

Patient: Richard "Buddy" Harris
Attending: Dr. Goodman
Diagnosis: Small Cell Lung CA, COPD

DOB: 09/09/XX
Allergies: NKA
Gender: Male

Age: 78 y/o
MR#: 108
Height: 5'10" Weight: 115lbs

Patient Chart

#108

Buddy Harris

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HISTORY & PHYSICAL

Chief Complaint: Difficulty breathing and pain.

HPI: Mr. Harris is a 78-year-old widower diagnosed with Stage 4 Small Cell Lung Cancer (SCLC) one year ago. He is actively dying. Today he was admitted to the inpatient hospice unit.

PMX: Mr. Harris was unsuccessfully treated over the past year with chemotherapy and radiation. Without the possibility of curative treatment, a diagnosis of end stage (E/S) SCLC with metastases to the brain, the patient was referred to Home Hospice Care with E/S lung cancer. The patient also has a history of COPD diagnosed 20 years ago at 58-years-old.

Social HX: Smoked for over 50 years and refusing to quit. Daughter is primary care giver and lives with patient.

REVIEW OF SYSTEMS

CONSTITUTIONAL: Complains of (c/o) weight loss, positive for weakness and fatigue.

HEENT: Eyes: No visual loss, double vision or yellow sclera. Ears: No hearing loss. Nose/throat: No sneezing, congestion, runny nose or sore throat.

SKIN: No rash, c/o of dryness and itching.

CARDIOVASCULAR: Denies palpitations, syncope, or cardiac chest pain.

RESPIRATORY: Positive for pain, shortness of breath (SOB) with talking, productive cough with yellow sputum, and intercostal accessory muscle use. Reports use of continuous oxygen at 2 liters per minute (L/min) via nasal cannula (NC). States he uses his small volume nebulizer (SVN) treatments every four hours (Q4H) while awake.

GASTROINTESTINAL: C/O anorexia and constipation related to (r/t) current medications. No vomiting, diarrhea, abdominal pain or blood in stool.

GENITOURINARY: Denies burning on urination, difficulty producing a stream.

NEUROLOGICAL: No headache, dizziness, syncope, paralysis, ataxia, numbness or tingling in the extremities.

MUSCULOSKELETAL: No complaints of muscle, back pain, joint pain or stiffness. Uses a walker to ambulate within the home.

HEMATOLOGIC: No anemia, evidence of bleeding, or bruising.

LYMPHATICS: No enlarged nodes. No history of splenectomy.

PSYCHIATRIC: History of depression r/t lung cancer diagnosis.

ENDOCRINOLOGIC: No reports of sweating, cold or heat intolerance. No polyuria or polydipsia.

PHYSICAL ASSESSMENT

GENERAL: 78 y/o cachectic male with a BMI of 16.5kg/m², Appears ill and anxious.

NEUROLOGICAL: Oriented x 1 to self and family, cooperative but lethargic. Flat affect.

HEENT: Normocephalic, atraumatic with temporal wasting. Complaining of blurred vision. Lips and buccal mucosa are dry, no oral lesions, tonsils present, and dentition, tongue midline. Neck is supple, supple full range of motion (ROM), trachea midline. No bruits, enlarged nodes noted.

SKIN: Skin dry & intact, loose with tenting > 3 seconds. Senile lentigines noted to face and upper extremities bilaterally. Multiple acrochordons noted on neck and trunk.

CARDIOVASCULAR: Regular rate, no murmurs, rub, or gallop noted.

RESPIRATORY: Chest expansion symmetric, lung sounds diminished in all fields. Scattered rales and rhonchi noted throughout as well Intercostal accessory muscle use. Receiving oxygen at 2 L/min via NC with SpO₂ @ 94%.

GASTROINTESTINAL: Abdomen soft, non-tender. Bowel sounds hypoactive.

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GENITOURINARY: Denies burning on urination, difficulty producing a stream.

