

Patient: Tortella, Vincent

DOB: 11/03/XXXX

Age: 78 y/o

Attending: Roberts, M.

Allergies: NKA

MR#: 130

Diagnosis: ACS r/o MI

Gender: Male

Height: 5'10"

Weight: 78kg (Measured)

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# Patient Chart

## #130

# Vincent Tortella

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## HISTORY & PHYSICAL

**Chief Complaint:** "I can't breathe, I'm sweaty, my chest hurts. I'm scared."

**HPI:** Mr. Tortella is a 78-year old Caucasian male who presents to the emergency department (ED) via EMS with shortness of breath (SOB), fatigue, nausea, diaphoresis, and intermittent chest pain the past 3 days.

Reports home use of sublingual nitroglycerin (NTG) which is usually effective relieving his angina. This morning he began to experience chest pressure while sitting in his recliner. Reports taking three doses of sublingual NTG today without relief of chest pressure or pain.

**PMX:** Known history of hypertension (HTN), hyperlipidemia, coronary artery disease (CAD), coronary artery bypass grafting (CABG), myocardial infarction (MI).

**Social History:** Prefers to be called 'Vinnie'. He is a widower who has 2 children living out of state; lives at home alone. Denies ETOH use, smokes 2 packs cigarettes daily for 50 years.

### REVIEW OF SYSTEMS

**CONSTITUTIONAL:** Denies anorexia, weight loss, and fever. Reports a lack of energy for the past 3 days.

**HEENT:** Denies decreased hearing, blurring, diplopia, irritation, discharge, vision loss, eye pain, photophobia, ear pain or discharge, tinnitus, nasal obstruction or discharge, nosebleeds, sore throat, hoarseness, dysphagia.

**SKIN:** Denies breaks in his skin, bruising, rash, dryness, suspicious lesions.

**CARDIOVASCULAR:** Reports dyspnea on exertion and at rest. Reports chest pain and pressure; describes chest pain as sharp & intermittent starting 3 days ago. Chest pain location is substernal (middle of his chest), precipitated by walking and radiates to left arm. This morning, he took three doses of sublingual NTG that were not effective. (Chest pain usually relieved by sublingual NTG in the past).

**RESPIRATORY:** Reports dyspnea on exertion and at rest.

**GASTROINTESTINAL:** Denies abdominal pain, jaundice, constipation.

**GENITOURINARY:** Denies incontinence, dysuria, hematuria, urinary frequency.

**NEUROLOGICAL:** Denies transient paralysis, paresthesia, seizures, syncope, tremors, or vertigo.

**MUSCULOSKELETAL:** Denies joint pain, joint swelling, muscle cramps, muscle weakness, stiffness.

### PHYSICAL ASSESSMENT

**VITAL SIGNS** (after transdermal nitroglycerin [TD NTG] applied):

**T: 37.2 (oral)    Pulse: 100    RR: 22    BP: 134/86mmHg    SpO<sub>2</sub>: 98% 2LNC**

**GENERAL:** 78-y/o Caucasian male, sitting in a reclined position on hospital gurney. Reliable historian. Appears fatigued, dyspneic - grimacing.

**HEENT:** No lesions or deformities on external ears or nose; ear canals clear bilaterally, tympanic membranes intact with good movement, no fluid; hearing grossly intact bilaterally. Nasal mucosa, septum, turbinates are normal; tongue normal, no erythema or exudate visible on posterior pharynx. Neck is supple, no masses, trachea midline; no thyroid nodules, masses, tenderness, or enlargement.

**SKIN:** No rash, lesions, ulcerations, subcutaneous nodules or induration.

**NEUROLOGIC:** Cranial nerves: II-XII grossly intact, 2+ reflexes bilaterally.

**CARDIAC:** S<sub>1</sub>, S<sub>2</sub>, no S<sub>3</sub>, S<sub>4</sub> present, regular rhythm. No murmur present. No thrill or palpable murmurs on palpation, no JVD, no displacement of PMI. No carotid or abdominal bruits. No enlargement of abdominal aorta. Carotid, radial, posterior tibialis, and dorsalis pedis 2+ bilaterally. No edema.

