseph Regional Medical Center

Date: 3-9-2015

**PARKS LARRY E**  
 DOB 03/26/57 47Y SEX: M MR: 778667  
**MLSNA JACQUELINE S**

Operating Room Nursing Record  
 Page 1

ACCT# 71258136



IRE

**Intraoperative Structural Data**

Specimens: \_\_\_\_\_

Cultures: \_\_\_\_\_

**X-RAYS SITE:** Left knee **TYPE:** Fluoroscope **Blood Recovery Cell Saver Unit #** \_\_\_\_\_ **CC's refused** \_\_\_\_\_

Protective device:  Thyroid  Gonadal  Other \_\_\_\_\_

**Intraoperative Nursing Data**

**Risk for infection (x28):**

Hair removal  Clip  Shave By DR Area Left knee

Skin Prep By DR

Provodone iodine  Chlorhexidine

Phisoderm

Duraprep  Alcohol Other \_\_\_\_\_

Site Left knee

**Wound Classification:**

1  2  3  4

**Urinary Catheter:**

present upon arrival  removed in OR

inserted in OR By \_\_\_\_\_ size/type \_\_\_\_\_

**Risk for impaired skin integrity (X50)**

Position for surgery:  Supine  Prone  Lithotomy  Mod Lithotomy

Fowlers  Jackknife  Lt Lateral  Rt Lateral Other \_\_\_\_\_

**Positioning devices**  Arm cradle  Axillary roll  Beach Chair  Chest rolls

Fracture table  Foam/pillow headrest  Hip positioner  Horseshoe head rest

Intracranial pins  Jackson table  Leg holder  R  L  Kidney rest  Pelvic roll

Sandbag  Shoulder roll  Skis  R  L  Vac pack  Wilson frame  Pillows

Other \_\_\_\_\_ Stirrups:  Candy Cane  Allen  Other \_\_\_\_\_

**Pad Bony Prominences:**  Elbows  R  L  Heels  R  L  Knees  R  L

Arms Secured/Padded  at sides  R  L  on armboard  R  L

Alignment Checked  Pressure Points checked

**Risk for injury (X29)**  Immediately prior to the start of the procedure a "TIME OUT" was taken (verified correct patient, procedure, site, position, equipment & implants as applicable)

Drains/Tubes/Packs size/type site \_\_\_\_\_

Cast applied by \_\_\_\_\_

Dressings  Implants

Endoscope # \_\_\_\_\_

**Risk for hypothermia (X26)**

Apply warming blanket # 20043

Upper body  Lower body  Full body

Temp setting 100 Applied by: DR

Fluid Warmer # \_\_\_\_\_

Warm IV Fluid  Warm Irrigation

Other \_\_\_\_\_

Safety Strap applied

Grounding Pad applied Site Right thigh Applied by: DR

Electrosurgical unit # 11-9020 Setting: Coag 35 Cutting 50

Electrosurgical unit # \_\_\_\_\_ Setting: Coag \_\_\_\_\_ Cutting \_\_\_\_\_

Bipolar # \_\_\_\_\_ Setting \_\_\_\_\_ Ultrasonic generator # \_\_\_\_\_

Laser type \_\_\_\_\_ Unit # \_\_\_\_\_ Watts \_\_\_\_\_ Joules \_\_\_\_\_

Time \_\_\_\_\_ Laser safety protocol followed

Tourniquet checked # 10418 Site Left thigh Applied by: DR

Inflated 100 mm/HG Deflated 013 mm/HG 3000

Inflated \_\_\_\_\_ mm/HG Deflated \_\_\_\_\_ mm/HG

Sequential compression device: Unit # 70400 Applied by: DR

Other DUKI 1000 Unit # 1001 1000

Counts:	Sponge	Needles	Instrument	Misc	Comments:
<u>DR</u> Initial <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
1st <input type="checkbox"/>	<input type="checkbox"/> correct	<input type="checkbox"/> correct	<input type="checkbox"/> correct	<input type="checkbox"/> correct	
<u>DR</u> 2nd <input type="checkbox"/>	<input type="checkbox"/> correct	<input type="checkbox"/> correct	<input type="checkbox"/> correct	<input checked="" type="checkbox"/> correct	
<u>DR</u> final <input type="checkbox"/>	<input checked="" type="checkbox"/> correct	<input checked="" type="checkbox"/> correct	<input type="checkbox"/> correct	<input checked="" type="checkbox"/> correct	
	<input type="checkbox"/> inconsistent	<input type="checkbox"/> inconsistent	<input type="checkbox"/> inconsistent	<input type="checkbox"/> inconsistent	
	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A	

Surgeon notified of counts  X-ray taken in lieu of instrument count

Inconsistent count resolution:

X-ray taken  OR discharge approved by Dr. \_\_\_\_\_

**Post Procedure Assessment/Evaluation**

**Outcomes:**

Infection control measures implemented and followed.

Pt skin integrity maintained (other than surgical site).

Body temp remains within expected range.

Pt tolerated procedure with no apparent injury.

**Patient discharged to:**  PACU  Room  ICU Other \_\_\_\_\_

Via:  stretcher  W/C  Bed  Isolette  Crib  Ambulatory Other \_\_\_\_\_

**Discharged with:**  EKG monitor  O2  Arterial monitor  Pulse Ox Other \_\_\_\_\_

**Accompanied by:**  RN  Anesthesiologist  Transport Aide  Monitor Tech Other \_\_\_\_\_

**Condition:** Skin:  cool  warm  dry  intact  moist

Intubated  Extubated  Oral Airway  Awake  Alert

Sedated Other \_\_\_\_\_

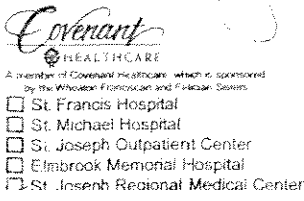
Pain Scale: 0-10 \_\_\_\_\_  unable to access

Family provided status report \_\_\_\_\_

**Report Given to:** Schmidinger, R.

RN signature \_\_\_\_\_ initials \_\_\_\_\_ RN's signature \_\_\_\_\_ initials \_\_\_\_\_

RN signature \_\_\_\_\_ initials H Date 3-9-05



**PARKS LARRY E**

DOB 03/26/57 47Y SEX: M MR: 778667

MLDNA JACQUELINE S

ACCT#: 71258136

REFER TO KEYS ON BACK OF FORM.

\* - SEE NURSES NOTES - PART B

INIT. <i>[Signature]</i>	SIGNATURE <i>[Signature]</i>	PRIMARY NURSE	INIT.	SIGNATURE	<input type="checkbox"/> Pepcid	<input type="checkbox"/> Vioxx	<input type="checkbox"/> Reglan
INIT. <i>[Signature]</i>	SIGNATURE <i>[Signature]</i>		INIT.	SIGNATURE	<input type="checkbox"/> Oxycotin	<input type="checkbox"/> Anzemet	<input type="checkbox"/> Toradol
					<input type="checkbox"/> Decadron	<input type="checkbox"/> Local	<input type="checkbox"/> Droperidol
					<input type="checkbox"/> Antibiotic	<input type="checkbox"/> Narcotic	

ANESTHESIA

DATE: *3-9-05* TIME: *10:55* *0453*

ANESTHESIOLOGIST: *M. D'Angelo* SURGEON: *Th. Mlsm*

PROCEDURE: *Left knee lipole tubercle osteotomy*  
*Left patellar stabilization*

ADMISSION DATA

ADMITTED PER:  CART  BED/CRIB

POSITION:  SUPINE  SIDE  OTHER

OR FLUID REPLACEMENT: *LR*

CURRENT IVs: *900LR* UO: *0*

SURGICAL SITE: *past no apparent bleed* EBL: *0*

TIME	12:53	1:03	1:13	1:23	1:33	1:43	1:53	2:03	2:13
Pulse									
X-A Line									
Dynamap									
RESPIRATIONS	16	16	16	16	16	16	16	16	16
PULSE OX.	98	100	99	95	95	96	96	96	96
TEMP.	9							97.0	
EKG (See Key)	SB		NSR						
PAIN RATING									
SURGICAL SITE									
TOTAL PARS	3	8	5	4	4	4	4	4	4
ACTIVITY	2	2	2	2	2	2	2	2	2
RESP	2	2	2	2	2	2	2	2	2
CIRC	2	2	2	2	2	2	2	2	2
CONSCIOUS	1	1	1	2	2	2	2	2	2
O <sub>2</sub> SATURATION	11	11	11	11	11	11	11	11	11

ALLERGIES: *PCA*

WEIGHT: *75.8 kg* PRE-OP VITALS: BP: *101/57* P:  R:  T:

PERTINENT HX: *prior stroke, amnesia*

AIRWAY

Oral ET  Nasal ET  Respiration Assisted

Cuff Up  Cuff Down  Suctioned  Vt

Oral Airway  Nasal Airway  ET/CO<sub>2</sub>

Trach  LMA  Extubation Criteria Met - Init

Chin Support  Natural Airway Extubated by/Time:

O<sub>2</sub>

Tube/T-Piece L/Min:  On:  Off:

Mask L/Min:  On:  Off:

Cannula L/Min: *5-7* On: *AD* Off: *1:35*

Puntan %:  On:  Off:

On Vent at:  Mode:

Ventilator Settings Rate:  Vt:  FiO<sub>2</sub>:

Mode:  Rate:  Vt:  PFiO<sub>2</sub>:

Symmetrical Chest Movement

Off Vent at:  O<sub>2</sub> Via:  FiO<sub>2</sub>:

BREATHING

Breath Sounds:  Clear  Wheezes

Respiratory Pattern: *key man labored*

DRAIN/PACK CATHETERS

Drains: *5.0cc*  Urine Catheter

Packs  CBI

NG Tube  Normal Saline

Chest Tube  Sterile Water

INVASIVE LINES

IV Site: *(L) arm*  Patent Arterial Line - Site:

IV Site:  Patent  Calibrate

IV Site:  Patent  Correlates

CVP  Secured

Pulmonary Artery Catheter  Discontinue

Other:   Pressure Applied:  mins.

Other:   Pulse Present

EQUIPMENT

Plexi Pulse Boots  Hot Ice Machine

SCDs  AK  BK  TEDS  AK  BK

Warming Unit /Bair Hugger  Pain Pump

Immobilizer  Abduction Pillow

Ice to: *(L) knee*  Sling to:

Elevation: *HOB, (L) leg*

Other:

SAFETY

Siderails Up  Wrist Restraints  On  Off

Isolation Type: *Universal precautions*



POST ANESTHESIA CARE RECORDS - PART A

PARKS LARRY E  
 DOB: 03/26/57 47Y SEX: M MR: 778667  
 MLSNA JACQUELINE S  
 ACCT#



DATE  
3-9-05

REFER TO KEYS ON BACK OF FORM. \* - SEE NURSES NOTES - PART B

INIT. *ca* SIGNATURE \_\_\_\_\_

INIT. *Adm* SIGNATURE \_\_\_\_\_

SIGNATURE \_\_\_\_\_ INIT. \_\_\_\_\_

Time	Medication	Dose	Site	Init.
110	Morphine PCA	30mg	IV port	<i>ca</i>
121	Dilaudid	0.4mg	IV ca	<i>ca</i>
126	Dilaudid	0.4mg	IV ca	<i>ca</i>
131	Dilaudid	0.4mg	IV ca	<i>ca</i>

- Standards of care initiated  
Time: *Adm*
- NURSING DIAGNOSIS**
- 1. Ineffective breathing pattern  
Time: \_\_\_\_\_
  - 2. Alterations in cardiac output  
Time: \_\_\_\_\_
  - 3. Altered Level of consciousness  
Time: \_\_\_\_\_
  - 4. Alterations in comfort  
Time: \_\_\_\_\_
  - 5. Alterations in body temperature  
Time: \_\_\_\_\_
  - 6. Potential for personal injury  
Time: \_\_\_\_\_
  - 7. Nausea/vomiting  
Time: \_\_\_\_\_
  - 8. Alterations in circulation/skin integ.  
Time: \_\_\_\_\_
  - 9. Knowledge deficit  
Time: \_\_\_\_\_
  - 10. \_\_\_\_\_  
Time: \_\_\_\_\_

TIME	NURSE'S NOTES	INIT.
<i>Adm</i>	Admitted to PAVL sleep opens eyes to nurse not dry contact. W applied Q-Vac drain - patient	
110	Sleeping soundly. Machine 7 PCX 100% O2 on 5 L/NP to 2e now. <i>ca</i>	<i>ca</i>
121	#4 90 "This pain is killing me." Dilaudid given. <i>ca</i>	<i>ca</i>
131	#4 90 feeling like "the cast is too tight". Reassurance given. Dilaudid repeated. <i>ca</i>	<i>ca</i>
140	Alternates between sleeping/ waking and 90 pain @ 9:10. PCA teaching done. <i>ca</i>	<i>ca</i>
150	POx 92% on RA, 96% on 2e/NP PCA teaching done, ready to transfer to S Surgical. <i>ca</i>	<i>ca</i>

DIAGNOSTIC TESTS	TIME DRAWN	X-RAYS TAKEN OF:
	HGB/HCT	
	Abg - See Lab Report	<i>NA</i>
	BEDSIDE GLUCOSE	
	MD NOTIFIED	
TIME NOTIFIED		

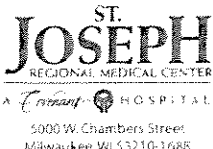
NEUROVASCULAR	AREA CHECKED/TIME:	<i>Adm</i>	<i>1135</i>	<i>1150</i>
	TEMPERATURE	<i>norm</i>	<i>norm</i>	
	COLOR	<i>norm</i>	<i>pink</i>	
	MOVEMENT	<i>yes</i>	<i>+</i>	<i>same</i>
	SENSATION		<i>+</i>	
	CRT	<i>3 sec</i>	<i>3 sec</i>	
	PULSES		<i>+3</i>	

NEUROLOGIC	PUPILS	R	size	reaction
		L <th>size</th> <th>reaction</th>	size	reaction
	RESPONDS TO	<i>NA</i>		
	LEVEL OF ORIENTATION			
	FACIAL SYMMETRY			
	TONGUE MOVEMENT			
	ARM STRENGTH	R		
	LEG STRENGTH	R		
ARM MOVEMENT	R			
LEG MOVEMENT	R			

DISCHARGE DATA		
DISCHARGE:	PACU INTAKE	PACU OUTPUT
	<i>300</i>	<i>0</i>
SURGICAL SITE	<i>Dist</i>	
IV FLUID REMAINING	<i>1000 + LR</i>	
	<i>2KCa 125 ab</i>	

DISCHARGE	DISCHARGED TO:	PER:	ACCOMPANIED BY:
	<input type="checkbox"/> DAY SURGERY <input type="checkbox"/> ROOM	<input type="checkbox"/> CART	<input type="checkbox"/> RN
	<input type="checkbox"/> TELEMETRY <input type="checkbox"/> ICU	<input type="checkbox"/> CRIB	<input type="checkbox"/> NA
	DISCHARGED WITH:	<input type="checkbox"/> BED	<input type="checkbox"/> OTHER
<input type="checkbox"/> EKG MONITOR <input type="checkbox"/> O2	<input type="checkbox"/> MOBILIZER		
<input type="checkbox"/> ARTERIAL MONITORING	<input type="checkbox"/> CARRIED		
<input type="checkbox"/> OTHER			

FAMILY MEMBER UPDATED	TIME
<input checked="" type="checkbox"/>	<i>1130</i>
WAITING ROOM CALLED	TIME
DS WILL CALL	
TIME DISCHARGED	DISCHARGED BY
<i>1155</i>	<i>ca</i>
ACCEPTED REPORT	



POST ANESTHESIA CARE RECORDS - PART B  
4220 11/03 R3

PARKS LARRY E  
DOB: 03/26/57 47Y SEX: M MR: 778667  
MLSNA JACQUELINE S  
ACCT#: 71258136

DATE

NOTES

3/11

Notes

Comfortable on oral Rx  
much better in pt today  
nearly indep

AUSS

Cast well fitting

toes/foot not swollen

Should be ready for discharge

PT - today

*[Signature]*

ST. JOSEPH  
MEDICAL CENTER

1000 E. 17th Ave. Denver, CO 80202

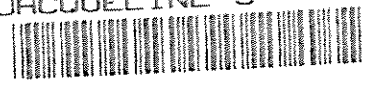
781-234-1234

PARKS LARRY E

DOB: 03/26/57 47Y SEX: M MR: 778667

MLSNA JACQUELINE S

ACCT#: 71258136



DATE

NOTES

3/10/05 1030 Care Mgt: Asked by RN to see pt regarding SSI application. Chart reviewed and met w/pt, pt lives w/ his parents and states he also has a fiance to assist as needed. Informed pt that we did not complete SSI Application here, provided pt with T19/Disability office # and address (1270 W. Ullet 800-773-12) and also asked financial counselor to see pt regarding other info for SSI. Pt agreeable and verbalized understanding. Pt states he plans to return home w/ his parents or possibly with his girlfriend as she has less steps to do in her home. Call placed to Sharyn Jente (x 2029) financial counselor and she will see pt today. Pt & RN aware. No needs anticipated, will follow. *Kerry Demant RN/CPA/30*

3.10.05 Left leg surgical drain removed: (Single) Ortho Tech

ST  
**JOSEPH**  
MEDICAL CENTER  
Caring Hospital

4110 Pennsylvania Avenue, Philadelphia, PA 19104  
215-261-2000

PARKS LARRY E

DOB: 03/26/57 47Y SEX: M MR: 778667

MLSN: JACQUELINE S

ACCT#

71258136





DATE

NOTES

2015 sun. implant # 27 03551

8/10

DATE

POD #1

Says he's still having fun  
but pain despite PCA

No nausea

Able to walk. Posthesis of RF, MF

Just got up w/ PT

AVSS

dressings + cast dry

NV intact

nl notes ulcers @

Continue PT

- Total

LIVE

*[Handwritten signature]*

ST. JOSEPH  
MEDICAL CENTER

CRIVELLO HOSPITAL

10000 2nd Ave. St. Louis, MO 63114  
Tel: 314.772.2000 Fax: 314.772.2001

PARKS LARRY E

DOB: 03/26/57 47Y SEX: M MR: 778667

MLSNA JACQUELINE S

ACCT#: 71258136



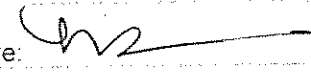
**PRE-OPERATIVE NOTE:**

Patient has been informed of risks, benefits, potential complications and alternatives of the procedure.

H & P has been reviewed. (check one of the statements below)

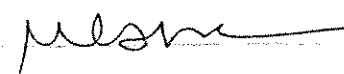

There have been NO CHANGES in the patient's condition since the H&P was completed.

There HAVE BEEN CHANGES in the patient's condition since the H&P was completed. Describe:

Physician Signature: 

Date: 3/9/05 Time: 8:00 AM/PM

**OPERATIVE NOTE:**

Physician:  Assistant (s):  None  Other: 

Type of Anesthesia:

Pre-Operative Diagnosis (es): recurrent patellar dislocation

Operation/Procedure: tibial tubercle osteotomy; patellar realignment

Findings:  Consistant with pre-op diagnosis/procedure  Other:

Complications:  None  Other:

Post-Operative Diagnosis (es):  Same as pre-op  Other:

Drains / Packs / Catheters:  None  Other: drain x 1

Estimated Blood Loss / Replacement:  0-10cc  10-50cc  Other:

Patient Condition / Disposition:  Stable  Unstable  Discharge to PACU  Discharge to ICU

Discharge to Day Surgery  Discharge to Med/Surg unit

Other:

Physician Signature: 

Date: 3/9/05 Time: 10:45 AM/PM

OPERATIVE/  
PROCEDURE  
NOTES

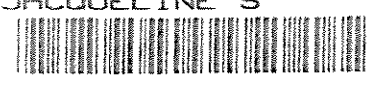
66200 11/01

PARKS LARRY E

DOB 03/26/57 47Y SEX: M MR: 778667

MLSNA JACQUELINE S

ADCT\*  
71258136



PLEASE CROSS OUT ALL ORDERS WHICH ARE NOT TO BE FOLLOWED.

3/11

1. **DIET:**  General: Other, please indicate: \_\_\_\_\_  Dietitian to instr  
Beer/Alcohol/Wine  Not allowed; other: \_\_\_\_\_  Push fluids  Restrict fluid to: \_\_\_\_\_

2. **ACTIVITY:**  No restrictions  Walking encouraged Stairs:  Allowed  Not Allowed  
Weight bearing: \_\_\_\_\_  Car rides allowed May resume driving: \_\_\_\_\_  
 May shower  Tub bath allowed Sexual activity:  resume  delay until: \_\_\_\_\_  
 Do not lift/push/pull anything greater than \_\_\_\_\_ lbs. for \_\_\_\_\_

Other: *Keep cast dry*

3. **DISCHARGE MEDICATIONS:** (include dose and frequency)  Pharmacy instruction

*Percocet*

4. **OUTPATIENT STUDIES:**  INR  CBC  BMP  Other: \_\_\_\_\_

5. **TREATMENTS:** Please specify: \_\_\_\_\_

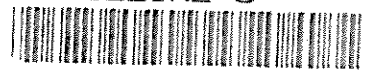
6. **HOME CARE:** \_\_\_\_\_  
**HOME OXYGEN:** \_\_\_\_\_

*Call for appt  
3/23 in ortho clinic*

7. **FOLLOW-UP:** Make an appointment: 152 Report the following:  return of symptoms  
temp over 102 increase in  redness,  drainage,  tenderness,  warmth,  odor,  bleeding  
 unable to urinate,  chest pain,  SOB,  weight gain of \_\_\_\_\_,  blood sugar less than \_\_\_\_\_  
or greater than \_\_\_\_\_, no BM in \_\_\_\_\_ days

8. **OTHER:**  
*cm*

M.D.



Substitution with therapeutic drug alternatives as approved by the Medical Executive Committee is acceptable, unless initiated.

Another brand of drug identical in form and content may be dispensed, unless checked.

DATE	TIME	ORDERS
3/10	0915	Teradol 30mg IV q 6h x 24 TKO IV as already ordered Ortho tech to pull drain Ⓛ leg today
3/10		noted Feb MSNA R 3/10/05 0830
3/10		NO Dr mlsna Ⓛ quad + SLR as tolerated Chlorzepate PR noted Feb MSNA R 3/10/05 0930
		noted Jannequin GN 3/10/05 1820 noted Jannequin 3/10/05 @ 0010
3/11	1055	Discharge today noted 3/11/05 1245

ST. JOSEPH REGIONAL MEDICAL CENTER

A Carilion HOSPITAL

500 W. Chambers Street  
Milwaukee, WI 53210-1688

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INSERT NEW FORMSET WHEN COPY 13 HAS BEEN REMOVED

5208

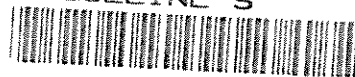
PATIENT LABELS MUST BE PLACED  
PARKS LARRY E

DOB: 03/26/57 47Y SEX: M MR: 778667

MLDNA JACQUELINE S

ACCT#

71258136



Substitution with therapeutic drug alternatives as approved by the Medical Executive Committee is acceptable, unless initialed.

Another brand of drug identical in form and content may be dispensed, unless checked.

DATE	TIME	ORDERS
3/9/05	1215	Ht 67.5" wt 167# - all PCW - Am Serivages - clear by Lunch, Supp Soft Dinner - NO 2 Kothh
3/9/05	1230	pain <sup>from</sup> Risk CP initiated - NO 2 Kothh
3/9/05	1300	OK to increase PCA Morphine to 2mg each 10. VORB Discharge / to home noted Janna Joes 6N 3/9/05 1700
3/10/05	0650	Social worker to see regarding SSI concerns - NCO Aneesah Muhammad RN - noted Janna Joes 6N 3/10/05 0945
3/10		

ST. JOSEPH REGIONAL MEDICAL CENTER  
A HOSPITAL  
3900 W. Chambers Street  
Milwaukee, WI 53210-1688

PARKS LARRY E  
DOB 03/26/57 47Y SEX: M MR: 778667  
MLSN: JACQUELINE S  
ACCT# 71258136

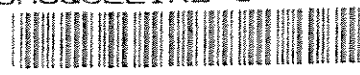


CHART COPY

INSERT NEW FORMSET WHEN COPY "1" HAS BEEN REMOVED

# Patient Controlled Analgesia Order Set

Substitution with therapeutic drug alternatives as approved by the Medical Executive Committee is acceptable unless initiated.

Another brand of drug identical in form and content may be dispensed unless checked.

**PLEASE CROSS OUT ALL ORDERS WHICH ARE NOT TO BE FOLLOWED.**

DATE	TIME	ORDERS																		
		1. Allergies: _____ 2. * Patient who received opioids in past may require a higher dose.																		
		<table border="1"> <thead> <tr> <th></th> <th>Morphine 1mg/ml *Average max hourly dose 4-15mg</th> <th>Hydromorphone 0.2 mg/ml *Average max hourly dose 0.8-1.8mg</th> </tr> </thead> <tbody> <tr> <td>Dose</td> <td><u>1</u> mg Usual range: 2 - 5 mg</td> <td>_____ mg Usual range 0.2 - 0.5 mg</td> </tr> <tr> <td>Lockout Interval</td> <td><u>10</u> minutes Usual: 10 minutes Lockout range: 5-20 minutes</td> <td>_____ minutes Usual: 10 minutes Lockout range: 5-20 minutes</td> </tr> <tr> <td>Initial Loading Dose (Bolus)</td> <td><u>2</u> mg Usual: 2-4mg (this is 50-100% of total hourly dose)</td> <td>_____ mg Usual: 0.3-0.8mg (this is 50-100% of total hourly dose)</td> </tr> <tr> <td>Continuous (Basal) Rate (see restriction below)</td> <td>_____ mg/hour Usual: 1mg/hour Usual dose range: 0.5 - 2.5 mg</td> <td>_____ mg/hour Usual: 0.2 mg/hour Usual dose range: 0.05 - 0.4 mg</td> </tr> <tr> <td>Length of Therapy (Needs renewal after this time interval)</td> <td><u>48</u> hours (Usual: 24-120 hrs.)</td> <td>_____ hours (Usual: 24-120 hrs.)</td> </tr> </tbody> </table>		Morphine 1mg/ml *Average max hourly dose 4-15mg	Hydromorphone 0.2 mg/ml *Average max hourly dose 0.8-1.8mg	Dose	<u>1</u> mg Usual range: 2 - 5 mg	_____ mg Usual range 0.2 - 0.5 mg	Lockout Interval	<u>10</u> minutes Usual: 10 minutes Lockout range: 5-20 minutes	_____ minutes Usual: 10 minutes Lockout range: 5-20 minutes	Initial Loading Dose (Bolus)	<u>2</u> mg Usual: 2-4mg (this is 50-100% of total hourly dose)	_____ mg Usual: 0.3-0.8mg (this is 50-100% of total hourly dose)	Continuous (Basal) Rate (see restriction below)	_____ mg/hour Usual: 1mg/hour Usual dose range: 0.5 - 2.5 mg	_____ mg/hour Usual: 0.2 mg/hour Usual dose range: 0.05 - 0.4 mg	Length of Therapy (Needs renewal after this time interval)	<u>48</u> hours (Usual: 24-120 hrs.)	_____ hours (Usual: 24-120 hrs.)
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Length of Therapy (Needs renewal after this time interval)	<u>48</u> hours (Usual: 24-120 hrs.)	_____ hours (Usual: 24-120 hrs.)																		

Ref: American Pain Society. Principles of analgesic use in the treatment of acute pain and cancer pain. 4th ed. APS: Glenview, IL. 1999. P.16, 42

3. If the drug of choice is not identified above, please complete the following:

Drug: \_\_\_\_\_ Initial Loading Dose (Bolus) \_\_\_\_\_  
 Dose: \_\_\_\_\_ Continuous Rate: \_\_\_\_\_  
 Lockout interval: \_\_\_\_\_  
 (see back for meperidine information)

4. No other parenteral and/or oral opioids while on PCA.

5. Treatment of opioid-related nausea and vomiting:

- \*\* Droperidol 0.625 - 1.25 mg IV q4hr prn
- \*\* Prochlorperazine [Compazine™] 5 - 10 mg IV over 1 minute q3-4hr prn
- \*\* Prochlorperazine [Compazine™] 5 - 10 mg IM q3-4hr prn
- \*\* Prochlorperazine [Compazine™] 10 mg PO q4hr prn
- Dolasetron 12.5 mg slow IV push over one minute q24hr prn
- Other: \_\_\_\_\_

\*\* NOT recommended for patients with diseases of the basal ganglia, e.g. Parkinson's disease.

Ref: ASHP Commission on Therapeutics. (1999). ASHP therapeutic guidelines on the pharmacologic management of nausea and vomiting in adult and pediatric patients receiving chemotherapy or radiation therapy or undergoing surgery. Am J Health-Syst Pharm 56:729-764.

DATE: 3/9/05 TIME: 1055 MD

*Farmer*  
3/9/05  
1215



Patient Controlled Analgesia  
Pre-Printed Orders

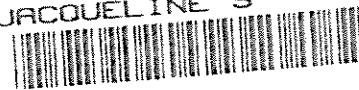
PARKS LARRY E

DOB: 03/26/57

47Y SEX: M MR: 778667

MLSNA JACQUELINE S

ACCT# 71258136



IERE  
R

# PATIENT ORDERS

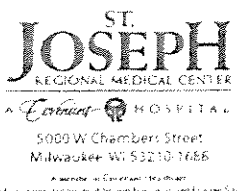
Substitution with therapeutic drug alternatives as approved by the Medical Executive Committee is acceptable unless initialed.

Another brand of drug identical in form and content may be dispensed unless checked.

PLEASE CHECK ALL ORDERS WHICH ARE TO BE FOLLOWED.

DATE	TIME	ORDERS
		<p>Allergies: <u>? PCW</u></p> <p>1. <input checked="" type="checkbox"/> Vital Signs: Q 1° x 2, Q 2° x 2, Q 4° x 4, then Q shift <u>NV ✓ C Vitalis</u></p> <p>2. <input checked="" type="checkbox"/> Activity: <u>up to commode &amp; assist</u></p> <p>3. <input checked="" type="checkbox"/> Diet: Advance to general diet as tolerated.</p> <p>4. <input checked="" type="checkbox"/> Foley Catheter prn inability to void or bladder distention.</p> <p>5. <input checked="" type="checkbox"/> Oxygen 2 liters per NC prn <input type="checkbox"/> Notify M.D. of need.</p> <p>6. <input type="checkbox"/> I and O:</p> <p>7. <input checked="" type="checkbox"/> Triflow Q 1° x 5 min while awake.</p> <p>8. <input type="checkbox"/> SCDs: Bk _____ AK _____ Plexipulse _____</p> <p>9. <input type="checkbox"/> Teds: Bk _____ AK _____</p> <p>10. <input type="checkbox"/> X-ray:</p> <p>11. <input checked="" type="checkbox"/> P.T.: <u>Start 3/9 pm WSTAT</u></p> <p>12. <input type="checkbox"/> Labs:</p> <p>13. <input checked="" type="checkbox"/> I.V.: <u>LR</u> at <u>125</u> cc/hr.</p> <p>14. <input checked="" type="checkbox"/> CIV when taking po well.</p> <p>Medications: Opioid doses shall be adjusted in each patient to achieve pain relief (mild or no pain; pain rating of less than 4 on a 0 – 10 scale) with patient satisfaction and an acceptable level of adverse effects. If the initial starting dose is not effective, a dose increase of 50 – 100% within the range ordered should occur and should be the new starting dose for repeated patient reports of pain.</p> <p>NOTE: Total daily acetaminophen dose should not exceed 4 gm.</p> <p>1. <input checked="" type="checkbox"/> See PCA orders on PCA order sheet.</p> <p>2. <input type="checkbox"/> MSO4 _____ mg IV q3hr prn pain.</p> <p>3. <input checked="" type="checkbox"/> Percocet 1-2 tab po q4hr prn pain.</p> <p>4. <input checked="" type="checkbox"/> Vicodin 1-2 tab po q4hr prn pain.</p> <p>5. <input type="checkbox"/> Tylenol #3 1-2 tab po q4hr prn pain.</p> <p>6. <input type="checkbox"/> Darvocet-N-100 1 po q4hr prn pain.</p> <p>7. <input checked="" type="checkbox"/> Acetaminophen 650 mg po q4hr prn pain.</p> <p>8. <input checked="" type="checkbox"/> Cefazolin 1 gm IV q8hr x 24 hours (give 2 gm if patient &gt; 70 kg)</p> <p>9. <input type="checkbox"/> Vancomycin 1 gm IV q12hr X 24 hours if serious penicillin allergy</p> <p>10. <input checked="" type="checkbox"/> Droperidol 0.625 – 1.25 mg IV q6hr prn nausea.</p> <p>11. <input checked="" type="checkbox"/> Dolasetron (Anzemet) 12.5 mg IV x 1 dose. <u>if above ineffective</u></p> <p>12. <input checked="" type="checkbox"/> Zolpidem (Ambien) 5 mg po q hs prn sleep.</p> <p>13. <input checked="" type="checkbox"/> Docusate calcium (Surfak) 240 mg po daily.</p> <p>14. <input checked="" type="checkbox"/> MOM 30 ml po daily prn constipation.</p> <p>15. <input checked="" type="checkbox"/> Bisacodyl (Dulcolax) 10 mg rectally daily prn constipation.</p> <p>16. <input type="checkbox"/> Metoclopramide hydrochloride (Reglan) 10 mg IV q6hr prn nausea.</p> <p>17. Other medications:</p> <p><input checked="" type="checkbox"/> <u>Alivan 1mg IV or po q 6° prn agitation</u></p> <p><input checked="" type="checkbox"/> <u>MV 1 po daily</u></p> <p><input checked="" type="checkbox"/> <u>Thiamine 100mg po BID</u></p> <p><input checked="" type="checkbox"/> <u>Folate 1mg po daily</u></p> <p><u>CMS</u> M.D. Date <u>3/9/05</u></p>

*Handwritten notes:*  
 fam...  
 3/9/05  
 1615



**Post Operative Orders**  
 Dale E. Bauwens, M.D. Charles A. Klein, M.D.  
 Jacqueline Mlsna, M.D. David Kornreich, D.O.

**PARKS LARRY E**  
 DOB: 03/26/57 47Y SEX: M MR: 778667  
 MLSNA JACQUELINE S  
 ACCT# 71258136

## Post Anesthesia Care Unit/ Day Surgery Patient Care Orders

Substitution with therapeutic drug alternatives as approved by the Medical Executive Committee is acceptable unless initialed.

Another brand of drug identical in form and content may be dispensed unless checked.