MUSCULOSKELETAL: Gait unobserved, no deformity or tenderness to palpitation. No heat or swelling of joints. General weakness, limited ROM, and muscle atrophy.

ALLERGIES: No known allergies (NKA).

MEDICATIONS:

- *morphine sulfate*: 60 mg extended-release oral (PO) tablets every 12 hours (Q12H) for pain

- *morphine sulfate*: 20 mg /mL PO solution for breakthrough pain (pain scale 1 – 10)
 1. 0.25 mL sublingual (SL) for mild pain 1-4 (10)
 2. 0.50 mL SL for moderate pain 5-7 (10)
 3. 1mL SL for severe pain 8-10 (10)

- *lorazepam*: 2 mg/mL PO solution for anxiety
 1. 0.5 mg SL every hour (Q1H) for mild anxiety
 2. 1.0 mg SL every hour (Q1H) for moderate anxiety
 3. 2.0 mg SL every hour (Q1H) for severe anxiety

- *ipratropium bromide/albuterol sulfate inhalation solution* for dyspnea
 1. One 3 mL vial by nebulization 4 times a day with up to 2 additional 3 mL doses allowed per day.
 2. The maximum recommended dose is 6 vials (18 mL)/day.

- *Sennosides* 8.6 mg & docusate sodium 50 mg: 1-2 tablets PO at bedtime (HS)

Problem List:

1. End-stage SCLC with metastasis to the brain
2. Pain
3. Dyspnea

Assessment/Plan:

Mr. Harris is a 78-year-old male diagnosed with SCLC admitted to the In-Patient Hospice Unit with complaints of dyspnea and pain.

1. Add *lorazepam* 2mg/mL solution for anxiety PRN
 - 0.5 mg SL Q1H for mild anxiety
 - 1.0 mg SL Q1H for moderate anxiety
 - 2.0 mg SL Q1H for severe anxiety
2. Add sennosides: 8.6 mg + docusate sodium 50 mg: 1-2 tablets PO HS for constipation
3. Pain control - continue current home medications & dosages:
 - *morphine sulfate* 60 mg PO Q12H
 - *morphine sulfate* 20 mg /mL PO solution for breakthrough pain (pain scale 1 – 10)
 - 0.25 mL sublingual (SL) for mild pain 1-4 (10)
 - 0.50 mL SL for moderate pain 5-7 (10)
 - 1.0 mL SL for severe pain 8-10 (10)
4. Dyspnea - SVN treatments, bed rest, and oxygen for dyspnea.
5. Keep patient comfortable.

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Hugo Goodman MD

Dictated: Hugo Goodman, MD

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PHYSICIAN ORDERS

Date	Time	PHYSICIAN ORDER AND SIGNATURE
Today	Now	<p style="text-align: center;">Admit to Hospice- Inpatient Unit</p> <p>Diagnosis: Stage 4 Small Cell Lung CA, COPD Condition: Actively dying - Do Not Resuscitate Registered Nurse may pronounce at time of death and release body to Mortuary Vital signs: Complete set on admission and daily Allergies: NKA</p> <ul style="list-style-type: none">• Family can remain with patient 24 hours• Complementary therapies as desired by patient & family – touch, music, aroma therapy• Pets may visit• May interact with volunteers for companionship and assist prn <p>Diet as tolerated: Thicken for fluids. Activity as tolerated: Bedrest Oxygen: To maintain SpO2 ≥ 94%, nasal cannula, mask, or non-rebreather mask</p> <p>Daily Medications:</p> <ul style="list-style-type: none">• <i>morphine sulfate</i>: 60 mg PO Q12H for pain• <i>sennosides</i> 8.6 mg & docusate sodium 50 mg: 1 -2 tablets PO at HS <p>PRN Medications:</p> <ul style="list-style-type: none">• <i>morphine</i>: 20 mg /mL PO solution for breakthrough pain (1- 10 pain scale)<ol style="list-style-type: none">1. 0.25 mL SL Q2H for mild breakthrough pain 1-4 (10)2. 0.50 mL SL Q2H for moderate breakthrough pain 5-7 (10)3. 1.0 mL SL Q2H for severe breakthrough pain 8-10 (10)• <i>lorazepam</i>: 2 mg/mL solution for anxiety<ol style="list-style-type: none">1. 0.5 mg SL Q1H for mild anxiety2. 1.0 mg SL Q1H for moderate anxiety3. 2.0 mg SL Q1H for severe anxiety• <i>ipratropium bromide 0.5 mg/albuterol sulfate 3.0 mg inhalation solution</i> per 3 mL vial for dyspnea<ol style="list-style-type: none">1. One 3 mL vial by nebulization 4 times a day2. Two additional 3 mL vials/doses allowed per day3. Maximum recommended dose is six vials (18 mL)/day4. Use mouthpiece instead of a mask patient condition permitting• <i>acetaminophen</i> 500 mg PO or perirectal (PR) Q4H PRN for temperature > 100.8F° Pulse
		<i>Hugo Goodman, M.D.</i>