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**PULMONARY:** Dyspnea on exertion and at rest. Tachypnea noted. No cough. Lung sounds clear to auscultation, right and left lower lobes diminished.

**GASTROINTESTINAL:** Soft, non-tender, non-distended abdomen without masses; bowel sounds positive in all quadrants. Liver size within normal limits. No liver nodularity or masses, no splenomegaly.

**GENTIOURINARY:** No bladder distention noted. Urinating in bathroom with assistance. Urine is clear, yellow, and sufficient in amount, no odor.

**MUSCULOSKELETAL:** Normal alignment, mobility and no deformity of head and neck, spine, ribs, pelvis. Normal ROM and 5/5 strength in all extremities. No joint enlargement, tenderness, or clubbing.

**ALLERGIES:** No known drug allergies (NDKA).

**MEDICATIONS:** *aspirin* 325 mg oral (PO) daily, *atenolol* 100 mg PO daily, *simvastatin* 40 mg PO daily, *hydrochlorothiazide* 12.5 mg PO daily, *lisinopril* 20 mg PO daily, *NTG* 2.5 mg SL QID x 3 each time prn chest pain.

**Assessment:**

1. ACS (acute coronary syndrome), r/o MI
2. Hyperlipidemia
3. Hypertension
4. CAD
5. Unstable angina

**Plan:**

1. Stat EKG, start telemetry.
2. Vital signs every 4 hours per unit protocol and change in condition.
3. Titrate O<sub>2</sub> to maintain SpO<sub>2</sub> greater than 92%.
4. Admit to intermediate care unit/telemetry.
5. Continue home medications: aspirin, atenolol, simvastatin, hydrochlorothiazide, lisinopril.
6. Administer medication(s) as ordered.
  - *NTG* transdermal ointment 7.5 mg (1/2 inch) every 6 hours x 2 daily (see orders);
  - *enoxaparin* 40 mg subcutaneous (SQ) daily venous thromboembolism (VTE) prophylaxis;
  - *acetaminophen* 650 mg PO every 4 hours (Q4H) as needed (PRN) for fever/pain;
  - *ondansetron* 4 mg intravenous push (IVP) Q4H PRN for nausea;
  - For breakthrough chest pain/pressure not relieved by *NTG* transdermal ointment administer *NTG* sublingually (SL)
    1. *Nitroglycerin* 0.4 mg (1/150 gr) SL
    2. Place 1 tablet under tongue
    3. If no relief in 5 minutes place 2<sup>nd</sup> tablet under tongue
    4. If no relief after 2<sup>nd</sup> *NTG* tablet call MD.
8. Sequential compression device (SCDs) and enoxaparin for VTE prophylaxis.
9. IV fluids: 0.9% sodium chloride IV 111 mL/hr. x 2 liters

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10. Electrolyte replacement protocol.

11. CBC, CMP, BNP, D-dimer, coagulation studies, ABG stat – call HCP with results.

12. Serial cardiac enzymes:

- a. Troponin every 6 hours x 3 – call with elevation and upward trend,
- b. CK-MD stat – call with elevation.

13. Cardiology consult - possible cardiac catheterization per cardiology.

14. Lexi scan stress test, CXR, echocardiogram to evaluate left ventricular ejection fraction (LVEF) in AM.

15. PT/OT evaluation when stable for discharge recommendations.

*Michael Roberts MD*

**Dictated:** Michael Roberts MD

Today @ 0457

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## PHYSICIAN ORDERS

Date	Time	PHYSICIAN ORDER AND SIGNATURE
Today	Now	<p>Admit to IMC with telemetry, EKG PRN</p> <p><b>Diagnosis:</b> Acute Coronary Syndrome (ACS) rule out (r/o) myocardial infarction (MI) <b>Condition:</b> Unstable <b>Vital signs:</b> Q4H per unit protocol and as needed for change in condition <b>Allergies:</b> NKDA <b>Oxygen:</b> NC, titrate to O2 sat <math>\geq</math> 92% PRN <b>Diet:</b> Cardiac, nothing by mouth (NPO) after midnight (p MN) pending stress test if labs stable <b>Activity:</b> Bedrest <b>Labs:</b> CBC, CMP, BNP, D-dimer, coagulation studies, ABG stat – call with results; Serial cardiac enzymes; Troponin every 6 hours x 3 – call with elevation and upward trend; CK-MD stat – call with elevation <b>Studies:</b> CXR, Lexi scan, 2D echocardiogram – cardiologist to read</p> <p><b>IV Fluids:</b> 0.9% sodium chloride IV 111mL/hr. x 2 liters</p> <p><b>Daily Medications:</b></p> <ul style="list-style-type: none"><li>• <i>aspirin</i> 325 mg PO daily</li><li>• <i>atenolol</i> 100 mg PO daily</li><li>• <i>simvastatin</i> 40 mg PO daily at bedtime (HS)</li><li>• <i>hydrochlorothiazide</i> 12.5 mg PO daily</li><li>• <i>lisinopril</i> 20 mg PO daily</li><li>• <i>NTG</i> transdermal ointment 7.5 mg (1/2") every 6 hours x 2 daily – on from 0001 – 0600 and 0600 – 1200; off patient from 1200 – 0000 daily.</li><li>• <i>enoxaparin</i> 40 mg SQ daily</li></ul> <p><b>PRN Medications:</b></p> <ul style="list-style-type: none"><li>• <i>acetaminophen</i> 650 mg PO every 4 hours as needed for fever/pain</li><li>• <i>ondansetron</i> 4 mg IVP every 4 hours as needed for nausea</li><li>• For breakthrough chest pain/pressure not relieved by <i>NTG</i> transdermal ointment administer <i>NTG</i> sublingually (SL) →<ol style="list-style-type: none"><li>1. <i>Nitroglycerin</i> 0.4 mg (1/150 gr) tablet SL.</li><li>2. Place 1 tablet under tongue;</li><li>3. If no relief in 5 minutes place 2nd tablet under tongue;</li><li>4. If no relief after 2<sup>nd</sup> <i>NTG</i> tablet call MD</li></ol></li><li>• <i>morphine sulfate</i> 4 mg IV Push Q 4 hours for chest pain/pressure rated 9 out of 10 and not relieved by <i>NTG</i> SL</li></ul> <p><i>Michael Roberts MD</i></p>
		M. Roberts MD

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## NURSING FLOW SHEET

DATE: Today

<b>VITAL SIGNS</b>	<b>TIME</b>				
	<b>BLOOD PRESSURE</b>				
	<b>PULSE</b>				
	<b>RESP RATE</b>				
	<b>TEMP</b>				
<b>PAIN</b>	<b>SCORE</b>				
	<b>LOCATION</b>				
	<b>CHARACTER</b>				
<b>RESP</b>	<b>OXYGEN</b>				
	<b>OXIMETER</b>				
<b>NUTR</b>	<b>DIET / % EATEN</b>				
	<b>SUPP FEEDING</b>				
<b>INTAKE</b>	<b>PO</b>				
	<b>IV</b>				
<b>OUTPUT</b>	<b>URINE</b>				
	<b>DRAINS</b>				

### PROBLEM / EVENT DOCUMENTATION

<b>DATE / TIME</b>	
<b>SIGNATURE</b>	

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## MEDICATION ADMINISTRATION RECORD Pg. 1

