

Patient: Harold Robinson	DOB: 02/09/XXXX	Age: 63	
Attending: Dr. Design	Allergies: Sulfa	MR#: 106	
Diagnosis: Respiratory Distress - SOA	Gender: Male	Height: 5'11"	Weight: 154 lbs.

PATIENT INFORMATION

HISTORY OF PRESENT ILLNESS:

Came to the ER with c/o SOA, tachypnea, SpO2 87

PAST MEDICAL HISTORY:

CHF, COPD, HTN

SOCIAL HISTORY:

Active geologist, hobby 'rock hound'

REPORT TO PARTICIPANTS: Synopsis:

New to ER for four hours. Mr. Harold Robinson, 63, male, came to the ER for SOB, resting comfortably O2 at 2 liters, paO2 92; history of CHF, COPD, chest x-ray and ABG's pending. Patient came to ER at 6am.

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History & Physical

TIME SEEN: 0600

ID: 63 year old male

REASON FOR SEEKING CARE: shortness of breath

HPI: 63 year old male presents to the emergency department with shortness of breath. It had been going on for about four hours, getting progressively worse. He has a history of chronic obstructive pulmonary disease, and had a 40 pack-year smoking history, but quit six months ago. He denies any chest pain. He has a chronic dry cough, but it has worsened over the last two days, and he is now coughing out yellow phlegm. No coughing of blood.

PAST MEDICAL HISTORY: COPD, HTN, CHF

PAST SURGICAL HISTORY: Appendectomy 20 years ago

MEDICATIONS: Combivent pm, ASA 81 mg daily, Avalide 150 mg daily, HCTZ 25 mg daily, fish oil

ALLERGIES: Sulfa

SOCIAL HISTORY: 40 pack year smoking, quit six months ago. Occasional glass of wine. No street drugs.

REVIEW OF SYSTEMS: noncontributory except for the HPI.

PHYSICAL EXAMINATION:

VITAL SIGNS: Temperature is 37.4, pulse 110, respiratory rate is 26, blood pressure 138/87. O2 saturation is initially 88% on 2 liters of O2.

GENERAL: Male appearing somewhat older than stated age, in slight distress.

HEENT: Nonicteric sclera. Mucosal membranes moist and pink.

NECK: Supple with shoddy lymphadenopathy on the left.

CARDIAC: Regular rate and rhythm, no murmur.

LUNGS: Decreased on the left base with rhonchi, wheezes in the upper chest bilaterally.

ABDOMEN: Soft, nondistended, nontender. Healed transverse scar in the right lower quadrant.

EXTREMITIES: 1+ pitting edema in ankles bilaterally, slight clubbing of fingers bilaterally.

NEUROLOGICAL:

DIAGNOSTIC STUDIES: WBC is 12.9, with a hemoglobin 16.5, hematocrit 48.7 and 175,000 platelets. Urinalysis is negative. ABG's pH 7.33; CO2-55; HCO3-30 pO2-58. Two-view chest x-ray shows infiltrates in the RLL and COPD changes.

IMPRESSION: COPD exacerbation. RLL Pneumonia.

PLAN: Start on supplemental oxygen, giving IV antibiotics, and started on bronchodilator treatments. Admission to med-tele. Awaiting bed.

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ADMIT / PHYSICIAN ORDERS

Day	Time	Complete top portion with each level of care change.
		<input type="checkbox"/> Outpatient Procedure: _____ (procedure) for _____ (medical reason).
		<input type="checkbox"/> Place in Outpatient Observation Services for:
		<input checked="" type="checkbox"/> Admit as Inpatient for: COPD exacerbation
Day	Time	PHYSICIAN ORDER AND SIGNATURE
		Admit to medical telemetry VS every 4 hours with SpO2 Supplemental oxygen to maintain saturation > 93% Diet: Cardiac Diet Activity: OOB with assistance IV lock Medications: Levaquin 500 mg IVPB to infuse over 60 minutes every 24 hrs. ASA 81 mg po daily Avalide 150 mg po daily HCTZ 25 mg po daily Combivent 1-3 INH QID Diagnostics: Chemistry, CBC, ABG's, cardiac markers, CXR
PROVIDER SIGNATURE		<i>Dr. Design</i>

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NURSING FLOW SHEET

DATE:					
VITAL SIGNS	TIME	0600	0800		
	BLOOD PRESSURE				
	PULSE				
	RESP RATE				
	TEMP				
PAIN	SCORE				
	LOCATION				
	CHARACTER				
RESP	OXYGEN				
	OXIMETER				
NUTR	DIET / % EATEN				
	SUPP FEEDING				
INTAKE	PO				
	IV				
OUTPUT	URINE				
	DRAINS				
PROBLEM / EVENT DOCUMENTATION					
DATE / TIME					
SIGNATURE					