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NURSING FLOW SHEET

DATE:					
VITAL SIGNS	TIME				
	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					
MEDICATION		0700 - 1859	1900 - 0659		
<i>morphine sulfate</i> 60 mg PO Q12H for pain		0900	2100		
<i>sennosides</i> 8.6 mg + <i>docusate sodium</i> 50 mg: 1-2 tablets PO at HS			2100		
SIGNATURE		INTLS	SIGNATURE		INTLS

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MEDICATION ADMINISTRATION RECORD Pg. 2

NON – SCHEDULED MEDICATIONS			
MEDICATION	0700 - 1859	1900 - 0659	
<i>lorazepam</i> 2mg/mL solution <ul style="list-style-type: none"> • 0.5 mg SL Q1H for mild anxiety 			
<i>lorazepam</i> 2mg/mL solution <ul style="list-style-type: none"> • 1.0mg SL Q1H for moderate anxiety 			
<i>lorazepam</i> 2mg/mL solution <ul style="list-style-type: none"> • 2.0 mg SL Q1H for severe anxiety 			
<i>morphine</i> 20 mg /mL oral solution for breakthrough pain <ul style="list-style-type: none"> • 0.25 mL SL Q2H for mild breakthrough pain 1-4 (pain scale 1 - 10) 			
<i>morphine</i> 20 mg /mL oral solution for breakthrough pain <ul style="list-style-type: none"> • 0.50 mL SL Q2H for moderate breakthrough pain 5-7 (pain scale 1 - 10) 			
<i>morphine</i> 20 mg /mL oral solution for breakthrough pain <ul style="list-style-type: none"> • 1 mL SL Q2H for severe breakthrough pain 8-10 (pain scale 1 - 10) 			
acetaminophen 500 mg PO/PR Q4H PRN temp > 100.8°F			
<i>Ipratropium bromide 0.5 mg /albuterol sulfate 3.0 mg per 3 ml vial inhalation for dyspnea</i> <ul style="list-style-type: none"> • One 3 mL vial/doses by nebulization 4 times/day • Two additional 3 mL vials/doses per 24 hours • Maximum recommended dose is 6 vials (18 mL's) per 24 hours 			
SIGNATURE	INTLS	SIGNATURE	INTLS

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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	5.5 (H)
Hematocrit (HCT)	Males: 37-49% Females: 36-46%	50% (H)
Hemoglobin (Hgb)	Males: 13.0-18.0 g/100 ml Females: 12-16 g/100 ml	18
White Blood Cells (WBC)	4,500-11,000/mm ³	18,000 (H)
Platelets (Plt)	140-400 X 10 ³ mm ³	310
MCV	80-100	98
MCH	27-33	30
Reticulocyte count	0.5-2.5%	1.5

CHEMISTRIES

LAB TEST	NORMAL RANGE	PATIENT VALUE
Sodium (NA ⁺)	135-145 mEq/L	152 (H)
Potassium (K ⁺)	3.5 -5.0 mEq/L	4.5
Chloride (CL ⁻)	100-108 mEq/L	101
Carbon Dioxide (CO ₂)	24-30 mEq/L	35 (H)
Magnesium (Mg ⁺⁺)	1.5-2.0 mEq/L	1.7
Glucose	70-110 mg/dL	76
Calcium (Ca ⁺⁺)	8.5-10.5 mg/dL	9.1
Phosphorous (PO ₄)	2.6-4.5 mg/dL	4.5
Blood Urea Nitrogen (BUN)	8-25 mg/dL	28 (H)
Creatinine	Male: 0.6-1.5 mg/dL Female: 0.6-1.1 mg/dL	2 (H)

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LAB STUDIES & DIAGNOSTICS

ARTERIAL BLOOD GAS		
LAB TEST	NORMAL RANGE	PATIENT VALUE
pH	7.35-7.45	7.28 (L)
PaCO2	35-45 mmHg	50 (H)
PaO2	>80 mmHg	75
SaO2	>94%	88(L)
HCO3	22-26 mEq/L	38 (H)

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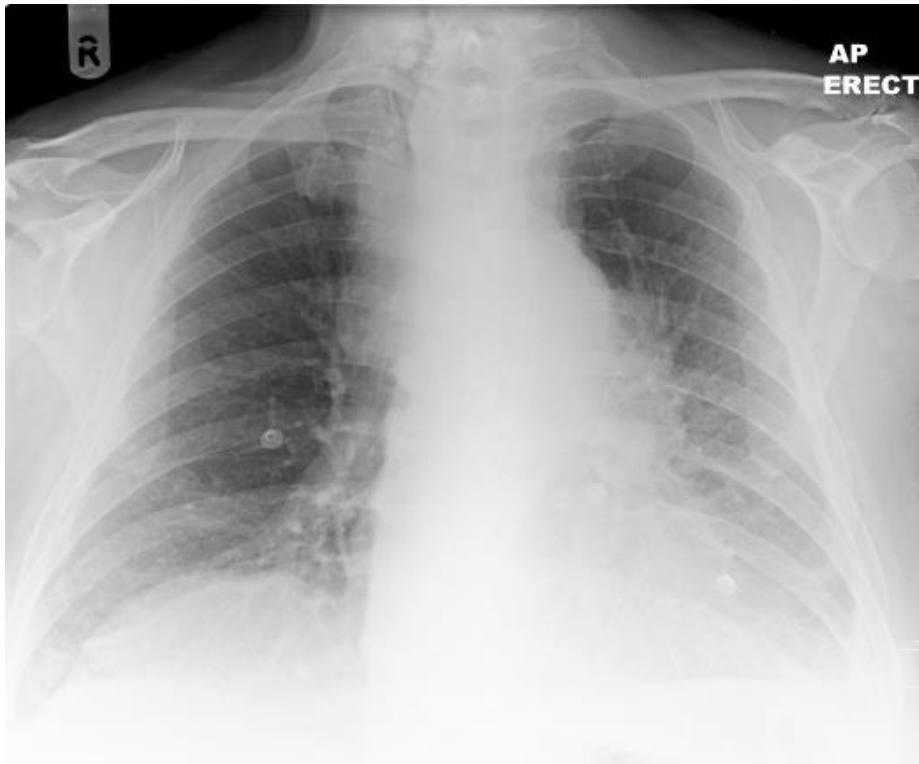
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IMAGING

XRAY

Chest X-Ray AP



Impression:

1. End-stage SCLC
2. Pleural Effusion
3. COPD changes

Frontal chest radiograph shows extensive disease. A large mass noted in the left mid lung with an opacity extending to the upper lung. Also present is a right lower lung nodule that suggests a metastatic deposit. Increased right paratracheal opacity indicates lymphadenopathy. A small left pleural effusion is present, with blunting of the costophrenic recess.

T. Ernst MD

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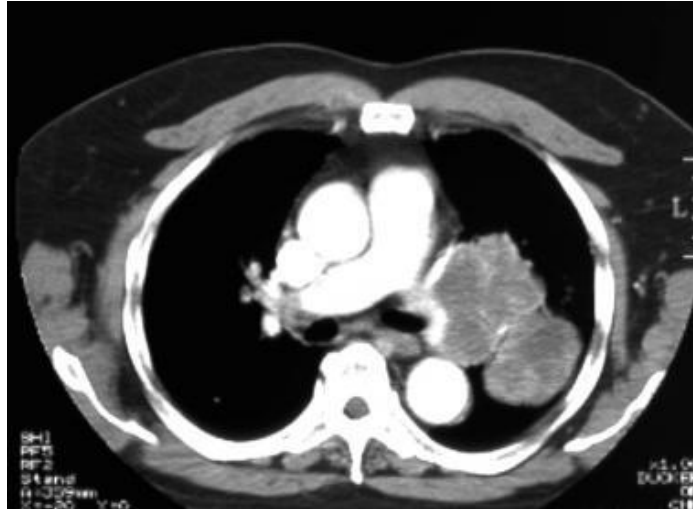
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IMAGING

CT Scan

Contrast-enhanced CT Scan of the Chest



Impression:

There is large left lung and a hilar mass, with invasion of the left pulmonary artery. A large mass noted in the left mid lung with an opacity extending to the upper lung. Also present is a right lower lung nodule that suggests a metastatic deposit. Increased right paratracheal opacity indicates lymphadenopathy. A small left pleural effusion is present, with blunting of the costophrenic recess.

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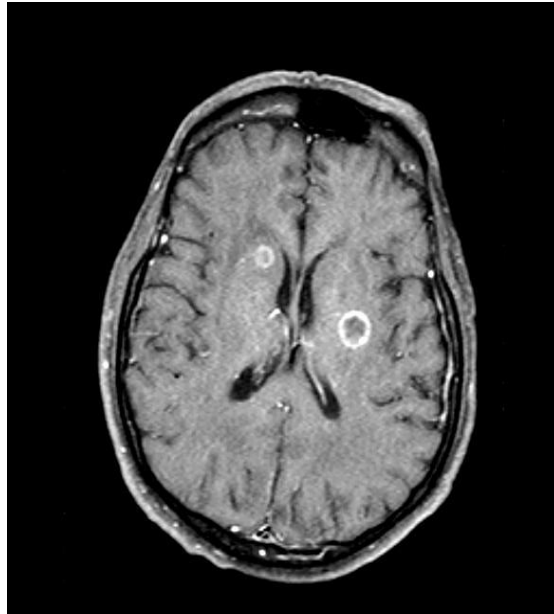
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IMAGING

MRI

Contrast-enhanced MRI of the Brain:



Impression:

Axial section at the level of lateral ventricles shows at least 2 ring-enhancing metastatic lesions in the periventricular region.

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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 |____|

I , Buddy Harris, do not want artificial nutrition and hydration, CPR, or any other life prolonging treatments.

Signed this _____ **present date** _____ day of _____ **present day** _____, **present year** _____.

Signature: Buddy Harris
Address: 2020 Pearl Ave
Las Vegas Nevada__

The declarant voluntarily signed this writing in my presence.

Witness: Ronnie Harris _____
Address: 2020 Pearl Ave _____

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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, Buddy Harris do hereby designate and appoint:

Name: Ronnie Harris

Address: 2020 Pearl Ave., Las Vegas, NV. 89110

Telephone Number: 702-367-3670

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 is 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:
