

Patient: John Andretti

DOB: 11/24/XX

Age: 65 y/o

Attending: Dr. Herrick

Allergies: NKA

MR#: 135

Diagnosis: LLL Pneumonia,  
Mild Dehydration

Gender: Male

Height: 5' 9" Weight: 200lbs

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# Patient Chart

## #135

# John Andretti

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## HISTORY & PHYSICAL

**Chief Complaint:** fever 102.5F for three days, cough, fatigue, difficulty breathing

**HPI:** 65 y/o Italian male who presented to his primary care physician with a fever of 102.5F, fatigue, and difficulty breathing.

**PMX:** COPD, Hyperlipidemia and HTN. He complains of severe a fever of 102.5F, dyspnea and an inability to sleep at night.

**Social History:** Retired, wife of 40 years, no children, social drinker 2-3 drinks a week, tobacco use one pack per day for 40 years. Quit one year ago.

### Review of Systems

**CONSTITUTIONAL:** No weight loss, reports fever X 3 days before admission with chills, positive for weakness and fatigue.

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

**SKIN:** No rash or itching.

**CARDIOVASCULAR:** No chest pain, chest pressure or chest discomfort. No palpitations or edema. Reports hyperlipidemia and hypertension.

**RESPIRATORY:** Positive for shortness of breath, productive cough with yellow sputum. He cannot eat or drink because any activity exacerbates his respiratory status.

**GASTROINTESTINAL:** No anorexia, nausea, vomiting or diarrhea. No abdominal pain or blood.

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

**NEUROLOGICAL:** No headache, dizziness, syncope, paralysis, ataxia, numbness or tingling in the extremities. No change in bowel or bladder control.

**MUSCULOSKELETAL:** No muscle, back pain, joint pain or stiffness.

**HEMATOLOGIC:** No anemia, bleeding or bruising.

**LYMPHATICS:** No enlarged nodes. No history of splenectomy.

**PSYCHIATRIC:** No history of depression or anxiety.

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

### PHYSICAL ASSESSMENT

**GENERAL:** This is a 65-year-old elderly man with a fatigued appearance.

**SKIN:** Uniform in color, warm, dry, and intact with various skin tags and senile letingines present.

**NEUROLOGIC:** Alert and oriented X 3.

**HEENT:** Normalcephalic, no lesions or lumps noted. Face symmetric, no weakness or involuntary movements noted. Pupils are equal, round, and reactive to light and accommodation. Conjunctivae clear. Sclera white.

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Pinna intact, no mass, lesions, or discharge noted. Septum midline, nares patent, no deformities noted. Buccal mucosa dry with crack lips noted.

**NECK:** Trachea and tongue midline. +2 pulses noted. Supple with full range of motion (ROM), no jugular venous distention (JVD), no lymphadenopathy, no bruits appreciated.

**HEART:** S<sub>1</sub>S<sub>2</sub> no murmurs, heaves, or gallops appreciated.

**LUNGS:** Breath sounds diminished with inspiratory wheezes noted in lower left lobe.

**ABDOMEN:** Soft non-tender, bowel sounds present with no organomegally or masses noted.

**EXTREMITIES:** Gait normal, joints and muscles symmetric, no swelling, masses, deformity or tenderness to palpation; no heat or swelling of joints; full range of motion (ROM).

**ALLERGIES:** No history of asthma, hives, eczema or rhinitis.

**MEDICATIONS:** *lisinopril* 10 mg, *atorvastatin* 20 mg, *fluticasone propionate/salmeterol* 250/50 mcg 2 inhalations BID.

**Over the counter medications:** Cough medicines and *ibuprofen* without getting any better.

#### ASSESSMENT

1. Lower Left Lobe (LLL) Pneumonia, Bacterial
2. Mild Dehydration
3. Chronic Obstructive Pulmonary Disease (COPD)
4. Hypertension (HTN)
5. Hyperlipidemia

**Plan:** Admit to medical surgical unit for 14-day course of *moxifloxacin* for LLL Bacterial Pneumonia as ordered by infectious disease. Sputum specimen obtained, results received, and concurs with the 14 day course of *moxifloxacin* for LLL Bacterial Pneumonia.

**Dictated:** C. Herrick, M.D.

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## PHYSICIAN ORDERS

Date	Time	PHYSICIAN ORDER AND SIGNATURE
Today	Now	<p>Admit to medical surgical unit <b>Diagnosis:</b> LLL pneumonia, dehydration <b>Condition:</b> Stable <b>Vital Signs:</b> Every four hours (Q4H) and as needed (PRN) <b>Allergies:</b> NKA <b>Nursing Communication:</b> Call MD for T&gt;101, HR&gt;110, SBP&gt;170 or &lt;90, O<sub>2</sub> sat &lt;89% if no improvement with breathing treatment O<sub>2</sub> at 2 liters (L) nasal cannula (NC), titrate to O<sub>2</sub> sat 89-93% Pulse Oximetry <b>Diet:</b> Low sodium cardiac <b>Activity:</b> As tolerated <b>Labs:</b> CMP, CBC in AM; sputum cultures, blood cultures x 2 <b>IV Fluids:</b> Normal Saline (NS) at 75 mL/hr <b>Studies:</b> EKG on arrival to the floor, chest x-ray (CXR) posterior anterior (PA)/lateral</p> <p><b>Daily Medications:</b> <i>fluticasone propionate/salmeterol</i> 250/50 mcg 2 inhalations twice a day (BID) <i>aspirin</i> 81 mg one tablet orally (PO) every day <i>lisinopril</i> 10 mg one tablet orally (PO) every day <i>atorvastatin</i> 20 mg orally (PO) once daily <i>moxifloxacin</i> 400 mg intravenous piggy pack (IVBP) every 24 hours (Q24) x 14 days</p> <p><b>PRN Medications:</b> <i>ibuprofen</i> 200 mg give two tablets orally (PO) as needed (PRN) every 8 hours (Q8H) for pain &lt; 5, fever &gt;100.2F <b>Call MD for fever &gt; 101.0F</b> <i>oxycodone/acetaminophen</i> 5/325 mg one tablet orally (PO) as needed (PRN) for pain ≥5 every 6 hours (Q6H) <i>ipratropium/albuterol</i> 500 mcg/2.5 mg/3 mL every 4 hours as needed (PRN) for wheezing, shortness of breath <i>guaifenesin</i> 100 mg/5 mL give 10 mL orally (PO) every 4 hours as needed (PRN) for cough</p>
PROVIDER SIGNATURE		<i>Dr. Cynthia Herrick</i>

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## NURSING FLOW SHEET

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

<b>PROBLEM / EVENT DOCUMENTATION</b>	
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<b>DATE / TIME</b>	
<b>SIGNATURE</b>	

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## MEDICATION ADMINISTRATION RECORD Pg. 1

SCHEDULED MEDICATIONS			
MEDICATION	0700 - 1859	1900 - 0659	
Intravenous NS 1000mL 75 mL/hr	continuous		
<i>fluticasone propionate/salmeterol</i> 250/50 mcg 2 inhalations BID	0800		2000
<i>aspirin</i> 81 mg one tablet PO every morning	0800		
<i>lisinopril</i> 10 mg one tablet PO daily	0800		
<i>moxifloxacin</i> 400 mg IVPB Q24H x 14 days	1200		
<i>atorvastatin</i> 20 mg PO once daily			2100
SIGNATURE	INTLS	SIGNATURE	INTLS

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## MEDICATION ADMINISTRATION RECORD Pg. 2

NON – SCHEDULED MEDICATIONS			
MEDICATION	0700 - 1859	1900 - 0659	
<i>ibuprofen</i> 200mg Give two tablets PO PRN Q8H for pain < 5, fever >100.2F <i>Call MD for fever &gt; 101.0F</i> <b>(not given)</b>			
<i>oxycodone/acetaminophen</i> 5/325 mg one tablet PO for pain ≥5 Q6H <b>(not given)</b>			
<i>ipratropium/albuterol</i> 500 mcg/2.5 mg/3 mL Q4H PRN for wheezing, shortness of breath <b>(last given 0200)</b>			
<i>guaifenesin</i> 100 mg/5 mL give 10 mL PO Q4H PRN for cough <b>(last given 0200)</b>			
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 <sup>3</sup> Females: 4.1-5.1 million/mm <sup>3</sup>	4.5
Hematocrit (HCT)	Males: 37-49% Females: 36-46%	37%
Hemoglobin (HgB)	Males: 13.0-18.0 g/100 ml Females: 12-16 g/100 ml	13
White Blood Cells (WBC)	4,500-11,000/mm <sup>3</sup>	15,000
Platelets (Plt)	140-400 X 10 <sup>3</sup> mm <sup>3</sup>	200
MCV	80-100	80
MCH	27-33	27
Retic count	0.5-2.5%	1.0%



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## LAB STUDIES & DIAGNOSTICS

CHEMISTRIES		
LAB TEST	NORMAL RANGE	PATIENT VALUE
Sodium (NA+)	135-145 mEq/L	135
Potassium (K+)	3.5 -5.0 mEq/L	4.5
Chloride (CL-)	100-108 mEq/L	100
Carbon Dioxide (CO2)	24-30 mEq/L	25
Magnesium (Mg++)	1.5-2.0 mEq/L	1.5
Glucose	70-110 mg/dL	99
Calcium (Ca++)	8.5-10.5 mg/dL	9.0
Phosphorous (P04)	2.6-4.5 mg/dL	2.6
Blood Urea Nitrogen (BUN)	8-25 mg/dL	15
Creatinine	Male: 0.6-1.5 mg/dL Female: 0.6-1.1 mg/dL	0.6
Osmolality	280-295 mOsm/kg	290
Albumin	3.5-4.8 g/dL	4
Pre-Albumin	19-38 mg/dL	19
Ammonia	15-56 ug/dL	17
Bilirubin	0.3-1.0 mg/dL	.9
Conjugated (Direct) Bilirubin	0-0.2 mg/dL	0.2
Alk Phos	25-100 u/L	25
AST	Male: 14-20 u/L Female: 10-36 u/L	15
ALT	10-35 u/L	10
Amylase	25-125 u/L	50
Lipase	10-140 u/L	40

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## LAB STUDIES & DIAGNOSTICS

LIPID PANEL		
LAB TEST	NORMAL RANGE	PATIENT VALUE
Triglycerides	< 150 good 150-199 borderline < 200 high	150
LDL	< 100 130-159 borderline >160 high	135
HDL	>60 Low risk 35-45 Moderate < 35 high risk	40
Total cholesterol	<200	175

## LAB STUDIES & DIAGNOSTICS

ARTERIAL BLOOD GAS		
LAB TEST	NORMAL RANGE	PATIENT VALUE
pH	7.35-7.45	7.30 (L)
PaCO2	35-45 mmHg	45
PaO2	>80 mmHg	90
SaO2	>94%	94%
HCO3	22-26 mEq/L	22

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## IMAGING

### XRAY

Chest X-Ray A& P

Pneumonia left lower lobe infiltrates

Impression: Left lower lobe pneumonia

*M. Eisenberg, M.D.*

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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 \_\_\_\_\_, 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:

\_\_\_\_\_

\_\_\_\_\_