**PLEASE CROSS OUT ALL ORDERS WHICH ARE NOT TO BE FOLLOWED.**

DATE	TIME	LOC	ORDERS
<p style="font-size: 2em; font-weight: bold;">3/9/05</p> <p style="font-size: 2em; font-weight: bold;">0850</p> <p style="font-size: 2em; font-weight: bold;">J. Williams</p>			<ol style="list-style-type: none"> <li>1. See admission and discharge policy PACU-23/PACU-24.</li> <li>2. Oxygen per mask at 7-10 Lpm, nasal cannula 4-6 Lpm, oxygen at 5-7 Lpm per t-piece; Puritan @ 40% F<sub>1</sub>O<sub>2</sub> prn.</li> <li>3. Extubate per protocol PACU-111.</li> <li>4. If SaO<sub>2</sub> &lt; 93% in PACU, adm O<sub>2</sub> @ _____ Lpm per _____ prn overnight</li> <li>5. If no IV orders are written, an additional liter of last infused solution may be hung at KVO. (Cap unused peripheral lines.</li> <li>6. Apply soft restraints while patient is in PACU if needed, to prevent self-injury or interference with medical treatment.</li> </ol> <p><b>EMERGENCY TREATMENT:</b> The following orders are based on ACLS protocol and will be implemented in combination with initiating BLS and the internal code response system as appropriate:</p> <ol style="list-style-type: none"> <li>a. Amiodarone 150 mg IV over 10 min., may repeat Q 10 min. for ventricular tachycardia (cumulative dose is 2.2 gm IV/24 hrs.). For children: Amiodarone 5 mg/kg IV over 20-60 min.</li> <li>b. Atropine 0.5mg – 1.0mg IV for patients with symptomatic bradycardia. May repeat Atropine 0.5mg – 1.0mg as needed q 3-5 minutes up to max dose 0.4mg/kg. For children with symptomatic bradycardia, bolus with 0.01mg/lb IV when less than 10kg and 0.02mg/kg when greater than 10kg with min. of 0.15mg. <b>CAUTION: Always question the patient regarding glaucoma or urinary retention.</b></li> <li>c. Acute hypotension – IV rate may be increased and MD notified immediately.</li> </ol> <p><b><u>ANESTHESIOLOGIST WILL BE NOTIFIED IF EMERGENCY MEASURES ARE INITIATED.</u></b></p> <p>(Check orders which apply)</p> <p><b><u>ANALGESICS</u></b></p> <p><input type="checkbox"/> morphine _____ mg IV q _____ minutes prn pain up to maximum of _____ mg</p> <p><input checked="" type="checkbox"/> meperidine <u>12.5-25</u> mg IV q <u>5-10</u> minutes prn pain up to maximum of <u>50</u> mg</p> <p><input checked="" type="checkbox"/> hydromorphone <u>0.1-0.5</u> mg IV q <u>5-10</u> minutes prn pain up to maximum of <u>2</u> mg</p> <p><input type="checkbox"/> ketorolac 30mg IV prn pain (one dose only)</p> <p><b><u>ANTIEMETICS (DS/PACU/DSO)</u></b></p> <p><input checked="" type="checkbox"/> Zofran 2mg IV prn nausea <span style="margin-left: 20px;"><i>Benadryl 0.5mg I.V RT Nausea</i></span></p> <p><input checked="" type="checkbox"/> Droperidol 0.625 IV prn nausea</p> <p><input type="checkbox"/> Metoclopramide 10mg IV prn nausea</p> <p><input type="checkbox"/> Decadron 4mg IV PRN nausea</p> <p><b><u>MISC. PACU ORDERS</u></b></p> <p><input type="checkbox"/> ABG with K<sup>+</sup>; Hct; Na<sup>+</sup></p> <p><input type="checkbox"/> DC arterial line in PACU</p> <p><input type="checkbox"/> CXR for line placement</p> <p><input type="checkbox"/> Bedside Glucose</p> <p><b><u>DAY SURGERY UNIT</u></b></p> <p><input type="checkbox"/> Discharge with criteria met</p> <p><input type="checkbox"/> Please call me before discharge</p> <p><input type="checkbox"/> MD evaluation for discharge</p> <p><input type="checkbox"/> Patient must void prior to discharge</p> <p style="text-align: right;">_____ M.D.</p>

**ST. JOSEPH**  
REGIONAL MEDICAL CENTER

A *Covenant* HOSPITAL

5000 W. Chambers St. • Milwaukee, WI 53210  
10400 W. North Avenue • Wauwatosa, WI 53226

A member of *Covenant HealthCare*  
A Division of *Wisconsin Healthcare and Finance Services*

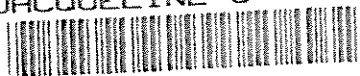
PATIENT ORDERS

PARKS LARRY E

DOB: 03/26/57      47Y SEX: M      MR: 778667

MLSNA JACQUELINE S

ACCT#: 71258136





# Intraoperative Verbal Orders and Medication Profile

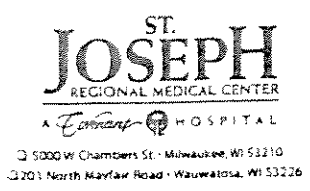
Please circle, check and/or fill in blanks for all applicable orders. Initials indicate completion of each order. Initials must be recorded on signature profile sheet.

Formulary approved equivalent will be dispensed unless the words "NO SUBSTITUTES" are written.

**CHECK ALLERGIES BEFORE WRITING MEDICATION ORDERS!**

1.  Insert Foley / Straight Catheter       Discontinue Catheter
2. O2 via:  Mask @ \_\_\_\_\_ l/min       Nasal Cannula @ \_\_\_\_\_ l/min
3.  Pneumatic Compression System: calf / thigh / foot R / L       Antiembolism Stocking: Calf / Thigh R / L
4. Tourniquet @ 200 mm Hg      R/L Leg / Arm / Ankle
5. **Give IV Medications:**  
 Midazolam \_\_\_\_\_ mg @ \_\_\_\_\_; \_\_\_\_\_ mg @ \_\_\_\_\_; \_\_\_\_\_ mg @ \_\_\_\_\_; \_\_\_\_\_ mg @ \_\_\_\_\_;  
 Midazolam \_\_\_\_\_ mg @ \_\_\_\_\_; \_\_\_\_\_ mg @ \_\_\_\_\_; \_\_\_\_\_ mg @ \_\_\_\_\_; \_\_\_\_\_ mg @ \_\_\_\_\_  
 Meperidine \_\_\_\_\_ mg @ \_\_\_\_\_; \_\_\_\_\_ mg @ \_\_\_\_\_; \_\_\_\_\_ mg @ \_\_\_\_\_  
 Morphine \_\_\_\_\_ mg @ \_\_\_\_\_; \_\_\_\_\_ mg @ \_\_\_\_\_; \_\_\_\_\_ mg @ \_\_\_\_\_  
 Fentanyl \_\_\_\_\_ mcg @ \_\_\_\_\_; \_\_\_\_\_ mcg @ \_\_\_\_\_; \_\_\_\_\_ mcg @ \_\_\_\_\_; \_\_\_\_\_ mcg @ \_\_\_\_\_; \_\_\_\_\_ mcg @ \_\_\_\_\_  
 Other \_\_\_\_\_
6. **Local Anesthetic on Field (Circle %, Plain or c/Epinephrine, Concentration)**  
 0.5% / 1% / 2% Lidocaine Plain or c/Epinephrine \_\_\_\_\_ ml 1:100,000 1:200,000  
 0.25% / 0.5% / 0.75% Bupivacaine Plain or c/Epinephrine \_\_\_\_\_ ml 1:100,000 1:200,000  
 4% lidocaine plain \_\_\_\_\_ ml Cocaine \_\_\_\_\_ % \_\_\_\_\_ ml       2% Lidocaine Urojet  
 Local medications mixed together \_\_\_\_\_  
 Other(s): \_\_\_\_\_
7. 4% lidocaine plain \_\_\_\_\_ ml gargle
8. **Medications/Irrigation on Field:**  
 Irrigation: \_\_\_\_\_ ml  H2O  Saline  Plasmalyte  LR  Glycine \_\_\_\_\_ %  Sorbitol  Normosol  
 Heparin \_\_\_\_\_ units Heparinized Saline \_\_\_\_\_ units heparin/ \_\_\_\_\_ ml NS Papaverine \_\_\_\_\_ ml: \_\_\_\_\_ ml NS  
 Epinephrine 1mg/ml: \_\_\_\_\_ ml: \_\_\_\_\_ ml NS Thrombin \_\_\_\_\_ units x \_\_\_\_\_ Renografin-60: \_\_\_\_\_ x \_\_\_\_\_ ml  
 Bacitracin 5000 units: 100 ml NS Bacitracin \_\_\_\_\_ units AND Kanamycin \_\_\_\_\_ : \_\_\_\_\_ ml NS  
 Other(s): \_\_\_\_\_
9. **Eye/Ear/Nasal Drops:** Tobradex \_\_\_\_\_ drops R/ L eye Cortisporin Otic \_\_\_\_\_ drops R/ L ear  
 Cortisporin Ophthalmic \_\_\_\_\_ drops R/ L eye Other \_\_\_\_\_
10. **Ointments:**  
 Triple Antibiotic Ointment  Povidine Iodine  Other \_\_\_\_\_
11. **Blood Products:**  Type and Screen  Type and Crossmatch for \_\_\_\_\_ units of \_\_\_\_\_  
 Administer: \_\_\_\_\_
12. Other(s): \_\_\_\_\_

V.O. from Dr. J. [Signature] MD [Signature] RN date 7/5/05  
 Physician Signature [Signature] date 8/9/05



Intraoperative Verbal Orders  
and Medication Profile

55939 3/04 R1

**PARKS LARRY E**  
 DOB: 03/26/57 47Y SEX: M MR: 778667  
 MLSNA JACQUELINE S  
 ACCT# 71258136

Substitution with therapeutic drug alternatives as approved by the Medical Executive Committee is acceptable unless initiated.

Another brand of drug identical in form and content may be dispensed unless checked.

# PATIENT ORDERS

Pre-printed Anesthesia, Pre-Operative Orders for all Patients Having General Anesthesia, Monitored Anesthesia Care or Regional Anesthesia

PLEASE CHECK ALL ORDERS WHICH ARE TO BE FOLLOWED

DATE	TIME	ORDERS														
		<ol style="list-style-type: none"> <li>Hct within 14 days for all children under 6 months</li> <li>Hct within 30 days if type and screen or type and crossmatch required for surgery.</li> <li>ECG within 6 months <u>for all patients 50 years of age and over.</u> (Exception: Not required for eye surgery patients scheduled for MAC.)</li> <li>For <u>all patients 60 years of age and over</u>, the following are required:               <ol style="list-style-type: none"> <li>Hemogram within 30 days. (Exception: Not required for eye surgery patients scheduled for MAC.)</li> <li>Basic Metabolic Panel within 30 days or K+, creatinine, glucose if testing done at outside facility. (Exception: Not required for eye surgery patients scheduled for MAC.)</li> </ol> </li> <li>Sickle Cell index on all African-American children under the age of 15, if no documentation of prior testing with Hct. (Call the Wisconsin State Lab for Sickle Cell results at 1-888-494-4324 or 1-608-262-6547.)</li> <li>Basic Metabolic Panel on day of surgery and hemogram within 30 days of surgery for all patients on dialysis.</li> <li>Urine pregnancy test on all female patients (ages 13-48 inclusive) within 48 hours unless previous tubal ligation or hysterectomy, or if serum pregnancy test done within 48 hours. If unable to obtain urine pregnancy on admission, do stat serum pregnancy.</li> <li>Serum K+ for patients on diuretics within 24 hours. (See Pre-op Regulations, General Nursing Manual). (Exception: Not required for eye surgery patients scheduled for MAC.)</li> <li>Blood glucose monitoring on all diabetic patients on admission – day of surgery.</li> <li>Metoclopramide (Reglan) 10mg (PO) and Famotidine (Pepcid) 20mg (PO) with sips of water should be given 60-90 minutes pre-operatively for patients (age 12 and over) with the following medical conditions: Diabetes; Hiatal hernia; Gastroesophageal reflux; Obesity (greater than 30% above ideal body weight – see back of page); or Miscarriage.               <ul style="list-style-type: none"> <li>Contraindications to giving Metoclopramide include Metoclopramide allergy, Parkinson's disease, Pheochromocytoma, previous dystonic or other intolerance to Metoclopramide, seizure disorder, suspected gastrointestinal hemorrhage or obstruction.</li> <li>Contraindications to giving Famotidine include Famotidine allergy.</li> <li>Acceptable alternatives to Famotidine are Zantac, Tagamet, Prilosec, Prevacid, Aciphex, Protonix and Nexium.</li> <li>Any of these medications taken within four hours of surgery need not be repeated.</li> </ul> </li> </ol> <p style="text-align: right;">M.D.</p> <p style="text-align: center;"><i>3.9.05</i> <i>0950</i></p> <ol style="list-style-type: none"> <li>Pre-op medications: - <b>HOLD ALL MEDICATIONS EXCEPT Metoclopramide and Famotidine until pregnancy test results are known if applicable.</b> <table border="0" style="width: 100%;"> <tr> <td><input type="checkbox"/> Ranitidine (Zantac) 150mg (po) at _____</td> <td><input type="checkbox"/> Midazolam (Versed) _____ mg (po)/IM at _____</td> </tr> <tr> <td><input type="checkbox"/> Famotidine (Pepcid) 20mg (po) at _____</td> <td><input type="checkbox"/> Acetaminophen Liquid _____ mg at _____</td> </tr> <tr> <td><input type="checkbox"/> Metoclopramide (Reglan) 10mg (po) at _____</td> <td><input type="checkbox"/> Morphine Sulfate _____ mg (IM) at _____</td> </tr> <tr> <td><input type="checkbox"/> Lorazepam (Ativan) _____ mg (po) at _____</td> <td><input type="checkbox"/> Hydroxyzine _____ mg (IM) at _____</td> </tr> <tr> <td><input type="checkbox"/> Bicitra (sodium citrate/citric acid solution) 30ml (po) at _____</td> <td><input type="checkbox"/> Emla cream (topical) on two sites at _____</td> </tr> <tr> <td><input type="checkbox"/> Vioxx _____ mg(po) at _____</td> <td><input type="checkbox"/> Diazepam (Valium) _____ mg (po) at _____</td> </tr> <tr> <td><input type="checkbox"/> Other: _____</td> <td><input type="checkbox"/> Oxycontin _____ mg (po) at _____</td> </tr> </table> <p>Give oral meds with sips of water.</p> <p style="text-align: right;">M.D.</p> </li> </ol>	<input type="checkbox"/> Ranitidine (Zantac) 150mg (po) at _____	<input type="checkbox"/> Midazolam (Versed) _____ mg (po)/IM at _____	<input type="checkbox"/> Famotidine (Pepcid) 20mg (po) at _____	<input type="checkbox"/> Acetaminophen Liquid _____ mg at _____	<input type="checkbox"/> Metoclopramide (Reglan) 10mg (po) at _____	<input type="checkbox"/> Morphine Sulfate _____ mg (IM) at _____	<input type="checkbox"/> Lorazepam (Ativan) _____ mg (po) at _____	<input type="checkbox"/> Hydroxyzine _____ mg (IM) at _____	<input type="checkbox"/> Bicitra (sodium citrate/citric acid solution) 30ml (po) at _____	<input type="checkbox"/> Emla cream (topical) on two sites at _____	<input type="checkbox"/> Vioxx _____ mg(po) at _____	<input type="checkbox"/> Diazepam (Valium) _____ mg (po) at _____	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Oxycontin _____ mg (po) at _____
<input type="checkbox"/> Ranitidine (Zantac) 150mg (po) at _____	<input type="checkbox"/> Midazolam (Versed) _____ mg (po)/IM at _____															
<input type="checkbox"/> Famotidine (Pepcid) 20mg (po) at _____	<input type="checkbox"/> Acetaminophen Liquid _____ mg at _____															
<input type="checkbox"/> Metoclopramide (Reglan) 10mg (po) at _____	<input type="checkbox"/> Morphine Sulfate _____ mg (IM) at _____															
<input type="checkbox"/> Lorazepam (Ativan) _____ mg (po) at _____	<input type="checkbox"/> Hydroxyzine _____ mg (IM) at _____															
<input type="checkbox"/> Bicitra (sodium citrate/citric acid solution) 30ml (po) at _____	<input type="checkbox"/> Emla cream (topical) on two sites at _____															
<input type="checkbox"/> Vioxx _____ mg(po) at _____	<input type="checkbox"/> Diazepam (Valium) _____ mg (po) at _____															
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Oxycontin _____ mg (po) at _____															

INSERT NEW FORMSET WHEN COPY HAS BEEN REMOVED



## PATIENT ORDERS

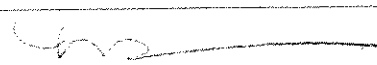
**PARKS LARRY E**  
 DOB: 03/26/57 47Y SEX: M MR: 778657  
 MLSNA JACQUELINE S  
 ACCT: #  
 71258136

11- Wed am 2<sup>nd</sup> am admit

- \* SURGICAL REQUIREMENT FOR ALL CHILDREN UNDER 6 MONTHS AND ALL PATIENTS IF T & S OR T & C REQUIRED FOR SURGERY
- \*\* SURGICAL REQUIREMENT FOR ALL PATIENTS 50 YEARS OF AGE AND OVER
- \*\*\* SURGICAL REQUIREMENT FOR ALL PATIENTS 60 YEARS OF AGE AND OVER
- \*\*\*\* SURGICAL REQUIREMENT FOR AFRICAN-AMERICAN CHILDREN UNDER THE AGE OF 15

PATIENT NAME <b>Larry Parks</b>	HOME PHONE <b>414-418-0186</b>	WORK PHONE <b>414-418-0730</b>	DATE OF SURGERY <b>3/9/05</b>	SCHEDULED TESTING DATE <b>8:00 am</b>
OPERATIVE PROCEDURE <b>Tibial tubercle osteotomy patellar realignment w/graft</b>				ALLERGIES

**CODE STATUS** (select one)     Full Code 4     No Code 4

PHYSICIAN: PLEASE INDICATE CARE DESIRED.	
<b>RADIOLOGY:</b> CHEST X-RAY <input type="checkbox"/> ADMISSION <input type="checkbox"/> OTHER X-RAY STUDIES <input type="checkbox"/> PA AND LATERAL  <input type="checkbox"/> Electrocardiogram** (to be done within 6 mo. of surgery)	<b>HISTORY AND PHYSICAL:</b> (To be done within 30 days of surgery) <input type="checkbox"/> Dr. _____ TO DICTATE <input type="checkbox"/> Dr. _____ TO SEND <input type="checkbox"/> Dr. _____ TO UPDATE UPON ADM <input checked="" type="checkbox"/> TO BE DONE BY SURGICAL ASSISTANT
<b>LABORATORY:</b> (to be done within 30 days of surgery) <input type="checkbox"/> HEMATOCRIT* <input type="checkbox"/> SICKLE CELL INDEX**** <input type="checkbox"/> CBC WITH DIFFERENTIAL <input checked="" type="checkbox"/> HIV <input type="checkbox"/> CBC WITHOUT DIFFERENTIAL*** <input type="checkbox"/> HEPATITIS B SURFACE ANT. <input type="checkbox"/> METABOLIC PANEL - BASIC** <input type="checkbox"/> URINALYSIS <input type="checkbox"/> METABOLIC PANEL COMPREHENSIVE <input type="checkbox"/> URINE PREGNANCY within 48 hrs of surgery (Unless previous tubal ligation or hysterectomy) <input type="checkbox"/> POTASSIUM <input type="checkbox"/> SERUM PREGNANCY within 48 hrs of surgery (Unless previous tubal ligation or hysterectomy) <input type="checkbox"/> ELECTROLYTES <input type="checkbox"/> OTHER	<b>PHYSICAL THERAPY:</b> <input type="checkbox"/> CRUTCH WALKING INSTRUCTIONS <input type="checkbox"/> P.T. PRE-OP PROGRAM <input type="checkbox"/> O.T. PRE-OP PROGRAM  PLEASE LIST ANY RECENT DIAGNOSTIC WORK-UPS WHICH THE PATIENT HAD AT ST. JOSEPH REGIONAL MEDICAL CENTER FOR WHICH RESULTS WOULD BE HELPFUL TO YOU FOR FURTHER CARE (I.E. MAMMOGRAM)
<input type="checkbox"/> TYPE AND CROSSMATCH PACKED CELLS <input type="checkbox"/> _____ UNITS OTHER <input type="checkbox"/> _____ UNITS  <input type="checkbox"/> TYPE AND SCREEN	<b>PRE-OP SCRUBS/PREP:</b>  <b>TEDS:</b> <input type="checkbox"/> SEQUENTIAL COMPRESSION LEG WRAPS <input type="checkbox"/> Above knee <input type="checkbox"/> Below knee <input checked="" type="checkbox"/> SEQUENTIAL COMPRESSION FOOT WRAPS <input type="checkbox"/> TED'S <input type="checkbox"/> THIGH HIGH <input type="checkbox"/> BELOW KNEE
<b>MEDICATIONS:</b> Please check box if: <input type="checkbox"/> History of mitral valve prolapse <input type="checkbox"/> History of joint replacement (hip, knee)	<b>ACTIVITY:</b>  <b>DIET:</b>
Risks, benefits, potential complications and alternatives explained to patient related to: <input checked="" type="checkbox"/> Procedure <input type="checkbox"/> Sedation <input type="checkbox"/> Blood OTHER:	
PHYSICIAN SIGNATURE:  DATE: <b>2/28/05</b>	

FOR TESTING APPOINTMENT AND INFORMATION, CALL: CHAMBERS - 778-4020 ST. JOSEPH OUTPATIENT CENTER - 259-755



Pre-Admission Physician Orders

**PARKS LARRY E**  
 DOB: 03/26/57    47Y SEX: M    MR: 778667  
 MLSNA JACQUELINE S  
 ACCT#

5000 W. Chambers St. • Milwaukee WI 53212  
 201 North Mayfair Road • Wauwatosa, WI 53226

54332 8/04 R8

71258136 



Elmbrook Memorial Hospital  
19333 West North Avenue  
Brookfield, WI 53045

St. Francis Hospital  
3237 16<sup>th</sup> Street  
Milwaukee, WI 53215

St. Joseph Regional Medical Center  
5000 West Chambers  
Milwaukee, WI 53210

St. Michael Hospital  
2400 West Villard  
Milwaukee, WI 53209

### RADIOLOGY

ORIGINAL

cc: JACQUELINE MLSNA, MD, Ordering Physician

ORDERING PHYSICIAN: Dr. Jacqueline Mlsna  
OCCURRENCE NUMBER: 80548906

EXAM DATE: 03/09/2005

EXAM LOCATION: St. Joseph Regional Medical Center

EXAM: INTRAOPERATIVE LATERAL PROJECTION OF THE LEFT KNEE

FINDINGS: Comparison is made with preoperative exams obtained 02/14/2005.

A single intraoperative lateral projection of the left knee reveals findings of displacement osteotomy of the tibial tuberosity. The crescentic-shaped osteotomy fragment is anchored with a single metallic screw. There is air within the joint and a single intra-articular drain is in place. Degenerative changes of the patellofemoral and tibiofemoral articulations are evident. A calcified loose body is noted at the posterior aspect of the joint.

This document was electronically signed by DALE J. LYE, MD on behalf of MARK T. LAWTON, MD on 03/09/2005 19:29:28.

Radiologist: \_\_\_\_\_  
MARK T. LAWTON, MD

MTL/cr D.03/09/2005 15:34:36 T.03/09/2005 17:12:45  
Doc ID #: 4051435 Voice ID #: 3918466

### ST. JOSEPH REGIONAL MEDICAL CENTER

NAME: PARKS, LARRY E  
DOB: 03/26/1957

MRN: 778667  
ACCT #: 71258136

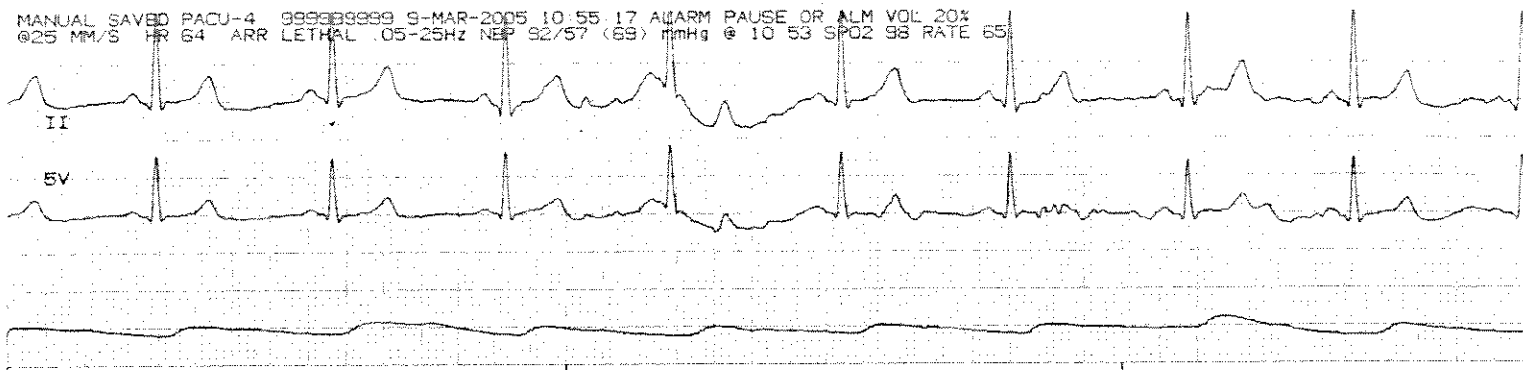
VISIT TYPE: I  
ROOM #: SURG 5208 A

### RADIOLOGY

M. Cullen, MD - J. Grum, MD - J. Grogan, MD - J. Hartwick, MD - D. Lye, MD - S. Gryniewicz, MD - R. Neimon, MD - L. Giles, MD - W. MacDonald, MD - P. Grebe, MD  
M. Lawton, MD - K. Kluessendorf, MD - E. Conti, MD - J. Smith, MD - D. Reasa, MD - E. Kinsfogel, MD - S. Arnold, MD - S. VanBlarcom, MD - J. Lee, DO - Q. Rose, MD

# MONITOR STRIPS

MANUAL SAVED PACU-4 999999999 9-MAR-2005 10:55:17 ALARM PAUSE OR ALM VOL 20%  
 @25 MM/S PR 64 ARR LETHAL 05-25HZ NEP 92/57 (69) mmHg @ 10:53 SPO2 98 RATE 65



HEART RATE <i>64</i>	PR INTERVAL <i>.20</i>	QRS DURATION <i>.08</i>	QT (IF APPLICABLE) <i>—</i>	INTERPRETATION <i>SR</i>	RN SIGNATURE <i>J. H. ...</i>
<input type="checkbox"/> SYMPTOMATIC (SEE NURSE'S NOTES)	INTERVENTION (IF APPLICABLE)	<input type="checkbox"/> MEDS	<input type="checkbox"/> LAB	<input type="checkbox"/> 12-LEAD EKG OBTAINED	<input type="checkbox"/> CALL CODE 4
<input type="checkbox"/> NON-SYMPTOMATIC				<input type="checkbox"/> PACING INITIATED	<input type="checkbox"/> MD NOTIFIED

HEART RATE	PR INTERVAL	QRS DURATION	QT (IF APPLICABLE)	INTERPRETATION	RN SIGNATURE
<input type="checkbox"/> SYMPTOMATIC (SEE NURSE'S NOTES)	INTERVENTION (IF APPLICABLE)	<input type="checkbox"/> MEDS	<input type="checkbox"/> LAB	<input type="checkbox"/> 12-LEAD EKG OBTAINED	<input type="checkbox"/> CALL CODE 4
<input type="checkbox"/> NON-SYMPTOMATIC				<input type="checkbox"/> PACING INITIATED	<input type="checkbox"/> MD NOTIFIED



MONITOR STRIPS

**PARKS LARRY E**  
 DOB: 03/26/57 47Y SEX: M MR: 778667  
 MLSNA JACQUELINE S  
 ACCT#:  
 71258136



**PARKS, LARRY E**  
 St. Joseph Regional Medical Center  
 PMR Plan of Care (poc\_fims)  
 FROM: 03/11/05 05:12 TO: 03/12/05 06:12  
 ROOM: \*5208-A\* ADM: 03/09/05 08:00  
 AGE: 47Y SEX: M Dr.: MLSNA, JACQUELINE  
 DOB: 03/26/1957 ID: 71258136 MR: 778667  
 REQUESTED:03/12/05 06:13 (CMK1)

POC Therapy	03/11	03/12
<b>PT Plan of Care</b>	13:20	06:08
Treatment plan		&
LTG start date	03/10/2005	
Long term goals		
LTG #1		&
LTG #2		&
LTG #3		&
LTG #4		&
LTG #5		&
LTG #6		&
LTG #7		&
Tx goals discuss		
With patient	agree	

03/11/05 13:20 Treatment plan(PJH): see BID for 3 days for crutch walking quad sets and SLR with orthostatic precautions

03/11/05 13:20 LTG #1(PJH): I bed mobility

03/11/05 13:20 LTG #2(PJH): mod I basic transfers

03/11/05 13:20 LTG #3(PJH): mod I ambulation 100 feet

03/11/05 13:20 LTG #4(PJH): mod I up/down 10 steps with rail and AD

03/11/05 13:20 LTG #5(PJH): I HEP

03/11/05 13:20 LTG #6(PJH): min assist car transfer

03/11/05 13:20 LTG #7(PJH): pain 3 or less for above goals

<b>PT DC Summary</b>	13:20	06:08
Long term goals		
LTG #1	met	
LTG #2	met	
LTG #3	met	
LTG #4	met	
LTG #5	met	
LTG #6	not met shortened stay	&
LTG #7	met	
Endurance	adequate	
Teaching summary	ambulation bed mobility device safety stairs transfers	
Recommendations	family assist	
Additional Info		&

03/11/05 13:20 LTG #6(PJH): Pt was able to verbalize correct technique and signif. other will assist as needed.

03/11/05 13:20 Additional info(PJH): Pt going home today. Pt will provide own transportation.

<b>Therapy Cosign</b>	13:20	06:08
Caregiver		PTA
Documentation		plan of care treatment data DC summary
CARE PROVIDERS	PJH	CMK1

HARRIS, PEGGY J(PJH)PTA

KLINGBEIL, CYNTHIA M(CMK1)PT

PARKS, LARRY E  
 St. Joseph Regional Medical Center  
 OT/PT/TR Eval Tx (otpt\_eval)  
 FROM: 03/10/05 00:00 TO: 03/11/05 16:22  
 ROOM: 5208-A ADM: 03/09/05 08:00  
 AGE: 47Y SEX: M Dr: MLSNA, JACQUELINE  
 DOB: 03/26/1957 ID: 71258136 MR. 778657  
 REQUESTED:03/11/05 16:22

OT/PT/TR Eval/Tx	03/10		03/11		
Document Type	08:24	15:01	08:54	13:13	13:20
PT documentation	initial eval	treatment note	treatment note	treatment note	DC summary
Evaluatn Summary	08:24	15:01	08:54	13:13	13:20
Pt seen for	45minutes				
Pulse ox prec	yes-see vitals				
Rehab prognosis	good				
Tx frequency	1-2 times/day				
Tx duration	2-3 day(s)				
Endurance	inadequate freq rest needed fatigue w/activ				
Patient goals					
I want to	be indep as poss				
Tx goals discuss					
With patient	agree				
Eval limited by	dizziness fatigue pain				
Treatment Summary	08:24	15:01	08:54	13:13	13:20
Pt was seen for		15minutes	30minutes	30minutes	
WB precautions					
WBAT				L lower extrem	
				&	
Tx per plan				done	
Tx limited by		pain			
Endurance			adequate	adequate	
Pt response			progress to goal	progress to goal	
Plan		continue w/plan	continue w/plan	discontinue Tx	&
03/11/05 13:13 WBAT(PJH): Cast applied to LLE.					
03/11/05 13:13 Plan(PJH): Pt going home today.					
Safety Issues	08:24	15:01	08:54	13:13	13:20
No functional def				noted	
Cognitive					
Follows directn	100% of time				
Attends to task	100% of time				
Lower Extrem Tx	08:24	15:01	08:54	13:13	13:20
Strengthening ex			done	done	done
				&	
AROM exercise				done	done
					&
AAROM exercise		done			
					&
Inst technique				done	demonstrates
03/10/05 15:01 AAROM exercise(WND): Pt had difficulty tolerating secondary to pain.					
03/11/05 08:54 Strengthening ex(WND): Pt able to perform quad sets (I) and SLR with assist. Significant other able to assist pt as needed.					
03/11/05 13:13 AROM exercise(PJH): quads sets,slrs					
03/11/05 13:20 AROM exercise(PJH): quads sets,slrs					
Sensation	08:24	15:01	08:54	13:13	13:20
Pt complains of					
R digit(s)	tingling				
L toe(s)	tingling				
CARE PROVIDERS	CMK1	WND	WND	PJH	PJH

DOERR, WENDY N(WND)PTA

HARRIS, PEGGY J(PJH)PTA

KLINGBEIL, CYNTHIA M(CMK1)PT

CONTINUED

PARKS, LARRY E  
 St. Joseph Regional Medical Center  
 OT/PT/TR Eval Tx (otpt\_eval)  
 FROM: 03/10/05 08:00 TO: 03/11/05 16:22  
 ROOM: 5208-A ADM: 03/09/05 08:00  
 AGE: 47Y SEX: M Dr.: MLSNA, JACQUELINE  
 DOB: 03/26/1957 ID: 71258136 MR: 778667  
 REQUESTED: 03/11/05 16:22

OT/PT/TR Eval/Tx	03/10	03/11			
<b>ROM Upper Extrem</b>	08:24	15:01	08:54	13:13	13:20
Evaluation	WFL				
<b>ROM Lower Extrem</b>	08:24	15:01	08:54	13:13	13:20
Evaluation	WFL except				
03/10/05 08:24 Evaluation(CMK1): L leg LL cast					
<b>Strength UE</b>	08:24	15:01	08:54	13:13	13:20
Evaluation	WFL				
<b>Strength LE</b>	08:24	15:01	08:54	13:13	13:20
Evaluation	WFL except				
03/10/05 08:24 Evaluation(CMK1): L LE LL cast					
<b>Hand</b>	08:24	15:01	08:54	13:13	13:20
Evaluation	WFL				
<b>Bed Mobility</b>	08:24	15:01	08:54	13:13	13:20
All bed mobility				independent	independent
<b>Supine to sit</b>					
Without rail	minimal assist asst LLE mgmt trapeze				
<b>Sit to supine</b>					
Without rail	SBA verbal cues				
Sit scoot	SBA				
<b>Sit blnc/postur</b>	08:24	15:01	08:54	13:13	13:20
Flexed posture	present				
<b>Static balance</b>					
Unsupported	SBA				
Sitting tolerance	15min				
<b>Stand blnc/postur</b>	08:24	15:01	08:54	13:13	13:20
Mobility devices	crutches				
Flexed posture	present				
Static balance	minimal assist verbal cues				
Standg tolerance	1min				
<b>Transfers</b>	08:24	15:01	08:54	13:13	13:20
Mobility device	crutches		crutches	crutches	crutches
Basic transfers			SBA	modified indep verbal cues	modified indep verbal cues
<b>Sit/stand</b>					
Raised surface	minimal assist verbal cues				
Surface w/arms	minimal assist verbal cues				
Car transfer					
Inst technique	done needs reinforcmt			done demonstrates	
03/11/05 08:54 Car transfer(WND): Able to verbalize proper technique to get in and out of the car. Significant other able to assist as needed.					
03/11/05 13:13 Basic transfers(PJH): 1 times for ad placement					
03/11/05 13:20 Basic transfers(PJH): 1 times for ad placement					
03/11/05 13:20 Car transfer(PJH): Able to verbalize proper technique to get in and out of the car. Significant other able to assist as needed.					
<b>CARE PROVIDERS</b>	CMK1		WND	PJH	PJH

DOERR, WENDY N(WND)PTA

HARRIS, PEGGY J(PJH)PTA

KLINGBEIL, CYNTHIA M(CMK1)PT



PARKS, LARRY E  
 St. Joseph Regional Medical Center  
 OT/PT/TR Eval Tx (scrip\_eval)  
 FROM: 03/10/05 08:00 TO: 03/11/05 16:22  
 ROOM: 5208-A ADM: 03/09/05 08:00  
 AGE: 47Y SEX: M Dr.: MLSNA, JACQUELINE  
 DOB: 03/26/1957 ID: 71258136 MR. 778667  
 REQUESTED: 03/11/05 16:22

OT/PT/TR Eval/Tx	03/10		03/11		
<b>Ambulation/Gait</b>	08:24	15:01	08:54	13:13	13:20
Mobility device				crutches	crutches
<b>Forward 1</b>					
Distance 1	10feet times 2		80feet	100feet	100feet
Distance 2			30feet		
Assist	minimal assist		SBA	modified indep	modified indep
Device	crutches		crutches	crutches	crutches
General deviatns	flexed posture gaze to floor			step to gait	step to gait
Ankl/ft deviatns	dec heel strik L toe-off dec L &				
Inst technique	done needs reintercmt				
03/10/05 08:24 Ankl/ft deviatns(CMK1): NWB due to pain					
<b>Stairs</b>	08:24	15:01	08:54	13:13	13:20
Number of stairs			4steps	10steps	10steps
<b>Ascending</b>					
Technique			step to pattern without railing	step to pattern without railing	step to pattern without railing
Assist needed			minimal assist verbal cues &	modified indep	modified indep
Device			crutches	crutches	crutches
<b>Descending</b>					
Technique			step to pattern without railing	step to pattern without railing	step to pattern without railing
Assist needed			minimal assist verbal cues	modified indep	modified indep
Device			crutches	crutches	crutches
03/11/05 08:54 Assist needed(WND): VC's for proper technique.					
CARE PROVIDERS	CMK1		WND	PJH	PJH

DOERR, WENDY N(WND)PTA

HARRIS, PEGGY J(PJH)PTA

KLINGBEIL, CYNTHIA M(CMK1)PT

PARKS, LARRY E  
 St. Joseph Regional Medical Center  
 OT/PT/TR Eval Tx (otpt\_eval)  
 FROM: 03/09/05 08:34 TO: 03/10/05 08:34  
 ROOM: 5208-A ADM: 03/09/05 08:00  
 AGE: 47Y SEX: M Dr.: MLSNA, JACQUELINE  
 DOB: 03/26/1957 ID: 71258136 MR. 778667  
 REQUESTED: 03/10/05 08:34 (CMK1)

OT/PT/TR Eval/Tx	03/09	03/10
Document Type	15:30	08:24
PT documentation	initial eval	initial eval
Evaluatn Summary	15:30	08:24
Pt seen for		45minutes
Pulse ox prec		yes-see vitals
Rehab prognosis		good
Tx frequency		1-2 times/day
Tx duration		2-3 day(s)
Endurance		inadequate freq rest needed fatigue w/activ
Patient goals		
I want to		be indep as poss
Tx goals discuss		
With patient		agree
Eval limited by		dizziness fatigue pain
Unable to eval	hold per RN	&

03/09/05 15:30 Unable to eval(SJB1): at this time until pain can be under control; attempt PT later today if possible

Safety Issues	15:30	08:24
Cognitive		
Follows directn		100% of time
Attends to task		100% of time
Sensation	15:30	08:24
Pt complains of		
R digit(s)		tingling
L toe(s)		tingling
ROM Upper Extrem	15:30	08:24
Evaluation		WFL
ROM Lower Extrem	15:30	08:24
Evaluation		WFL except &

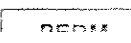
03/10/05 08:24 Evaluation(CMK1): L leg LL cast		
Strength UE	15:30	08:24
Evaluation		WFL
Strength LE	15:30	08:24
Evaluation		WFL except &

03/10/05 08:24 Evaluation(CMK1): L LE LL cast		
Hand	15:30	08:24
Evaluation		WFL
Bed Mobility	15:30	08:24
Supine to sit		
Without rail		minimal assist asst LLE mgmt trapeze
Sit to supine		
Without rail		SBA verbal cues
Sit scoot		SBA
Sit binc/postur	15:30	08:24
Flexed posture		present
Static balance		
Unsupported		SBA
CARE PROVIDERS	SJB1	CMK1

BAATZ, SANDRA J(SJB1)PT

KLINGBEIL, CYNTHIA M(CMK1)PT

CONTINUED



PARKS, LARRY E  
 St. Joseph Regional Medical Center  
 OT/PT/TR Eval Tx (otpt\_eval)  
 FROM: 03/09/05 08:34 TO: 03/10/05 08:34  
 ROOM: 5208-A ACM: 03/09/05 08:00  
 AGE: 47Y SEX: M Dr: MLSNA, JACQUELINE  
 DOB: 03/26/1957 ID: 71258136 MR: 778667  
 REQUESTED:03/10/05 08:34 (CMK1)

OT/PT/TR Eval/Tx	03/09	03/10
<b>Sit blnc/postur-Cont.</b>	15:30	08:24
Siting tolerance		15min
<b>Stand blnc/postur</b>	15:30	08:24
Mobility devices		crutches
Flexed posture		present
Static balance		minimal assist verbal cues
Standg tolerance		1min
<b>Transfers</b>	15:30	08:24
Mobility device		crutches
<b>Sit/stand</b>		
Raised surface		minimal assist verbal cues
Surface w/arms		minimal assist verbal cues
Inst technique		done needs reforcmt
<b>Ambulation/Gait</b>	15:30	08:24
<b>Forward 1</b>		
Distance 1		10feet times 2
Assist		minimal assist
Device		crutches
General deviatns		flexed posture gaze to floor
Ankl/ft deviatns		dec heel strik L toe-off dec L &
Inst technique		done needs reforcmt
03/10/05 08:24 Ankl/ft deviatns(CMK1): NWB due to pain		
CARE PROVIDERS		CMK1

KLINGBEIL, CYNTHIA M(CMK1)PT

**PARKS, LARRY E**  
 St. Joseph Regional Medical Center  
 OT/PT/TR Eval Tx (otpt\_eval)  
 FROM: 03/09/05 00:00 TO: 03/09/05 23:59  
 ROOM: 5208-A ADM: 03/09/05 08:00  
 AGE: 47Y SEX: M Dr.: MLSNA, JACQUELINE  
 DOB: 03/26/1957 ID: 71258136 MR: 778667  
 REQUESTED: 03/10/05 01:34

OT/PT/TR Eval/Tx	03/09
Document Type	15:30
PT documentation	initial eval
Evaluatn Summary	15:30
Unable to eval	hold per RN
	8

03/09/05 15:30 Unable to eval(SJB1): at this time until pain can be under control; attempt PT later today if possible

CARE PROVIDERS	SJB1
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BAATZ, SANDRA J(SJB1)PT

**PARKS, LARRY E**  
 St. Joseph Regional Medical Center  
 Respiratory Care (resp\_rpt)  
 FROM: 03/09/05 00:00 TO: 03/09/05 23:59  
 ROOM: 5208-A ADM: 03/09/05 08:00  
 AGE: 47Y SEX: M Dr.: MLSNA, JACQUELINE  
 DOB: 03/26/1957 ID: 71258136 MR: 778667  
 REQUESTED: 03/10/05 01:34

FLWSHEET	03/09
Procedures	14:30
IS attempts	10 breaths ✓
Ino Spirometry	
Volume	1250ml VC > 10 ml/kg
Intervention	good technique
IS independent	yes
CARE PROVIDERS	MS2

SUNDBERG, MICHAEL(MS2)RT

PARKS, LARRY E  
 St. Joseph Regional Medical Center  
 Medication Report (med\_rpt)  
 FROM: 03/10/05 00:00 TO: 03/10/05 23:59  
 ROOM: 5208-A ADM: 03/09/05 08:00  
 AGE: 47Y SEX: M Dr.: MLSNA, JACQUELINE  
 DOB: 03/26/1957 ID: 71258136 MR: 778667  
 REQUESTED: 03/11/05 01:34

Medication Admin		03/10				
Analg/Anesth Inf		00:55	05:58	08:46	13:27	16:25 21:00
Morphine-PCA						
Dose/Injection	2mg			2mg		2mg
Lockout	10min			10min		10min
Demands		2		6		21
Injections		6		7		12
Total shift dose		12mg		15.9mg		24mg
Inst pain manage	done needs reinforcmt					
Inst PCA use	done needs reinforcmt				done understands	
CARE PROVIDERS	AM	AM	FM	FM	JJ	JJ

JONES, JEANNA(JJ)GN

MCMILLIAN, FELICIA(FM)RN

MUHAMMAD, ANEESAH(AM)RN

Name: PARKS, LARRY E

Unit: SURG

Room: 5208-A

Allergies: PENICILLINS

Admit Date: 03/09/05

Sex: M

Hgt: 171 cm

Age: 47

Wgt: 75.75 KG

Comments:

CrCl:

ADMINISTRATION PERIOD: 03/09/2005 23:01 thru 03/10/2005 23:00

NIGHTS

DAYS

PMS

MEDICATION	23:01 - 07:00	07:01 - 15:00	15:01 - 23:00
<b>DOCUSATE CALCIUM CAPSULE [SURFAK]</b> 240 MG=1 EA ONCE A DAY PO STool SOFTENER, FOR CONSTIPATION, GIVE WITH GLASS OF WATER/LIQUID. Start 03/09/2005 16:00 Stop Rx 1636373		09:00 <i>FM</i>	
<b>FOLIC ACID TABLET</b> 1 MG=1 EA ONCE A DAY PO Start 03/09/2005 18:00 Stop Rx 1636413		09:00 <i>Fr</i>	
<b>MULTIVITAMIN W/MINERALS TABLET [THERAPEUTIC-M]</b> 1 TAB ONCE A DAY PO Start 03/09/2005 18:00 Stop Rx 1636407		09:00 <i>Fr</i>	
<b>SODIUM CHLORIDE 0.9% INJ [SALINE FLUSH]</b> 3 ML EVERY 12 HOURS IV USE TO CAP PERIPHERAL IV LINES Q12H PRN AFTER EACH USE. NOTIFY RPH IF IV LINE DC'ED. Start 03/09/2005 21:00 Stop Rx 1636360		09:00 <i>Fr</i>	21:00 <i>JJ</i>
<b>THIAMINE TABLET [VITAMIN B-1]</b> 100 MG=1 EA TWICE A DAY PO Start 03/09/2005 18:00 Stop Rx 1636411		09:00 <i>Fr</i>	18:00 <i>JJ</i>
<b>CEFAZOLIN INJ [ANCEF/KEFZOL]</b> 2 GM DEXTROSE 5% 100 ML EVERY 8 HOURS IV INFUSE OVER 30 MINUTES X24 HOURS. (GIVE 1GM IF PATIENT < 70KG). Start 03/09/2005 16:00 Stop 03/10/2005 08:01 Rx 1636369	00:00 <i>UM</i>	08:00 <i>FM</i>	
<b>ONDANSETRON INJ [ZOFTRAN]</b> 2 MG -SYRINGE OVERFILL = 0.1 ML ONCALL X 1 IV PUSH X1 DOSE FOR NAUSEA, GIVE OVER 30-60 SECONDS, THIS THERAPY WAS SUBSTITUTED FOR: ANZEMET 12.5MG, TELL RPH IF DOSE NEEDED. Start 03/09/2005 16:00 Stop 03/10/2005 15:59 Rx 1636377			
<b>LACTATED RINGERS</b> RATE = <del>250</del> ML/HR FLOOR STOCK IV IV X100 WHEN TOLERATING PO WELL, NOTIFY PHARMACY WHEN CAPPED. Start 03/09/2005 17:00 Stop Rx 1636415 <i>RUN AT TRD.</i> <i>8/3/10/05</i> <i>1070</i>			

M.A.R. RECONCILED

BY: *UM*

INJECTION SITES	
A. RIGHT DORSAL GLUTEUS	H. LEFT LOWER QUAD
B. LEFT DORSAL GLUTEUS	I. RIGHT VASTUS
C. RIGHT VENTROGLUTEAL	J. LEFT VASTUS LATERALIS
D. LEFT VENTROGLUTEAL	K. RIGHT DELTOID
E. RIGHT UPPER QUAD	L. LEFT DELTOID
F. LEFT UPPER QUAD	M. RIGHT THIGH
G. RIGHT LOWER QUAD	N. LEFT THIGH



Medication Administration Record  
Account #: 71258136

MR #: 778667

Name: PARKS, LARRY E

Unit: SURG

Room: 5208-A

Allergies: PENICILLINS

Sex: M  
Age: 47

Admit Date: 03/09/05

Hgt: 171 cm

Wgt: 75.75 KG

Comments:

CrCl:

ADMINISTRATION PERIOD: 03/09/2005 23:01 thru 03/10/2005 23:00

MEDICATION		NIGHTS	DAYS	PMS
		23:01 - 07:00	07:01 - 15:00	15:01 - 23:00
ACETAMINOPHEN TABLET [TYLENOL] PRN EVERY 4 HOURS FOR PAIN, MAXIMUM RECOMMENDED ACETAMINOPHEN (TYLENOL) DOSE IS 4 GRAMS PER DAY. Start 03/09/2005 16:00 Stop	650 MG=2 EA PO Rx 1636367			
BISACODYL SUPPOSITORY [DULCOLAX] PRN ONCE A DAY FOR CONSTIPATION Start 03/09/2005 16:00 Stop	10 MG=1 EA PR Rx 1636375			
DROPERIDOL INJ [INAPSINE] PRN EVERY 6 HOURS FOR NAUSEA, IV PUSH OVER 3-5 MIN. Start 03/09/2005 16:00 Stop	0.625 MG=0.25 ML - 1.25 MG=0.5 ML IV PUSH Rx 1636371			
HYDROCODONE-ACET (5/500) TAB [VICODIN] PRN EVERY 4 HOURS FOR PAIN, EACH TABLET CONTAINS: HYDROCODONE 5MG + ACETAMINOPHEN 500MG, MAXIMUM RECOMMENDED ACETAMINOPHEN (TYLENOL) DOSE IS 4 GRAMS PER DAY. Start 03/09/2005 16:00 Stop	1 TAB - 2 TABS PO Rx 1636364			
LORAZEPAM INJ [ATIVAN] PRN EVERY 6 HOURS DILUTE 50:50 WITH NS; PUSH RATE 2MG/MIN MAY GIVE IV OR PO BUT NOT BOTH Start 03/09/2005 16:00 Stop	1 MG=0.5 ML IV PUSH Rx 1636404			
LORAZEPAM TABLET [ATIVAN] PRN EVERY 6 HOURS MAY GIVE IV OR PO BUT NOT BOTH Start 03/09/2005 16:00 Stop	1 MG=1 EA PO Rx 1636406			
MAGNESIUM HYDROXIDE SUSP [MILK OF MAGNESIA] PRN ONCE A DAY FOR CONSTIPATION Start 03/09/2005 16:00 Stop	30 ML PO Rx 1636374			
MORPHINE PCA 1MG/ML CONC PRN PCA DOSE=2MG, LOCKOUT INTERVAL=10 MINUTES, INITIAL BOLUS=2 MG, DO NOT GIVE PO NARCOTICS WHILE ON PCA Start 03/09/2005 17:00 Stop	30 MG=30 ML IV Rx 1636445			

M.A.R. RECONCILED

BY: AM

INJECTION SITES	
A. RIGHT DORSAL GLUTEUS	H. LEFT LOWER QUAD
B. LEFT DORSAL GLUTEUS	I. RIGHT VASTUS
C. RIGHT VENTROGLUTEAL	J. LEFT VASTUS LATERALIS
D. LEFT VENTROGLUTEAL	K. RIGHT DELTOID
E. RIGHT UPPER QUAD	L. LEFT DELTOID
F. LEFT UPPER QUAD	M. RIGHT THIGH
G. RIGHT LOWER QUAD	N. LEFT THIGH





Medication Administration Record

Account #: 71258136

MR #:

778667

Name: PARKS, LARRY E

Unit: SURG

Room: 5208-A

Allergies: PENICILLINS

Admit Date: 03/09/05

Sex: M

Hgt: 171 cm

Age: 47

Wgt: 75.75 KG

Comments:

CrCl:

ADMINISTRATION PERIOD: 03/09/2005 23:01 thru 03/10/2005 23:00	NIGHTS	DAYS	PMS
<p><b>MEDICATION</b></p> <p><b>OXYCODONE - ACET (5-325) TAB [PERCOSET]</b> 1 TAB - 2 TABS                      PRN EVERY 4 HOURS PO                      EACH TABLET CONTAINS OXYCODONE 5MG + ACETAMINOPHEN 325MG.                      ✓ MAXIMUM RECOMMENDED ACETAMINOPHEN (TYLENOL) DOSE IS 4 GRAMS PER DAY.                      Start 03/09/2005 20:00 Stop Rx 1636511</p>	23:01 - 07:00	07:01 - 15:00	15:01 - 23:00
<p><b>SODIUM CHLORIDE 0.9% INJ [SALINE FLUSH]</b> 3 ML                      PRN AS NEEDED IV                      USE TO CAP PERIPHERAL IV LINES Q12H                      ✓ &amp; PRN AFTER EACH USE. NOTIFY RPH IF IV LINE DC'ED.                      Start 03/09/2005 16:00 Stop Rx 1636361</p>			
<p><b>ZOLPIDEM TABLET [AMBIEN]</b> 5 MG=1 EA                      PRN ONCE A DAY AT HS PO                      ✓ FOR INSOMNIA                      Start 03/09/2005 16:00 Stop Rx 1636372</p>			

M.A.R. RECONCILED

BY:         

INJECTION SITES	
A. RIGHT DORSAL GLUTEUS	H. LEFT LOWER QUAD
B. LEFT DORSAL GLUTEUS	I. RIGHT VASTUS
C. RIGHT VENTROGLUTEAL	J. LEFT VASTUS LATERALIS
D. LEFT VENTROGLUTEAL	K. RIGHT DELTOID
E. RIGHT UPPER QUAD	L. LEFT DELTOID
F. LEFT UPPER QUAD	M. RIGHT THIGH
G. RIGHT LOWER QUAD	N. LEFT THIGH



PARKS, LARRY E  
 St. Joseph Regional Medical Center  
 Medication Report (med\_rpt)  
 FROM: 03/09/05 00:00 TO: 03/09/05 23:59  
 ROOM: 5208-A ADM: 03/09/05 08:00  
 AGE: 47Y SEX: M Dr: MLSNA, JACQUELINE  
 DOB: 03/26/1957 ID: 71258136 MR: 778667  
 REQUESTED: 03/10/05 01:34

Medication Admin	03/09					
Anaig/Anesth Inf	12:00	13:00	14:00	17:00	18:45	22:00
Morphine-PCA						
Dose/Injection	1mg	2mg	&	2mg		
Lockout	10min	10min		10min		
Demands					96	9
Injections					18	5
Total shift dose					30.1mg	10mg
Inst PCA use	done needs reinforcmt		done needs reinforcmt	done demonstrates		
03/09/05 13:00 Dose/Injection(KE): increased						
CARE PROVIDERS	LAK2	KE	KE	JJ	JJ	JJ

ENLI, KRISTINE(KE)RN

JONES, JEANNA(JJ)GN

KOTTKE, LAURA A(LAK2)RN

Name: PARKS, LARRY E

Unit: SURG

Room: 5208-A

Allergies: PENICILLINS

Sex: M

Admit Date: 03/09/05

Age: 47

Hgt: 171 cm

Wgt: 75.75 KG

Comments:

CrCl:

ADMINISTRATION PERIOD: 03/09/2005 16:41 thru 03/09/2005 23:00	NIGHTS		DAYS		PMS
	23:01 - 07:00	07:01 - 15:00	15:01 - 23:00		
<b>MEDICATION</b> <b>DOCUSATE CALCIUM CAPSULE [SURFAK]</b> 240 MG=1 EA ONCE A DAY PO STOOL SOFTENER, FOR CONSTIPATION, GIVE WITH GLASS OF WATER/LIQUID. Start 03/09/2005 16:00 Stop Rx 1636373				18:00 JJ	
<b>FOLIC ACID TABLET</b> 1 MG=1 EA ONCE A DAY PO Start 03/09/2005 18:00 Stop Rx 1636413				18:00 JJ	
<b>MULTIVITAMIN W/MINERALS TABLET [THERAPEUTIC-M]</b> 1 TAB ONCE A DAY PO Start 03/09/2005 18:00 Stop Rx 1636407				18:00 JJ	
<b>SODIUM CHLORIDE 0.9% INJ [SALINE FLUSH]</b> 3 ML EVERY 12 HOURS IV USE TO CAP PERIPHERAL IV LINES Q12H & PRN AFTER EACH USE. NOTIFY RPH IF IV LINE DC'ED. Start 03/09/2005 21:00 Stop Rx 1636360				21:00 JJ	
<b>THIAMINE TABLET [VITAMIN B-1]</b> 100 MG=1 EA TWICE A DAY PO Start 03/09/2005 18:00 Stop Rx 1636411				18:00 JJ	
<b>CEFAZOLIN INJ [ANCEF/KEFZOL]</b> 2 GM <b>DEXTROSE 5%</b> 100 ML EVERY 8 HOURS IV INFUSE OVER 30 MINUTES X24 HOURS, (GIVE 1GM IF PATIENT < 70KG). Start 03/09/2005 16:00 Stop 03/10/2005 08:01 Rx 1636369				18:45 JJ	
<b>ONDANSETRON INJ [ZOFTRAN]</b> 2 MG -SYRINGE OVERFILL = 0.1 ML ONCALL X 1 IV PUSH X1 DOSE FOR NAUSEA, GIVE OVER 30-60 SECONDS, THIS THERAPY WAS SUBSTITUTED FOR: ANZEMET 12.5MG, TELL RPH IF DOSE NEEDED. Start 03/09/2005 16:00 Stop 03/10/2005 15:59 Rx 1636377					
<b>LACTATED RINGERS</b> 1,000 ML RATE = 125 ML/HR FLOOR STOCK IV TKO WHEN TOLERATING PO WELL, NOTIFY PHARMACY WHEN CAPPED. Start 03/09/2005 17:00 Stop Rx 1636415					

M.A.R. RECONCILED

BY: *[Signature]*

INJECTION SITES	
A. RIGHT DORSAL GLUTEUS	H. LEFT LOWER QUAD
B. LEFT DORSAL GLUTEUS	I. RIGHT VASTUS
C. RIGHT VENTROGLUTEAL	J. LEFT VASTUS LATERALIS
D. LEFT VENTROGLUTEAL	K. RIGHT DELTOID
E. RIGHT UPPER QUAD	L. LEFT DELTOID
F. LEFT UPPER QUAD	M. RIGHT THIGH
G. RIGHT LOWER QUAD	N. LEFT THIGH



Medication Administration Record  
Account #: 71258136

MR #: 778667

Name: PARKS, LARRY E

Unit: SURG

Room: 5208-A

Allergies: PENICILLINS

Sex: M  
Age: 47

Admit Date: 03/09/05  
Hgt: 171 cm  
Wgt: 75.75 KG

Comments:

CrCl:

MEDICATION	ADMINISTRATION PERIOD: 03/09/2005 16:41 thru 03/09/2005 23:00		
	NIGHTS	DAYS	PMS
<b>ACETAMINOPHEN TABLET [TYLENOL]</b> 650 MG=2 EA PRN EVERY 4 HOURS PO FOR PAIN, MAXIMUM RECOMMENDED ACETAMINOPHEN (TYLENOL) DOSE IS 4 GRAMS PER DAY. Start 03/09/2005 16:00 Stop JJ Rx 1636367	23:01 - 07:00	07:01 - 15:00	15:01 - 23:00
<b>BISACODYL SUPPOSITORY [DULCOLAX]</b> 10 MG=1 EA PRN ONCE A DAY PR FOR CONSTIPATION Start 03/09/2005 16:00 Stop JJ Rx 1636375			
<b>DROPERIDOL INJ [INAPSINE]</b> 0.625 MG=0.25 ML - 1.25 MG=0.5 ML PRN EVERY 6 HOURS IV PUSH FOR NAUSEA, IV PUSH OVER 3-5 MIN. Start 03/09/2005 16:00 Stop JJ Rx 1636371			
<b>HYDROCODONE-ACET (5/500) TAB [VICODIN]</b> 1 TAB - 2 TABS PRN EVERY 4 HOURS PO FOR PAIN, EACH TABLET CONTAINS: HYDROCODONE 5MG + ACETAMINOPHEN 500MG, MAXIMUM RECOMMENDED ACETAMINOPHEN (TYLENOL) DOSE IS 4 GRAMS PER DAY. Start 03/09/2005 16:00 Stop JJ Rx 1636364			
<b>LORAZEPAM INJ [ATIVAN]</b> 1 MG=0.5 ML PRN EVERY 6 HOURS IV PUSH DILUTE 50:50 WITH NS; PUSH RATE 2MG/MIN MAY GIVE IV OR PO BUT NOT BOTH Start 03/09/2005 16:00 Stop Rx 1636404			
<b>LORAZEPAM TABLET [ATIVAN]</b> 1 MG=1 EA PRN EVERY 6 HOURS PO MAY GIVE IV OR PO BUT NOT BOTH Start 03/09/2005 16:00 Stop JJ Rx 1636406			
<b>MAGNESIUM HYDROXIDE SUSP [MILK OF MAGNESIA]</b> 30 ML PRN ONCE A DAY PO FOR CONSTIPATION Start 03/09/2005 16:00 Stop JJ Rx 1636374			
<b>MORPHINE PCA 1MG/ML CONC</b> 30 MG=30 ML PRN PCA IV DOSE=2MG, LOCKOUT INTERVAL=10 MINUTES, INITIAL BOLUS=2 MG, DO NOT GIVE PO NARCOTICS WHILE ON PCA Start 03/09/2005 17:00 Stop JJ Rx 1636445			1845 JJ

M.A.R. RECONCILED

BY: *[Signature]*

INJECTION SITES	
A. RIGHT DORSAL GLUTEUS	H. LEFT LOWER QUAD
B. LEFT DORSAL GLUTEUS	I. RIGHT VASTUS
C. RIGHT VENTROGLUTEAL	J. LEFT VASTUS LATERALIS
D. LEFT VENTROGLUTEAL	K. RIGHT DELTOID
E. RIGHT UPPER QUAD	L. LEFT DELTOID
F. LEFT UPPER QUAD	M. RIGHT THIGH
G. RIGHT LOWER QUAD	N. LEFT THIGH



Medication Administration Record  
Account #: 71258136

MR #: 778667

Name: PARKS, LARRY E

Unit: SURG

Room: 5208-A

Allergies: PENICILLINS

Sex: M

Admit Date: 03/09/05

Age: 47

Hgt: 171 cm

Wgt: 75.75 KG

CrCl:

Comments:

ADMINISTRATION PERIOD: 03/09/2005 16:41 thru 03/09/2005 23:00	NIGHTS		DAYS		PMS
	23:01 - 07:00	07:01 - 15:00	15:01 - 23:00		
<b>MEDICATION</b> <b>OXYCODONE - ACET (5-325) TAB [PERCOCEP]</b> PRN EVERY 4 HOURS EACH TABLET CONTAINS OXYCODONE 5MG + ACETAMINOPHEN 325MG MAXIMUM RECOMMENDED ACETAMINOPHEN (TYLENOL) DOSE IS 4 GRAMS PER DAY. Start 03/09/2005 20:00 Stop JJ Rx 1636511					
<b>SODIUM CHLORIDE 0.9% INJ [SALINE FLUSH]</b> PRN AS NEEDED USE TO CAP PERIPHERAL IV LINES Q12H & PRN AFTER EACH USE. NOTIFY RPH IF IV LINE DC'ED. Start 03/09/2005 16:00 Stop JJ Rx 1636361					
<b>ZOLPIDEM TABLET [AMBIEN]</b> PRN ONCE A DAY AT HS FOR INSOMNIA Start 03/09/2005 16:00 Stop JJ Rx 1636372					

M.A.R. RECONCILED

BY: *[Signature]*

INJECTION SITES	
A. RIGHT DORSAL GLUTEUS	H. LEFT LOWER QUAD
B. LEFT DORSAL GLUTEUS	I. RIGHT VASTUS
C. RIGHT VENTROGLUTEAL	J. LEFT VASTUS LATERALIS
D. LEFT VENTROGLUTEAL	K. RIGHT DELTOID
E. RIGHT UPPER QUAD	L. LEFT DELTOID
F. LEFT UPPER QUAD	M. RIGHT THIGH
G. RIGHT LOWER QUAD	N. LEFT THIGH



DATE: \_\_\_\_\_

29-05

Page 1 of 2

MNEUMONIC	DRUG NAME / DESCRIPTION	PT. OWN MEDS	QTY.	TIME	SITE	BY	QTY.	TIME	SITE	BY	QTY.	TIME	SITE	BY
ACE120L	Acetaminophen Liquid 120mg/3.75ml													
ACE80DROP	Acetaminophen Drops 80mg/0.8ml													
ACE325	Acetaminophen 325mg Tab													
TYL3L5	Acetaminophen w/Codeine 5ml Elixir													
T3L	Acetaminophen w/Codeine 12.5ml Elixir													
ANZ 12.5 I	Anzemet 12.5mg													
A	Aspirin 325mg													
BICIT	Bicitra 30ml Sol.													
ANC11	Cefazolin RTU 1gm Vial Add Bag													
CIP500	Ciprofloxacin 500mg Tab													
BEN25	Diphenhydramine 25mg Cap													
BEN50	Diphenhydramine 50mg Cap													
DIM50	Dramamine 50mg													
DRO5I	Droperidol 5mg/2ml Vial													
EMLA	Emla Cream 2.5% 3.5gm													
FAM20	Famotidine 20mg Tab													
FAM20I	Famotidine Inj. 20mg/2ml													
IBU200	Ibuprofen 200mg Tab													
KET60I	Ketorolac 60mg/2ml Vial													
MET10	Metoclopramide 10mg Tab													
MET10I	Metoclopramide Inj. 10mg/2ml													
NAP275	Naproxen 275mg Tab													
OXY20	Oxycontin 20mg													
COM10I	Prochlorperazine Inj. 10mg/2ml Vial													
SCO 4I	Scopolamine 0.4mg/ml Vial													
VIO50	Voxx 50mg													



Day Surgery  
Medication Schedule

PARKS LARRY E

DOB: 03/26/57 47Y SEX: M MR: 778667

MLSNR JACQUELINE S

ACCT#



DATE: 3-9-05

MNEUMONIC	DRUG NAME / DESCRIPTION	PT. OWN MEDS.	QTY.	TIME	SITE	BY	QTY.	TIME	SITE	BY	QTY.	TIME	SITE	BY
IV's														
D545	D5/0.45% NS 1000ml													
D5LR	D5/LR 1000ml													
D5	Dextrose 5% 1000ml													
LR	Lactated Ringers 1000ml													
NS	Sodium Chloride 0.9% 1000ml													
45	Sodium Chloride 0.45% 1000ml													

**Other Medications:** Check box to the left if medication already charged in Pharmacy, for example, Narcotics, IV antibiotics, any medications not in stock and dispensed for a specific patient.

<input type="checkbox"/> Already Charged														
<input type="checkbox"/> Already Charged														
<input type="checkbox"/> Already Charged														
<input type="checkbox"/> Already Charged														
<input type="checkbox"/> Already Charged														
<input type="checkbox"/> Already Charged														
<input type="checkbox"/> Already Charged														
<input type="checkbox"/> Already Charged														
<input type="checkbox"/> Already Charged														
<input type="checkbox"/> Already Charged														
<input type="checkbox"/> Already Charged														
<input type="checkbox"/> Already Charged														



Day Surgery  
Medication Schedule

PARKS LARRY E

DOB: 03/26/57 47Y SEX: M MR: 778667

MLDNA JACQUELINE S

ACCT# 71258136



**Medication Administration Record**

Name:

Account #:

MR#:

Unit:

Room:

Allergies:

Admit Date:

Sex:

Hgt:

Age:

Wgt:

CrCl:

Comments:

ADMINISTRATION PERIOD: FROM:   /  /   23:01 TO   /  /   23:00

NIGHTS

DAYS

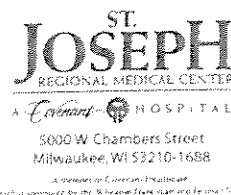
PMS

MEDICATION	23:01 - 07:00	07:01 - 15:00	15:01 - 23:00
<p align="center">MAR ***NEW ORDER***</p> <p>PARKS, LARRY E                      Account #: 71258136                      MR #: 778667                      Rx# 1640184</p> <p align="right">SURG 5208-A                      Page 1 of 1</p> <p>KETOROLAC INJ [TORADOL]                      EVERY 6 HOURS                      30 MG=1 ML                      IV PUSH</p> <p>GIVE IV PUSH OVER 15 SECONDS.                      Administration Times:                      12:00 18:00                      START: 03/10/05 12:00 STOP: 03/11/05 06:01</p> <p align="center"><i>[Handwritten Signature]</i></p>		<p>1200  <i>[Handwritten Signature]</i></p>	<p>1800  <i>[Handwritten Signature]</i></p>

M.A.R. RECONCILED

BY: \_\_\_\_\_

INJECTION SITES	
A. RIGHT DORSAL GLUTEUS	H. LEFT LOWER QUAD
B. LEFT DORSAL GLUTEUS	I. RIGHT VASTUS
C. RIGHT VENTROGLUTEAL	J. LEFT VASTUS LATERALIS
D. LEFT VENTROGLUTEAL	K. RIGHT DELTOID
E. RIGHT UPPER QUAD	L. LEFT DELTOID
F. LEFT UPPER QUAD	M. RIGHT THIGH
G. RIGHT LOWER QUAD	N. LEFT THIGH





PARKS, LARRY E  
 St. Joseph Regional Medical Center  
 Medication Report (med\_rpt)  
 FROM: 03/11/05 00:00 TO: 03/11/05 16:22  
 ROOM: 5208-A ADM: 03/09/05 08:00  
 AGE: 47Y SEX: M Dr.: MLSNA, JACQUELINE  
 DOB: 03/26/1957 ID: 71258136 MR: 778667  
 REQUESTED:03/11/05 16:22

Medication Admin	03/11		
Analg/Anesth Int	00:30	05:30	08:50
Morphine-PCA			
Dose/Injection	2mg	2mg	2mg
Lockout	10min	10min	1min
Demands		8	2
Injections		3	4
Total shift dose		6.6mg	8mg
Discontinued			done
Inst pain manage	done understands		
Inst PCA use	done understands		
03/11/05 05:30 Injections(JJ): 1 partial			
CARE PROVIDERS	JJ	JJ	KE

ENLI, KRISTINE(KE)RN

JONAS, JOAN(JJ)RN

Medication Administration Record

Account #: 71258136

MR #:

778667

Name: PARKS, LARRY E

Unit: SURG

Room: 5208-A

Allergies: PENICILLINS

Admit Date: 03/09/05

Sex: M

Hgt: 171 cm

Age: 47

Wgt: 75.75 KG

Comments:

CrCl:

MEDICATION		ADMINISTRATION PERIOD: 03/10/2005 23:01 thru 03/11/2005 23:00		
		NIGHTS 23:01 - 07:00	DAYS 07:01 - 15:00	PMS 15:01 - 23:00
✓ DOCUSATE CALCIUM CAPSULE [SURFAK] ONCE A DAY STOOOL SOFTENER, FOR CONSTIPATION. GIVE WITH GLASS OF WATER/LIQUID. Start 03/09/2005 16:00 Stop	240 MG=1 EA PO Rx 1636373		09:00 <i>TE</i>	
✓ FOLIC ACID TABLET ONCE A DAY Start 03/09/2005 18:00 Stop	1 MG=1 EA PO Rx 1636413		09:00 <i>TE</i>	
✓ KETOROLAC INJ [TORADOL] EVERY 6 HOURS GIVE IV PUSH OVER 15 SECONDS. Start 03/10/2005 12:00 Stop 03/11/2005 06:01	30 MG=1 ML IV PUSH Rx 1640184	00:00 <i>TE</i> 06:00 <i>TE</i>		
✓ MULTIVITAMIN W/MINERALS TABLET [THERAPEUTIC-M] ONCE A DAY Start 03/09/2005 18:00 Stop	1 TAB PO Rx 1636407		09:00 <i>TE</i>	
✓ SODIUM CHLORIDE 0.9% INJ [SALINE FLUSH] EVERY 12 HOURS USE TO CAP PERIPHERAL IV LINES Q12H & PRN AFTER EACH USE. NOTIFY RPH IF IV LINE DC'ED. Start 03/09/2005 21:00 Stop	3 ML IV Rx 1636360		09:00 <i>TE</i> No IV	21:00
✓ THIAMINE TABLET [VITAMIN B-1] TWICE A DAY Start 03/09/2005 18:00 Stop	100 MG=1 EA PO Rx 1636411		09:00 <i>TE</i>	18:00
✓ LACTATED RINGERS FLOOR STOCK IV TKO WHEN TOLERATING PO WELL. NOTIFY PHARMACY WHEN CAPPED. RUN AT TKO. Start 03/09/2005 17:00 Stop	1,000 ML IV Rx 1636415			
✓ ACETAMINOPHEN TABLET [TYLENOL] PRN EVERY 4 HOURS FOR PAIN, MAXIMUM RECOMMENDED ACETAMINOPHEN (TYLENOL) DOSE IS 4 GRAMS PER DAY. Start 03/09/2005 16:00 Stop	650 MG=2 EA PO Rx 1636367			
✓ BISACODYL SUPPOSITORY [DULCOLAX] PRN ONCE A DAY FOR CONSTIPATION Start 03/09/2005 16:00 Stop	10 MG=1 EA PR Rx 1636375			

M.A.R. RECONCILED

BY: *[Signature]*

INJECTION SITES	
A. RIGHT DORSAL GLUTEUS	H. LEFT LOWER QUAD
B. LEFT DORSAL GLUTEUS	I. RIGHT VASTUS
C. RIGHT VENTROGLUTEAL	J. LEFT VASTUS LATERALIS
D. LEFT VENTROGLUTEAL	K. RIGHT DELTOID
E. RIGHT UPPER QUAD	L. LEFT DELTOID
F. LEFT UPPER QUAD	M. RIGHT THIGH
G. RIGHT LOWER QUAD	N. LEFT THIGH



Medication Administration Record

Account #: 71258136

MR #:

778667

Name: PARKS, LARRY E

Unit: SURG

Room: 5208-A

Allergies: PENICILLINS

Admit Date: 03/09/05

Sex: M

Hgt: 171 cm

Age: 47

Wgt: 75.75 KG

Comments:

CrCl:

ADMINISTRATION PERIOD: 03/10/2005 23:01 thru 03/11/2005 23:00	NIGHTS	DAYS	PMS
MEDICATION	23:01 - 07:00	07:01 - 15:00	15:01 - 23:00
DROPERIDOL INJ [INAPSINE] 0.625 MG=0.25 ML - 1.25 MG=0.5 ML PRN EVERY 6 HOURS IV PUSH FOR NAUSEA, IV PUSH OVER 3-5 MIN. Start 03/09/2005 16:00 Stop Rx 1636371			
HYDROCODONE-ACET (5/500) TAB [VICODIN] 1 TAB - 2 TABS PO PRN EVERY 4 HOURS FOR PAIN, EACH TABLET CONTAINS: HYDROCODONE 5MG + ACETAMINOPHEN 500MG, MAXIMUM RECOMMENDED ACETAMINOPHEN (TYLENOL) DOSE IS 4 GRAMS PER DAY. Start 03/09/2005 16:00 Stop Rx 1636364			
LORAZEPAM INJ [ATIVAN] 1 MG=0.5 ML IV PUSH PRN EVERY 6 HOURS DILUTE 50:50 WITH NS; PUSH RATE 2MG/MIN MAY GIVE IV OR PO BUT NOT BOTH Start 03/09/2005 16:00 Stop Rx 1636404			
LORAZEPAM TABLET [ATIVAN] 1 MG=1 EA PO PRN EVERY 6 HOURS MAY GIVE IV OR PO BUT NOT BOTH Start 03/09/2005 16:00 Stop Rx 1636406			
MAGNESIUM HYDROXIDE SUSP [MILK OF MAGNESIA] 30 ML PO PRN ONCE A DAY FOR CONSTIPATION Start 03/09/2005 16:00 Stop Rx 1636374			
MORPHINE PCA 1MG/ML CONCEN 30 MG=30 ML IV PRN PCA DOSE=2MG, LOCKOUT INTERVAL=10 MINUTES, INITIAL BOLUS=2 MG, DO NOT GIVE PO NARCOTICS WHILE ON PCA Start 03/09/2005 17:00 Stop Rx 1636445	<i>10/13/05</i>		
OXYCODONE - ACET (5-325) TAB [PERCOCET] 1 TAB - 2 TABS PO PRN EVERY 4 HOURS EACH TABLET CONTAINS OXYCODONE 5MG + ACETAMINOPHEN 325MG. MAXIMUM RECOMMENDED ACETAMINOPHEN (TYLENOL) DOSE IS 4 GRAMS PER DAY. Start 03/09/2005 20:00 Stop Rx 1636511		<i>#0845 1/2</i> <i>#1245 1/2</i>	
SODIUM CHLORIDE 0.9% INJ [SALINE FLUSH] 3 ML IV PRN AS NEEDED USE TO CAP PERIPHERAL IV LINES Q12H & PRN AFTER EACH USE. NOTIFY RPH IF IV LINE DC'ED. Start 03/09/2005 16:00 Stop Rx 1636361			

M.A.R. RECONCILED

BY: *[Signature]*

INJECTION SITES	
A. RIGHT DORSAL GLUTEUS	H. LEFT LOWER QUAD
B. LEFT DORSAL GLUTEUS	I. RIGHT VASTUS
C. RIGHT VENTROGLUTEAL	J. LEFT VASTUS LATERALIS
D. LEFT VENTROGLUTEAL	K. RIGHT DELTOID
E. RIGHT UPPER QUAD	L. LEFT DELTOID
F. LEFT UPPER QUAD	M. RIGHT THIGH
G. RIGHT LOWER QUAD	N. LEFT THIGH



Medication Administration Record

Name: PARKS, LARRY E

Account #: 71258136

MR #:

778667

Allergies: PENICILLINS

Unit: SURG

Room: 5208-A

Comments:

Sex: M

Admit Date: 03/09/05

Age: 47

Hgt: 171 cm

Wgt: 75.75 KG

CrCl:

ADMINISTRATION PERIOD: 03/10/2005 23:01 thru 03/11/2005 23:00

MEDICATION		NIGHTS			DAYS			PMS		
		23:01 - 07:00			07:01 - 15:00			15:01 - 23:00		
ZOLPIDEM TABLET [AMBIEN] PRN ONCE A DAY AT HS FOR INSOMNIA Start - 03/09/2005 16:00 Stop	5 MG=1 EA PO Rx 1636372									

M.A.R. RECONCILED

BY: *[Signature]*

INJECTION SITES	
A. RIGHT DORSAL GLUTEUS	H. LEFT LOWER QUAD
B. LEFT DORSAL GLUTEUS	I. RIGHT VASTUS
C. RIGHT VENTROGLUTEAL	J. LEFT VASTUS LATERALIS
D. LEFT VENTROGLUTEAL	K. RIGHT DELTOID
E. RIGHT UPPER QUAD	L. LEFT DELTOID
F. LEFT UPPER QUAD	M. RIGHT THIGH
G. RIGHT LOWER QUAD	N. LEFT THIGH

PARKS, LARRY E [71258136]

Room: 5208-A



HT/WT Table		
Admit Weight 03/09/05 167lb	Height 5'7in	
	Current Weight 03/09/05 167lb	

PARKS, LARRY E  
 St. Joseph Regional Medical Center  
 Clinical Profile History (admit\_hxprof)  
 FROM: 03/09/05 08:33 TO: 03/10/05 08:33  
 ROOM: S208-A ADM: 03/09/05 08:00  
 AGE: 47Y SEX: M Dr.: MLSNA, JACQUELINE  
 DOB: 03/26/1957 ID: 71258136 MR: 778667  
 REQUESTED: 03/10/05 08:33 (CMK1)

**Diagnosis** RECURRENT DISLOCATION PATELLA

Vital Signs							
<b>TEMP</b> 03/09/05 12:00 96.6F LAK2	<b>PULSE</b> 03/09/05 12:00 84 LAK2	<b>RESP RATE</b> 03/09/05 12:00 12 LAK2	<b>BP</b> 03/09/05 12:00 118/72 LAK2	<b>NIBP</b>			
Admission Data							
<b>Reason Pt here</b>	<b>Informant</b>	<b>Adv Directive</b>	<b>HIPAA contact</b>	<b>Med knowledge</b>			
Pt Care Standard							
<b>Coping/Support</b>	<b>Relig/Cultr pref</b>	<b>Sleep/rest</b>			<b>Cont of care</b>		
Safety/Risk							
<b>Nutr Risk Facts</b> No risk 0 points LAK2 <b>Total score</b> 0 points LAK2	<b>Functionl Screen</b>	<b>Personal Safety</b>	<b>TB information</b>				
Phys Med Addl Hx							
<b>Current history</b> CMK1 (see note)	<b>Home environmen</b> one-story CMK1	<b>Steps to enter</b> 14steps rail R ascend CMK1	<b>Steps within hm</b> 0steps CMK1		<b>ADL/act levl PTA</b> Transfers independent CMK1 Ambulation independent CMK1		

Current history 03/10/05 08:24 recurrent L patellar dislocations had tibial turecle ostomy and L knee realignment 3/9/05

**Medication History**

Confirm Dt/By Medication	Status	Start Dt	Stop Dt	Dose	Route	Freq	Comment
Not documented.							

**Allergies**

Allergen:  
 PENICILLINS  
 (DMS2)

**Medical History**

**Surgical History**

03/09/05 12:00 KOTTKE, LAURA A(LAK2) RN  
 (DMS2) SIKORSKI, DIANE M, US  
 03/10/05 08:24 KLINGBEIL, CYNTHIA M(CMK1) PT

CONTINUED

HT/WT Table		
Admit Weight 03/09/05 167lb	Height 5ft7in	
	Current Weight 03/09/05 167lb	

PARKS, LARRY E  
 St. Joseph Regional Medical Center  
 Clinical Profile History (admit\_hxprof)  
 FROM: 03/09/05 08:33 TO: 03/10/05 08:33  
 ROOM: 5208-A ADM: 03/09/05 08:00  
 AGE: 47Y SEX: M Dr.: MLSNA, JACQUELINE  
 DOB: 03/26/1957 ID: 71258136 MR: 778667  
 REQUESTED:03/10/05 08:33 (CMK1)

Smoke/drink/drg

Barriers

PARKS, LARRY E  
 St. Joseph Regional Medical Center  
 Assessments (asmt\_print)  
 FROM: 03/11/05 00:00 TO: 03/11/05 16:22  
 ROOM: 5208-A ADM: 03/08/05 08:00  
 AGE: 47Y SEX: M Dr.: MLSNA, JACQUELINE  
 DOB: 03/26/1957 ID: 71258136 MR: 778667  
 REQUESTED:03/11/05 16:22

Assessments	03/11								
Comfort/Pain	00:30	03:00	03:59	05:30	08:50	08:54	10:00	12:00	
Assessment	WNL except	WNL except	WNL except &	WNL &	WNL &				
POC EVAL									
Acute pain									
L leg									
Pain rating						6/10 w/activity			
Pt goal									
Intensity									
Characteristics									
Behaviors									
L knee									
Pain rating	5/10								
Intensity	moderate								
Characteristics	aching soreness constant								
Behaviors	resting								
Intervention					emotional supp med given			improved	cold/ice applied reposition
Pt response									
Inst pain manage					done needs reinforcmt				
03/11/05 03:00 Assessment(JJ): pt sleeping at this time									
03/11/05 03:59 Assessment(JJ): pt sleeping at this time									
03/11/05 05:30 Assessment(JJ): pt states pain is okay at this time									
Analg/Anesth Inf	00:30	03:00	03:59	05:30	08:50	08:54	10:00	12:00	
Morphine-PCA									
Dose/Injection	2mg			2mg	2mg				
Lockout	10min			10min	1min				
Demands				8	2				
Injections				3	4 &				
Total shift dose				6.6mg	8mg				
Discontinued					done				
Inst pain manage	done understands								
Inst PCA use	done understands								
03/11/05 08:30 Injections(JJ): 1 partial									
Neuro-Musculskel	00:30	03:00	03:59	05:30	08:50	08:54	10:00	12:00	
Assessment	WNL except				WNL except				
Opens eyes to	voice touch								
Move/Strgth/Prob									
L leg					localize to pain limited ROM				
Cardiac	00:30	03:00	03:59	05:30	08:50	08:54	10:00	12:00	
Assessment	WNL				WNL				
HR/BP	see vital signs								
Heart Sounds	WNL				WNL				
Perphrl Vascular	00:30	03:00	03:59	05:30	08:50	08:54	10:00	12:00	
Assessment	WNL except				WNL except				
Pulse character									
Radial/Pedal	strong palpable								
Bilateral radial					strong palpable				
R pedal					strong palpable				
L pedal					weak palpable				
Edema									
CARE PROVIDERS	JJ	JJ	JJ	JJ	KE	WND	KE	KAG4	

DOERR, WENDY N(WND)PTA  
 JONAS, JOAN(JJ)RN

ENLI, KRISTINE(KE)RN

GROFF, KARIE A(KAG4)PCA

CONTINUED

**PARKS, LARRY E**  
 St. Joseph Regional Medical Center  
 Assessments (asmt\_print)  
 FROM: 03/11/05 00:00 TO: 03/11/05 16:22  
 ROOM: 5208-A ADM: 03/09/05 08:00  
 AGE: 47Y SEX: M Dr.: MLSNA, JACQUELINE  
 DOB: 03/26/1957 ID: 71258136 MR: 778667  
 REQUESTED:03/11/05 16:22

Assessments		03/11							
<b>Perphrl Vascular-Cont.</b>		00:30	03:00	03:59	05:30	08:50	08:54	10:00	12:00
L ankle	non pitting small (+2)					non pitting trace (+1)			
CRT	WNL					WNL			
Plexipulse									intact
<b>Respiratory</b>		00:30	03:00	03:59	05:30	08:50	08:54	10:00	12:00
Assessment	WNL					WNL			
Breath sounds									
All lobes						WNL			
Bibasilar	decreased								
Cough						non-productive dry			
03/11/05 08:50 Cough(KE): smoker									
<b>Gastrointestinal</b>		00:30	03:00	03:59	05:30	08:50	08:54	10:00	12:00
Assessment	WNL except					WNL			
Bowel sounds									
all quads	hypoactive					WNL			
Abdomen									
all quads	WNL					WNL			
Problems	no flatus								
<b>Genitourinary</b>		00:30	03:00	03:59	05:30	08:50	08:54	10:00	12:00
Assessment						WNL			
Urine descript									
Void	WNL					not observed			
<b>Skin</b>		00:30	03:00	03:59	05:30	08:50	08:54	10:00	12:00
Assessment	WNL except					WNL except			
<b>Invasive Lines</b>		00:30	03:00	03:59	05:30	08:50	08:54	10:00	12:00
L hand									
Type of line	peripheral					peripheral			
Site Assessment	WNL								
IV DC'd						done			
Pressure applied						done			
<b>Incision</b>		00:30	03:00	03:59	05:30	08:50	08:54	10:00	12:00
L knee									
Cast	dry + intact								
L leg									
Cast						dry + intact			
Inst incision care									
<b>Nutrition</b>		00:30	03:00	03:59	05:30	08:50	08:54	10:00	12:00
Assessment	WNL					WNL			
<b>Coping</b>		00:30	03:00	03:59	05:30	08:50	08:54	10:00	12:00
Assessment	WNL								
<b>Safety/Risk</b>		00:30	03:00	03:59	05:30	08:50	08:54	10:00	12:00
<b>POC EVALUATION</b>									
Risk for injury									
<b>Braden Scale</b>									
Sensory/Perceptn						4-no impairment			
Activity						3-walks occas			
Moisture						3-occas moist			
Mobility						3-slight limited			
Nutrition						4-excelnt intake			
Friction/Shear						3-no problem			
Braden score						20			
CARE PROVIDERS	JJ					KE			KAG4

ENLI, KRISTINE(KE)RN

GROFF, KARIE A(KAG4)PCA

JONAS, JOAN(JJ)RN



PARKS, LARRY E  
 St. Joseph Regional Medical Center  
 Assessments (asmt\_print)  
 FROM: 03/11/05 00:00 TO: 03/11/05 16:22  
 ROOM: 5208-A ADM: 03/09/05 08:00  
 AGE: 47Y SEX: M Dr. MLSNA, JACQUELINE  
 DOB: 03/26/1957 ID: 71258136 MR: 778667  
 REQUESTED:03/11/05 16:22

Assessments	03/11		
Comfort/Pain	12:55	13:13	14:30
Assessment	WNL except	WNL	
POC EVAL			
Acute pain	resolved POC goals met		
L leg			
Pain rating	5/10 w/activity		
Pt goal	3		
Intensity	moderate		
Characteristics	throbbing		
Behaviors	grimacing quietness		
Intervention	emotional supp med given quiet environmt		
Pt response			improved
Inst pain manage	done understands		
Incision	12:55	13:13	14:30
Inst incision care	done understands		
Continuity/Care	12:55	13:13	14:30
Discharged			yes
Safety/Risk	12:55	13:13	14:30
POC EVALUATION			
Risk for injury	resolved POC goals met		
CARE PROVIDERS	KE	PJH	KE
POC Evaluation	No Data		

ENLI, KRISTINE(KE)RN

HARRIS, PEGGY J(PJH)PTA

HT/WT Table		
Admit Weight 03/09/05 167lb	Height 5ft7in	
Previous Weight	Current Weight 03/09/05 167lb	Pre-Op WT

PARKS, LARRY E  
 St. Joseph Regional Medical Center  
 I & O Detail report (fluids\_det)  
 FROM: 03/09/05 22:00 TO: 03/11/05 16:22  
 ROOM: 5208-A ADM: 03/09/05 08:00  
 AGE: 47Y SEX: M Dr.: MLSNA, JACQUELINE  
 DOB: 03/26/1957 ID: 71258136 MR: 778667  
 REQUESTED:03/11/05 16:22

PATIENT FLOWSHEET	03/09	03/10				03/11				
	22:00	00:55	05:11	05:58	13:27	13:45	19:00	03:00	05:30	12:00
<b>INTAKE</b>										
Oral			0							910
IV Fluids				1000	475				400	
Intake Total			0	1000	475				400	910
<b>OUTPUT</b>										
Voided Urine		550	700	700		700	580	600		
Stool (O)			0							
J-Vac #1	125									
Output Total	125	550	700	700		700	580	600		
<b>I&amp;O SUMMARY</b>										
Intake Total			0	1000	475				400	910
Output Total	125	550	700	700		700	580	600		
NET	-125	-550	-700	300	475	-700	-580	-600	400	910
CARE PROVIDERS	JJ	AM	SB	AM	FM	BKW	JJ	JJ	JJ	KAG4

BROOKSHIRE, SANDRA(SB)PCA  
 JONAS, JOAN(JJ)RN

GROFF, KARIE A(KAG4)PCA  
 WALKER, BONITA K(BKW)PCA

MUHAMMAD, ANEESA(AAM)RN  
 JONES, JEANNA(JJ)GN

MCMILLIAN, FELICIA(FM)RN

PARKS, LARRY E  
 St. Joseph Regional Medical Center  
 Interdisciplinary POC (hed\_poc)  
 FROM: 03/05/05 00:00 TO: 03/11/05 16:22  
 ROOM: 5208-A ADM: 03/09/05 08:00  
 AGE: 47Y SEX: M Dr.: MLSNA, JACQUELINE  
 DOB: 03/26/1957 ID: 71256136 MR: 778667  
 REQUESTED: 03/11/05 16:22

Interdisciplinary	03/05		03/11
<b>POC Comfort/Pain</b>	12:00	12:30	12:55
POC DX			
Actual		acute pain	
POC GOALS			
Acute Pain		satsfd pain mgmt	
POC INTERVENTION			
Acute/Chron pain		use of meds repositioning distraction cold	
POC EVAL			
Acute pain		initiated	resolved POC goals met
<b>POC Safety/Risk</b>	12:00	12:30	12:55
POC DX			
Actual		risk for injury	
POC GOALS			
Safety/Risk		minimize risk	
POC INTERVENTION			
Fall prevention	asst w trsf/amb med for pain		
POC EVALUATION			
Risk for injury		initiated	resolved POC goals met
CARE PROVIDERS	LAK2	LAK2	KE

ENLI, KRISTINE(KE)RN

KOTTKE, LAURA A(LAK2)RN

Weights/Measures			
Admit Weight 03/09/05 167lb	Height 5ft7in		
	Current Weight 03/09/05 167lb		

PARKS, LARRY E  
 St. Joseph Regional Medical Center  
 Nutrition Report (nutr\_rpt)  
 FROM: 03/09/05 00:00 TO: 03/11/05 16:22  
 ROOM: 5208-A ADM: 03/09/05 08:00  
 AGE: 47Y SEX: M Dr.: MLSNA, JACQUELINE  
 DOB: 03/26/1957 ID: 71258136 MR: 778667  
 REQUESTED: 03/11/05 16:22

Nutrition Report	03/10
<b>Basic Assessment</b>	11:21
Pt seen for	15minutes
Risk diagnosis	orthopedic cond
Abn lab findings	&
Wt for height	108%IBW
Level of risk	low
Follow-up	basic nutr servc rescreen 5 days
03/10/05 11:21 Abn lab findings(CAL): no labs noted	
CARE PROVIDERS	CAL

LOBERG, CHRISTINE A(CAL)DTR

PARKS, LARRY E  
 St. Joseph Regional Medical Center  
 PMR Plan of Care (poc\_fims)  
 FROM: 03/05/05 09:00 TO: 03/11/05 16:22  
 ROOM: 5208-A ADM: 03/09/05 08:00  
 AGE: 47Y SEX: M Dr: MLSNA, JACQUELINE  
 DOB: 03/26/1957 ID: 71258136 MR: 778667  
 REQUESTED: 03/11/05 16:23

POC Therapy	03/10	03/11
PT Plan of Care	08:24	13:20
Treatment plan	&	&
LTG start date	03/10/2005	03/10/2005
Long term goals		
LTG #1	&	&
LTG #2	&	&
LTG #3	&	&
LTG #4	&	&
LTG #5	&	&
LTG #6	&	&
LTG #7	&	&
Tx goals discuss		
With patient	agree	agree

03/10/05 08:24 Treatment plan(CMK1): see BID for 3 days for crutch walking quad sets and SLR with orthostatic precautions

03/10/05 08:24 LTG #1(CMK1): I bed mobility

03/10/05 08:24 LTG #2(CMK1): mod I basic transfers

03/10/05 08:24 LTG #3(CMK1): mod I ambulation 100 feet

03/10/05 08:24 LTG #4(CMK1): mod I up/down 10 steps with rail and AD

03/10/05 08:24 LTG #5(CMK1): I HEP

03/10/05 08:24 LTG #6(CMK1): min assist car transfer

03/10/05 08:24 LTG #7(CMK1): pain 3 or less for above goals

03/11/05 13:20 Treatment plan(PJH): see BID for 3 days for crutch walking quad sets and SLR with orthostatic precautions

03/11/05 13:20 LTG #1(PJH): I bed mobility

03/11/05 13:20 LTG #2(PJH): mod I basic transfers

03/11/05 13:20 LTG #3(PJH): mod I ambulation 100 feet

03/11/05 13:20 LTG #4(PJH): mod I up/down 10 steps with rail and AD

03/11/05 13:20 LTG #5(PJH): I HEP

03/11/05 13:20 LTG #6(PJH): min assist car transfer

03/11/05 13:20 LTG #7(PJH): pain 3 or less for above goals

PT DC Summary 08:24 13:20

Long term goals		
LTG #1		met
LTG #2		met
LTG #3		met
LTG #4		met
LTG #5		met
LTG #6		not met shortened stay &
LTG #7		met
Endurance		adequate
Teaching summary		ambulation bed mobility device safety stairs transfers
Recommendations		family assist
Additional info		&

03/11/05 13:20 LTG #6(PJH): Pt was able to verbalize correct technique and sign other will assist as needed.

03/11/05 13:20 Additional info(PJH): Pt going home today. Pt will provide own transportation

CARE PROVIDERS	CMK1	PJH
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HARRIS, PEGGY J(PJH)PTA

KLINGBEIL, CYNTHIA M(CMK1)PT

Montr monitor

HT/WT Table		
Admit Weight 03/09/05 167lb	Height 5ft7in	
	Current Weight 03/09/05 167lb	

PARKS, LARRY E  
 St. Joseph Regional Medical Center  
 Vital Signs / I & O Summary (sjhps\_vitio)  
 FROM: 03/09/05 08:00 TO: 03/11/05 16:22  
 ROOM: 5208-A ADM: 03/09/05 08:00  
 AGE: 47Y SEX: M Dr: MLSNA, JACQUELINE  
 DOB: 03/26/1957 ID: 71258136 MR: 778667  
 REQUESTED: 03/11/05 16:23

This is a SUMMARY report. See the detailed Vitals and/or Fluids report for additional values as indicated by the \*.

F	C	03/09/05 Day:1					03/10/05 Day:2					03/11/05 Day:3									
		02	06	10	14	18	02	06	10	14	18	02	06	10	14	18					
104	40.0																				
103	39.4																				
102	38.9																				
101	38.3																				
100	37.7																				
99	37.2																				
98	36.6																				
97	36.1																				
Temp				97.6	97.5	99.4	98.8	99.8	98.3	99.4	99.6	99.1									
Pulse				84	87	70	64	78	104	81	97	76									
Resp				12	20	20	16	20	20	20	20	18									
B/P				118	123	108	99	113	110	118	117	113									
				72	82	62	46	64	57	68	64	59									
											Mon										
Wt HI		167lb					67in														

	NIGHTS	DAYS	PMS	TOTAL	NIGHTS	DAYS	PMS	TOTAL	NIGHTS	DAYS	PMS	TOTAL	NIGHTS	DAYS	PMS	TOTAL
I Oral					0			0		910		910				
N IV					1000	475		1475	400			400				
T TPN/Lipids																
A Blood Product																
K Enteral																
E Other Intake																
<b>TOTAL</b>					1000	475		1475	400	910		1310				
O Urine			360	360	1950	700	580	3230	600			600				
U Gastric																
T Stool/Ostomy																
P Chest Tube																
U Drains					125			125								
T Other Output																
<b>TOTAL</b>			360	360	2075	700	580	3355	600			600				
<b>NET</b>			-360	-360	-1075	-225	-580	-1880	-200	910		710				
O Urine Occur																
C Emesis Occur																
C Stool Occur					0			0								
Other Occur																

PARKS, LARRY E  
 St. Joseph Regional Medical Center  
 Patient Teaching Record (teach\_rpt)  
 FROM: 03/05/05 00:00 TO: 03/11/05 16:22  
 ROOM: 5208-A ADM: 03/09/05 08:00  
 AGE: 47Y SEX: M Dr.: MLCNA, JACQUELINE  
 DOB: 03/26/1957 ID: 71258136 MR: 776667  
 REQUESTED:03/11/05 16:23

Patient Teaching	03/09	03/11
RT Teaching	14:30	13:13
Patient		
Instructed	incent spirometr C and DE	
Method	demonstration discussion	
Evaluation		
Patient	understands demonstrates needs reinforcmt	
General Phys Med	14:30	13:13
Patient		
Instructed		basic transfers bed mobility exercise program gait mobility device posture safety stair management wt bearing prec
Method		demonstration discussion
Evaluation		
Patient		understands demonstrates
Barriers		
Patient		none
CARE PROVIDERS	MS2	PJH

HARRIS, PEGGY J(PJH)PTA

SUNDBERG, MICHAEL(MS2)RT

PARKS, LARRY E  
 St. Joseph Regional Medical Center  
 Routine Care/Safety (rctch\_sfty)  
 FROM: 03/05/05 00:00 TO: 03/11/05 16:22  
 ROOM: 5208-A ADM 03/09/05 08:00  
 AGE: 47Y SEX: M Dr.: MLGNA, JACQUELINE  
 DOB: 03/26/1957 ID: 71258136 MR: 778667  
 REQUESTED:03/11/05 16:23

Routine Care/Safe	03/09			03/10			03/11		
Routine Care/Tx	12:00	21:00	21:08	05:24	05:58	08:00	13:27	19:00	
Routine standards	met	met	met	met	met		met		
Routine teaching	done needs reinforcmt	done understands	done per PCA / NI	done per PCA / NI			done understands		
Med teaching		done understands					done understands		
Meal intake						all			
Breakfast									
Dinner			bites/sips						
Ambulation							done independent		
Ambulated									
Wheelchair								yes transfer with 1	
Up in wheelchair									
WC duration									
Bedrest			yes	&		yes			
Treatments									
Cold/ice	per order								
Assist device							yes crutches		
Chair									

03/09/05 21:08 Bedrest(CG): pain control  
 CARE PROVIDERS LAK2 JJ CG SB AM BKW FM JJ

Routine Care/Safe	03/10		03/11	
Routine Care/Tx	20:40	05:30	12:00	13:55
Routine standards	met	met		
Bathing			back	
Needs assist w/				
ADL's			skin care toileting	
Needs assist w/				
Routine teaching	done understands	done understands	done per PCA / NI	
Med teaching	done understands	done understands		
Meal intake			all	
Breakfast				all
Lunch				
Ambulation			done assist of 1	
Ambulated				
Assist device			crutches	
Wheelchair				
Up in wheelchair	yes transfer with 1		yes transfer with 1	
WC duration	20min			
WC duration			2hr	
Assist device			crutches	
Treatments			intact	
Cold/ice				
CARE PROVIDERS	JJ	JJ	KAG4	KAG4

Restraints	No Data
SASI Assessment	No Data

BROOKSHIRE, SANDRA(SB)PCA  
 JONAS, JOAN(JJ)RN  
 MCMILLAN, FELICIA(FM)RN

GLENN, CARLISSA(CG)PCA  
 JONES, JEANNA(JJ)GN  
 MUHAMMAD, ANEESAH(AM)RN

GROFF, KARIE A(KAG4)PCA  
 KOTTKE, LAURA A(LAK2)RN  
 WALKER, BONITA K(BKW)PCA



Atrest at rest  
 Monitr monitor  
 Nc nasal cannula  
 O2rest O2 at rest

Oral oral  
 Rarest room air at rest  
 Wnl WNL

HT/WT Table		
Admit Weight 03/09/05 167lb	Height 5ft7in	
Previous Weight	Current Weight 03/09/05 167lb	Pre-Op WT

**PARKS, LARRY E**  
 St Joseph Regional Medical Center  
 Vital Signs Flowsheet (vitals\_det)  
 FROM: 03/09/05 22:00 TO: 03/11/05 16:22  
 ROOM: 5208-A ADM: 03/09/05 08:00  
 AGE: 47Y SEX: M Dr.: MLSNA, JACQUELINE  
 DOB: 03/26/1957 ID: 71258136 MR: 778667  
 REQUESTED: 03/11/05 16:23

PATIENT FLOWSHEET	03/10				03/11				
	00:52	00:55	07:45	08:46	12:00	16:25	00:30	07:45	08:50
<b>Temp Graph</b>									
TEMP ■	105								
	104								
	103								
	102								
	101								
	100								
	99								
	98								
<b>VITAL SIGN GRAPH</b>									
SYSTOLIC ■	200								
DIASTOLIC ◆	180								
	160								
	140								
PULSE ●	120								
	100								
	80								
	60								
<b>Vital Signs</b>									
TEMP	98.8F		99.8F		98.3F	99.4F	99.6F Oral	99.1F	
PULSE	64		78		104	81	97 Monitr	76	
Heart Sounds		Wnl		Wnl		Wnl			Wnl
RESPIRATIONS	16		20		20	20	20 Atrest	18	
BP	99/46		113/54		110/57	113/68	117/64 Monitr	113/59	
O2 SAT	97 O2rest		98 O2rest		94 Rarest	96 Rarest			
O2 L		2L Nc							
CARE PROVIDERS	SB	AM	BKW	FM	BKW	JJ	JJ	KAG4	KE

BROOKSHIRE, SANDRA(SB)PCA  
 GROFF, KARIE A(KAG4)PCA

WALKER, BONITA K(BKW)PCA  
 MUHAMMAD, ANEESAH(AM)RN

JONES, JEANNA(JJ)GN  
 MCMILLIAN, FELICIA(FM)RN

JONAS, JOAN(JJ)RN  
 ENLI, KRISTINE(KE)RN