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MEDICATION ADMINISTRATION RECORD Pg. 1

SCHEDULED MEDICATIONS

SCHEDULED MEDICATIONS				
MEDICATION		0700 - 1859	1900 - 0659	
ASA 81 mg po daily				
Avalide 150 mg po daily				
HCTZ 25 mg po daily				
Levaquin 500 mg IVPB, infuse over 60 minutes, every 24 hours.				
SIGNATURE		INTLS	SIGNATURE	INTLS

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MEDICATION ADMINISTRATION RECORD Pg. 2

NON – SCHEDULED MEDICATIONS			
MEDICATION	0700 - 1859	1900 - 0659	
Combivent 1-3 INH qid			
SIGNATURE	INTLS	SIGNATURE	INTLS

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LAB STUDIES & DIAGNOSTICS

CHEMISTRIES

LAB TEST	NORMAL RANGE	PATIENT VALUE
Sodium (NA+)	135-145 mEq/L	136
Potassium (K+)	3.5 -5.0 mEq/L	3.6
Chloride (CL-)	100-108 mEq/L	103
Carbon Dioxide (CO2)	24-30 mEq/L	38
Magnesium (Mg++)	1.5-2.0 mEq/L	1.9
Glucose	70-110 mg/dL	98
Calcium (Ca++)	8.5-10.5 mg/dL	9.2
Phosphorous (PO4)	2.6-4.5 mg/dL	3.0
Blood Urea Nitrogen (BUN)	8-25 mg/dL	27
Creatinine	Male: 0.6-1.5 mg/dL Female: 0.6-1.1 mg/dL	1.1
Osmolality	280-295 mOsm/kg	
Albumin	3.5-4.8 g/dL	3.3
Pre-Albumin	19-38 mg/dL	
Ammonia	15-56 ug/dL	
Bilirubin	0.3-1.0 mg/dL	0.4
Conjugated (Direct) Bilirubin	0-0.2 mg/dL	0.08
Alk Phos	25-100 u/L	56
AST	Male: 14-20 u/L Female: 10-36 u/L	17
ALT	10-35 u/L	21
Amylase	25-125 u/L	45
Lipase	10-140 u/L	21

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LAB STUDIES & DIAGNOSTICS

Arterial Blood Gases		
LAB TEST	NORMAL RANGE	PATIENT VALUE
pH	7.35-7.45	7.33
PaCO ₂	35-45 mmHg	55
PaO ₂	>80 mmHg	58
SaO ₂	>94%	86%
HCO ₃	22-26 mEq/L	30

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LAB STUDIES & DIAGNOSTICS

HEMATOLOGY

LAB TEST	NORMAL RANGE	PATIENT VALUE
Red Blood Cells (RBC)	Males: 4.5-5.3 million /mm ³ Females: 4.1-5.1 million/mm ³	4.5
Hematocrit (HCT)	Males: 37-49% Females: 36-46%	48%
Hemoglobin (HgB)	Males: 13.0-18.0 g/100 ml Females: 12-16 g/100 ml	18.3
White Blood Cells (WBC)	4,500-11,000/mm ³	10.8
Platelets (Plt)	140-400 X 10 ³ mm ³	162
MCV	80-100	
MCH	27-33	
Retic count	0.5-2.5%	

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LAB STUDIES & DIAGNOSTICS

CARDIAC MARKERS

LAB TEST	NORMAL RANGE	PATIENT VALUE
CK	M – 50 – 204 U/L F – 36 -160 U/L	83
CK - MB	0 – 3 ng/mL	1.2
Troponin - I	<0.35 ng/mL	0.1
BNP		106 pg./mL

COAGULATION

LAB TEST	NORMAL RANGE	PATIENT VALUE
Prothrombin Time (PT)	Control 11.2-13.2 (+/-2 seconds)	
Partial Prothrombin Time (PTT)	22.1-34.1 seconds activated	
INR	1-2	

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LAB STUDIES & DIAGNOSTICS

XRAY

Chest X-Ray: Cardiac silhouette enlarged. Lungs are hyperinflated. Consolidation noted in the right lower lobe.

STAT Lab Results

Laboratory Results

Lab Test	Normal Range	Patient Value
DDimer	<250	

STAT Lab Results

Test	Results
VQ Scan	

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The following is the form of a "Declaration," provided for under Nevada Statutes:

DECLARATION

If I should have an incurable and irreversible condition that, without the administration of life-sustaining treatment, will, in the opinion of my attending physician, cause my death within a relatively short time, and I am no longer able to make decisions regarding my medical treatment. I direct any attending physician, pursuant to NRS 449.535 to 449.690, inclusive, to withhold or withdraw treatment that only prolongs the process of dying and is not necessary for my comfort or to alleviate pain.