SCHEDULED MEDICATIONS			
MEDICATION		0700 - 1859	1900 - 0659
aspirin 325 mg PO daily		0900	
atenolol 100 mg PO daily <i>HOLD for HR &lt; 60 bpm</i>		0900	
simvastatin 40 mg PO daily HS			2200
hydrochlorothiazide 12.5 mg PO daily		0900	
lisinopril 20 mg PO daily		0900	
NTG 7.5mg (1/2 inch) transdermal ointment q 6 hrs. x 2 daily: <ul style="list-style-type: none"> <li>on patient from 0001 – 0600 and</li> <li>0600 – 1200.</li> <li>Off from patient from 1200 until 0000</li> </ul>		0001 0600	
enoxaparin 40 mg SQ daily		0900	
SIGNATURE		INTLS	SIGNATURE

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## MEDICATION ADMINISTRATION RECORD Pg. 2

NON – SCHEDULED MEDICATIONS			
MEDICATION		0700 - 1859	1900 - 0659
acetaminophen 650 mg PO Q4H PRN for fever/pain			
ondansetron 4 mg IVP Q4H PRN for nausea			
<p><i>For breakthrough chest pain/pressure not relieved by NTG transdermal ointment administer NTG sublingually (SL) →</i></p> <p><i>Nitroglycerin 0.4 mg (1/150 grain) tablet SL:</i></p> <ul style="list-style-type: none"> <li>Place 1 tablet under tongue</li> <li>If no relief in 5 minutes place 2nd tablet under tongue</li> <li>If no relief after 2<sup>nd</sup> tablet call MD.</li> </ul>			
<p><i>morphine sulfate 4 mg IV Push Q 4 hours for chest pain/pressure</i></p> <ul style="list-style-type: none"> <li>rated 9 out of 10 on pain scale</li> </ul>			
SIGNATURE		INTLS	SIGNATURE



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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 <sup>3</sup> Females: 4.1-5.1 million/mm <sup>3</sup>	5.2
Hematocrit (HCT)	Males: 37-49% Females: 36-46%	35% (L)
Hemoglobin (Hgb)	Males: 13.0-18.0 g/100 ml Females: 12-16 g/100 ml	8.6 (L)
White Blood Cells (WBC)	4,500-11,000/mm <sup>3</sup>	11.5 (H)
Platelets (Plt)	140-400 X 10 <sup>3</sup> mm <sup>3</sup>	158
MCV	80-100	86
MCH	27-33	30
Reticulocyte count	0.5-2.5%	0.7

### CARDIAC MARKERS

LAB TEST	NORMAL RANGE	PATIENT VALUE
CPK	30-135	60
Troponin	<0.06 ng/ml	0.01
CK/MB	0-3ng/mL	2

### COAGULATION

LAB TEST	NORMAL RANGE	PATIENT VALUE
Prothrombin Time (PT)	Control 11.2-13.2 (+/- 2 seconds)	13.2
Partial Thromboplastin Time (PTT)	22.1-34.1 seconds activated	32.2
INR	1-2 seconds	2 seconds

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Basic Metabolic Panel		
LAB TEST	NORMAL RANGE	PATIENT VALUE
Sodium (NA+)	135-145 mEq/L	144
Potassium (K+)	3.5 -5.0 mEq/L	3.9
Chloride (CL-)	100-108 mEq/L	106
Carbon Dioxide (CO2)	24-30 mEq/L	28
Magnesium (Mg++)	1.5-2.0 mEq/L	1.9
Glucose	70-110 mg/dL	114 (H)
Calcium (Ca++)	8.5-10.5 mg/dL	10.2
Phosphorous (PO4)	2.6-4.5 mg/dL	2.8
Blood Urea Nitrogen (BUN)	8-25 mg/dL	30 (H)
Creatinine	Male: 0.6-1.5 mg/dL Female: 0.6-1.1 mg/dL	1.4
Osmolality	280-295 mOsm/kg	286
Albumin	3.5-4.8 g/dL	3.8
Pre-Albumin	19-38 mg/dL	28
Ammonia	15-56 ug/dL	45
Bilirubin	0.3-1.0 mg/dL	0.8
Conjugated (Direct) Bilirubin	0-0.2 mg/dL	0.1
Alkaline Phosphatase	25-100 u/L	50
AST	Male: 14-20 u/L Female: 10-36 u/L	18
ALT	10-35 u/L	25
Amylase	25-125 u/L	56
Lipase	10-140 u/L	122

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## LAB STUDIES & DIAGNOSTICS

ARTERIAL BLOOD GAS		
LAB TEST	NORMAL RANGE	PATIENT VALUE
pH	7.35-7.45	7.42
PaCO2	35-45 mmHg	38
PaO2	>80 mmHg	86
SaO2	>94%	95
HCO3	22-26 mEq/L	24

## LAB STUDIES & DIAGNOSTICS

URINANALYSIS		
LAB TEST	NORMAL RANGE	PATIENT VALUE
Color	Yellow	Yellow
Specific Gravity	1.005-1.030	1.036 (H)
pH	5.5-7.5	6.2
Blood	Negative	Negative
Protein	Negative	Negative
Nitrite	Negative	Negative
Leukocyte esterase	Negative	3+
Bacteria	Negative	Negative
White blood cells	40-100/huff	50
Red blood cells	2/huff	2
Epithelial cells	0-5/lpf	2

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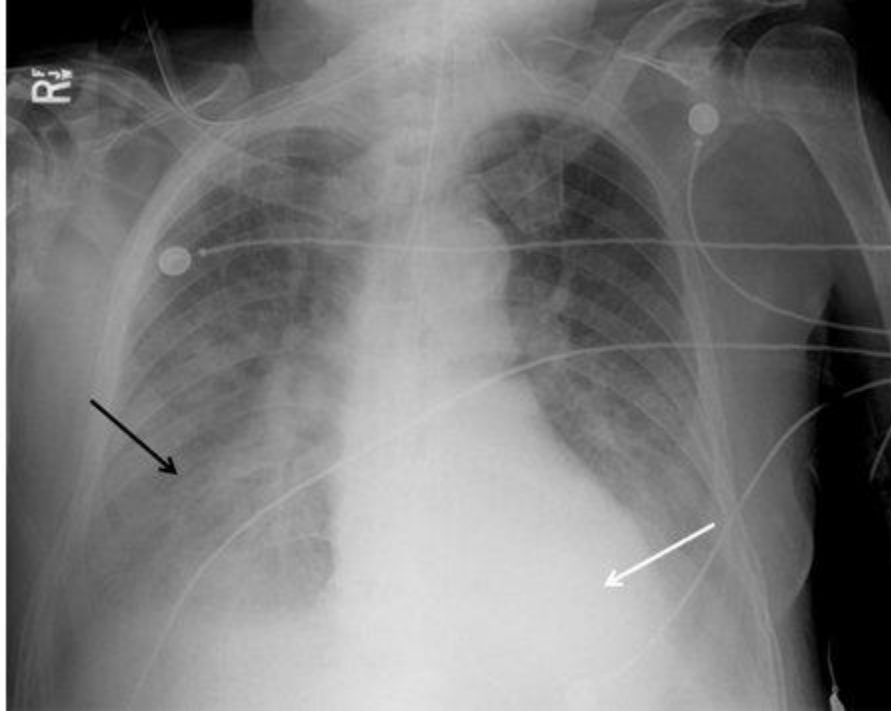
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## IMAGING

### XRAY

X-Ray A/P



Impression: Atelectasis left lower lobe (white arrow).

*L. Dupree, MD*

### ECHOCARDIOGRAM

ECHO Pending

### LEXISCAN

SCHEDULED

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## 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 \_\_\_\_\_, 19\_\_\_\_.

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 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:

\_\_\_\_\_  
\_\_\_\_\_