If you wish to include the following statement in this declaration, you must INITIAL the statement in the box provided:

Withholding or withdrawal of artificial nutrition and hydration may result in death by starvation or dehydration. Initial this box if you want to receive or continue receiving artificial nutrition and hydration by way of gastrointestinal tract after all other treatment is withheld pursuant to this declaration |_____|

Signed this _____ day of _____, 20____.

Signature: _____

Address: _____

The declarant voluntarily signed this writing in my presence.

Witness: _____

Address: _____

Witness: _____

Address: _____

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The following is the form of a "Durable Power of Attorney for HealthCare Decisions" provided for under Nevada Statute:

DURABLE POWER OF ATTORNEY FOR HEALTHCARE DECISIONS WARNING TO PERSON EXECUTING THIS DOCUMENT

This is an important legal document. It creates a Durable Power of Attorney for HealthCare. Before executing the document you should know these important facts:

1. This document gives the person you designate as your Attorney-in-Fact the power to make health care decisions for you. The power is subject to any limitations or statement of your desires that you include in this document. The power to make health care decisions for you may include consent, refusal of consent, or withdrawal of consent to any care, treatment, service, or procedure to maintain, diagnose, or treat a physical or mental condition. You may state in this document any types of treatment or placements that you do not desire.
2. The person you designate in this document has a duty to act consistent with your desires as stated in this document or otherwise made known, or, if your desires are unknown, to act in your best interest.
3. Except as you otherwise specify in this document, the power of the person you designate to make health care decisions for you may include the power to consent to your doctor not giving treatment or stopping treatment which would keep you alive.
4. Unless you specify a shorter period in this document, this Power will exist indefinitely from the date you execute this document and if you are unable to make health care decisions for yourself, this power will continue to exist until the time when you become able to make health care decisions for yourself.
5. Notwithstanding this document, you have the right to make medical and other health care decisions for yourself so long as you can give informed consent with respect to the particular decision. In addition, no treatment may be given to you over your objection, and health care necessary to keep you alive may not be stopped if you object.
6. You have the right to revoke the appointment of the person designated in this document to make health care decisions for you by notifying that person of the revocation orally or in writing.
7. You have the right to revoke the authority granted to the person designated in this document to make health care decisions for you by notifying the treating physician, hospital, or other provider of health care orally or in writing.
8. The person designated in this document to make health care decisions for you has the right to examine your medical records and to consent to their disclosure unless you limit this right in this document.
9. This document revokes any prior Durable Power of Attorney for Health Care.
10. If there is anything in this document that you do not understand, you should ask a lawyer to explain it to you.

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1. DESIGNATION OF HEALTHCARE AGENT

I, _____ (insert your name) do hereby designate and appoint:

Name:

Address:

Telephone Number:

As my attorney-in-fact to make health care decisions for me as authorized in this document.

(Insert the name and address of the person you wish to designate as your attorney-in-fact to make health care decisions for you. Unless the person is also your spouse, legal guardian or the person most closely related to you by blood, none of the following may be designated as your attorney-in-fact: (1) your treating provider of health care; (2) an employee of your treating provider of health care; (3) an operator of a health care facility; or (4) an employee of an operator of a health care facility.)

2. CREATION OF DURABLE POWER OF ATTORNEY FOR HEALTH CARE

By this document, I intend to create a Durable Power of Attorney by appointing the person designated above to make health care decisions for me. This power of attorney shall not be affected by my subsequent incapacity.

3. GENERAL STATEMENT OF AUTHORITY GRANTED

In the event that I am incapable of giving informed consent with respect to health care decisions, I hereby grant to the attorney-in-fact named above full power, and authority to make health care decisions for me before, or after my death, including: consent, refusal of consent, or withdrawal of consent to any care, treatment, service, or procedure to maintain, diagnose, or treat physical or mental condition, subject only to the limitations and special provisions, if any, set forth in paragraph 4 or 6.

4. SPECIAL PROVISIONS AND LIMITATIONS

(Your attorney-in-fact is not permitted to consent to any of the following: commitment to or placement in a mental health treatment facility, convulsive treatment, psychosurgery, sterilization, or abortion. If there are any other types of treatment or placement that you do not want your attorney-in-fact's authority to give consent for or other restrictions you wish to place on your attorney-in-fact's authority, you should list them in the space below. If you do not write any limitations, your attorney-in-fact will have the broad powers to make health care decisions on your behalf which are set forth in paragraph 3, except to the extent that there are limits provided by law.)

In exercising the authority under this Durable Power of attorney for HealthCare, the authority of my attorney-in-fact is subject to the following special provisions and limitations:

