

Patient: Sarah Klose
Attending: Dr. A. Flex

DOB: 05/05/XXXX
Allergies: NKA

Age: 68 y/o
MR: #138

Diagnosis: Pancreatic CA Stage 4
Gallbladder/Duodenum/Liver Metastasis

Gender: Female
Height: 5'5" Weight: 95lbs BMI: 15.8

Patient Chart

#138

Sarah Klose

Patient: Sarah Klose
Attending: Dr. A. Flex

DOB: 05/05/XXXX
Allergies: NKA

Age: 68 y/o
MR: #138

Diagnosis: Pancreatic CA Stage 4
Gallbladder/Duodenum/Liver Metastasis
Gender: Female

Height: 5'5" Weight: 95lbs BMI: 15.8

History & Physical

Admitting Diagnosis:

1. Pancreatic Adenocarcinoma Stage 4
2. Metastasis to the duodenum, gallbladder, and liver
3. Not eligible for pancreatic resection
4. New-onset diabetes

Chief Concern: "I feel so tired. I've been losing weight."

HPI: Ms. Klose is a 68-year-old female admitted with complaints of (c/o) abdominal pain, left upper quadrant mass with unintentional 20lb weight loss in 2 months, fatigue, shortness of breath (SOB), anorexia, nausea and vomiting (N/V). She just received the diagnosis of stage 4 pancreatic cancer with metastasis to gallbladder, duodenum, and liver.

PMX:

1. Prior pancreatitis
2. Tobacco Use 1 pack/day for 35 years.

Family History: Mother and father are deceased - unknown cause of death per patient.

Social History: Lives with boyfriend, works in casino, tobacco smoker, denies drinking.

Review of Systems:

CONSTITUTIONAL: Positive for fever, malaise, significant fatigue, 20 lb. weight loss in 2 months, and nausea with emesis.

HEENT: *Head:* Occasional headaches managed with aspirin or acetaminophen, no dizziness, syncope, loss of consciousness reported. No history of head injuries. *Eyes:* No reported problems with vision, light sensitivity, pain. Does not need corrective lenses. Denies eye medications, history of glaucoma or cataracts, trauma or familial eye disease. States the "whites" of her eyes look yellow. *Ears:* No reports of hearing loss, pain, discharge, tinnitus or vertigo. *Nose:* Sense of smell intact, no nosebleeds, postnasal drainage (PND), discharge, or sinus pain. Has occasional upper respiratory infection (URI) treated with over-the-counter (OTC) medications, self-limiting. *Throat:* Denies hoarseness or change in voice; occasional sore throat self-limiting. Denies gum disease, tongue soreness or buccal mucosa ulcers. No disturbance in taste reported.

SKIN: Reports her skin seems "yellow" and skin can be itchy. No rashes, no pigmentation or texture change, excessive sweating, unusual nail or hair growth.

CARDIOVASCULAR: No history of cardiac disease. Denies chest pain and/or palpitations. New onset orthopnea sleeps with 3 pillows - reports activity intolerance when walking more than 20 feet or going up 3 or more stairs.

RESPIRATORY: Reports shortness of breath with walking up 2-3 stairs or with ongoing conversations. States, "sometimes I can't get any oxygen in." Patient denies exposure to tuberculosis (TB), night sweats, or hemoptysis.

Patient: Sarah Klose DOB: 05/05/XXXX Age: 68 y/o
Attending: Dr. A. Flex Allergies: NKA MR: #138
Diagnosis: Pancreatic CA Stage 4 Gender: Female Height: 5'5" Weight: 95lbs BMI: 15.8
 Gallbladder/Duodenum/Liver Metastasis

BREAST: Deferred.

GASTROINTESTINAL: Reports decreased appetite, early satiety, and an increase in nausea. Changes in bowel movements reported - feces are smelly, light-colored, and float. History of 3 bouts of pancreatitis in the last five years with epigastric pain that radiates to her back. Denies history of ulcers, gallstones, polyps, tumors, hemorrhoids, or hepatitis.

GENTIOURINARY: Reports urine is "darker" than usual, urinating more often & at night. Denies dysuria, flank or suprapubic pain, urgency.

NEUROLOGICAL: Denies syncope, seizures, weakness or paralysis, problems with sensation or coordination tremors.

MUSCULOSKELETAL: Positive for ongoing back pain worse when lying flat.

PSYCHIARTIC: Does not report nervousness, difficulty concentrating, suicidal thoughts, and irritability or mood changes.

ENDOCRINE: Reports weight loss and increased polydipsia. Denies heat or cold intolerance.

Physical Exam

GENERAL: 68 y/o female with a fatigued appearance in no acute distress.

NEUROLOGIC: AAO X 3.

PSYCHIATRIC: Responsive & interactive, speech clear, expressing concern about new diagnosis and findings.

SKIN: Pale, intact, and dry, smooth in texture. Jaundiced.

HEENT: Normocephalic, facial symmetry intact. Sclera jaundiced pupils reactive. Nares are patent, no nasal discharge seen. Oral cavity pink, moist without lesions/white patches, tongue is midline. Neck is supple, thyroid non-palpable. Enlarged lymph nodes noted above left collarbone, + cervical lymphadenopathy.

CARDIAC: Normal sinus rhythm (NSR), S₁S₂.

RESPIRATORY: Right lower lobe crackles at base; other lobes clear to auscultation (CTA).

GASTROINTESTINAL: Abdomen painful to palpation right upper quadrant (RUQ), patient guarding. Hepatomegaly, liver edge is 2 cm below the rib. Abdominal pain radiates to the back, gall bladder is palpable (Courvoisier sign), epigastric tenderness. Dullness to percussion right abdominal quadrant.

GENITOURINARY: Indwelling urinary catheter draining dark yellow urine.

MUSCULOSKELETAL: Weakness noted in all four extremities.

PLAN:

Palliative chemotherapy for retroperitoneal invasion of splanchnic nerve plexus

Patient education

Planned follow-up with oncologist

Allan Flex MD

Dictated by: A. Flex, MD

<http://www.radiologyassistant.nl/en/p43848b63def9d/pancreas-carcinoma.html>

Patient: Sarah Klose
Attending: Dr. A. Flex

DOB: 05/05/XXXX
Allergies: NKA

Age: 68 y/o
MR: #138

Diagnosis: Pancreatic CA Stage 4
Gallbladder/Duodenum/Liver Metastasis

Gender: Female

Height: 5'5" Weight: 95lbs BMI: 15.8

PHYSICIAN ORDERS

| Day | Time | PHYSICIAN ORDER AND SIGNATURE | | | | | | | | | | | | | | |
|------------------------|-------------------------------------|--|------------------------|----------------------------------|------|------------|-----------|-------------------------------------|-----------|-------------------------------------|-----------|-------------------------------------|-----------|-------------------------------------|------|---------|
| Today | 0600 | <p>Admit: Medical-Surgical Unit Condition: Stable Vital Signs: Every 4 hours (Q4H) and as needed (PRN) Intake & Output: Q Shift and PRN, AM Labs: CMP, CA 19-9, CEA</p> <p>IV: PICC - flush with Normal Saline (0.9%) 10 mL IV every 12 hours (Q12H)</p> <p>Daily Medications:</p> <ul style="list-style-type: none">• <i>cholestyramine</i> 4 g oral (PO) once daily• <i>docusate sulfate</i> 100 mg PO daily (hold for loose stool)• <i>multivitamin</i> 1 tablet PO daily• <i>regular insulin</i> subcutaneous (SQ) <p>PRN Medications:</p> <ul style="list-style-type: none">• <i>acetaminophen</i> 500 mg PO as needed (PRN) for temperature greater than 100.8F 1. <i>Call PCP if temp > 101.5F</i>• <i>metoclopramide</i> 10 mg intravenous push (IVP) every 6 hours (Q6H) as needed (PRN) for nausea/ vomiting• <i>morphine sulfate</i> 2 mg IVP Q4H PRN for pain rate 1-3 (mild pain)• <i>morphine sulfate</i> 4 mg IVP Q4H PRN for pain rate 4-6 (moderate)• <i>morphine sulfate</i> 6 mg UVP Q4H PRN for pain rate 7-10 (sever) 1. <i>Hold for excessive sedation and call PCP</i> <p>Blood Glucose Checks: Capillary Glucose Monitoring Q6 hours with regular insulin SQ sliding scale:</p> <table><thead><tr><th><u>Glucose Reading</u></th><th><u>Regular insulin SQ Dosing</u></th></tr></thead><tbody><tr><td><140</td><td>No insulin</td></tr><tr><td>140 – 160</td><td>2 units, re-check glucose in 2 hrs.</td></tr><tr><td>161 - 240</td><td>4 units, re-check glucose in 2 hrs.</td></tr><tr><td>241 - 300</td><td>6 units, re-check glucose in 2 hrs.</td></tr><tr><td>301 - 400</td><td>8 units, re-check glucose in 2 hrs.</td></tr><tr><td>>400</td><td>Call MD</td></tr></tbody></table> <p><i>If Glucose <70, give ½ amp of D50 and re-check glucose in 30 minutes, may repeat x 1 and call PCP</i></p> <p>Electrolyte replacement protocol: contact pharmacy for dosing</p> <p>Consults:</p> <ul style="list-style-type: none">• Oncology• Nutrition | <u>Glucose Reading</u> | <u>Regular insulin SQ Dosing</u> | <140 | No insulin | 140 – 160 | 2 units, re-check glucose in 2 hrs. | 161 - 240 | 4 units, re-check glucose in 2 hrs. | 241 - 300 | 6 units, re-check glucose in 2 hrs. | 301 - 400 | 8 units, re-check glucose in 2 hrs. | >400 | Call MD |
| <u>Glucose Reading</u> | <u>Regular insulin SQ Dosing</u> | | | | | | | | | | | | | | | |
| <140 | No insulin | | | | | | | | | | | | | | | |
| 140 – 160 | 2 units, re-check glucose in 2 hrs. | | | | | | | | | | | | | | | |
| 161 - 240 | 4 units, re-check glucose in 2 hrs. | | | | | | | | | | | | | | | |
| 241 - 300 | 6 units, re-check glucose in 2 hrs. | | | | | | | | | | | | | | | |
| 301 - 400 | 8 units, re-check glucose in 2 hrs. | | | | | | | | | | | | | | | |
| >400 | Call MD | | | | | | | | | | | | | | | |
| PROVIDER SIGNATURE | | <i>Dr. Flex</i> | | | | | | | | | | | | | | |

Patient: Sarah Klose
 Attending: Dr. A. Flex
 Diagnosis: Pancreatic CA Stage 4
 Gallbladder/Duodenum/Liver Metastasis

DOB: 05/05/XXXX
 Allergies: NKA
 Gender: Female

Age: 68 y/o
 MR: #138
 Height: 5'5" Weight: 95lbs BMI: 15.8

NURSING FLOW SHEET

| DATE: | | | | | |
|-------------|----------------|------|------|--|--|
| VITAL SIGNS | TIME | 0600 | 1800 | | |
| | 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 | |

Patient: Sarah Klose
 Attending: Dr. A. Flex

DOB: 05/05/XXXX
 Allergies: NKA

Age: 68 y/o
 MR: #138

Diagnosis: Pancreatic CA Stage 4
 Gallbladder/Duodenum/Liver Metastasis
 Gender: Female

Height: 5'5" Weight: 95lbs BMI: 15.8

MEDICATION ADMINISTRATION RECORD Pg. 1

| SCHEDULED MEDICATIONS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|-------|--|------------|------------|------|------|-----------------|-------------------------------------|------|------|-----------------|-------------------------------------|--|--|-----------------|-------------------------------------|--|--|-----------------|-------------------------------------|--|--|-------------|---|--|--|--|--|--|
| MEDICATION | 0700 - 1859 | 1900 - 0659 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <i>cholestyramine</i> 4 g PO once daily | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <i>docusate sodium</i> 100 mg PO daily | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <i>multivitamin</i> 1 tablet PO daily | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Normal Saline 10 mL IV flush PICC line Q12H | 0600 | 1800 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p style="text-align: center;">Regular insulin Q6H with SQ sliding scale:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 20%;"><u>Glucose Reading</u></td> <td style="width: 20%;"><u>Regular insulin SQ dosing</u></td> <td style="width: 20%;"></td> <td style="width: 10%;"></td> </tr> <tr> <td><140 mg/dL</td> <td>No insulin</td> <td style="text-align: center;">1200</td> <td style="text-align: center;">0000</td> </tr> <tr> <td>140 – 160 mg/dL</td> <td>2 units, re-check glucose in 2 hrs.</td> <td style="text-align: center;">1800</td> <td style="text-align: center;">0600</td> </tr> <tr> <td>161 – 240 mg/dL</td> <td>4 units, re-check glucose in 2 hrs.</td> <td></td> <td></td> </tr> <tr> <td>241 – 300 mg/dL</td> <td>6 units, re-check glucose in 2 hrs.</td> <td></td> <td></td> </tr> <tr> <td>301 – 400 mg/dL</td> <td>8 units, re-check glucose in 2 hrs.</td> <td></td> <td></td> </tr> <tr> <td>> 400 mg/dL</td> <td>Call MD for blood sugar > 400</td> <td></td> <td></td> </tr> </table> <p style="color: red; font-weight: bold; margin-top: 10px;"><i>If glucose <70, give ½ amp of D50 and re-check glucose in 30 minutes, may repeat x 1 and call PCP</i></p> | <u>Glucose Reading</u> | <u>Regular insulin SQ dosing</u> | | | <140 mg/dL | No insulin | 1200 | 0000 | 140 – 160 mg/dL | 2 units, re-check glucose in 2 hrs. | 1800 | 0600 | 161 – 240 mg/dL | 4 units, re-check glucose in 2 hrs. | | | 241 – 300 mg/dL | 6 units, re-check glucose in 2 hrs. | | | 301 – 400 mg/dL | 8 units, re-check glucose in 2 hrs. | | | > 400 mg/dL | Call MD for blood sugar > 400 | | | | | |
| <u>Glucose Reading</u> | <u>Regular insulin SQ dosing</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <140 mg/dL | No insulin | 1200 | 0000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 140 – 160 mg/dL | 2 units, re-check glucose in 2 hrs. | 1800 | 0600 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 161 – 240 mg/dL | 4 units, re-check glucose in 2 hrs. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 241 – 300 mg/dL | 6 units, re-check glucose in 2 hrs. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 301 – 400 mg/dL | 8 units, re-check glucose in 2 hrs. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| > 400 mg/dL | Call MD for blood sugar > 400 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SIGNATURE | INTLS | SIGNATURE | INTLS | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Patient: Sarah Klose

DOB: 05/05/XXXX

Age: 68 y/o

Attending: Dr. A. Flex

Allergies: NKA

MR: #138

Diagnosis: Pancreatic CA Stage 4

Gender: Female

Height: 5'5" Weight: 95lbs BMI: 15.8

Gallbladder/Duodenum/Liver Metastasis

MEDICATION ADMINISTRATION RECORD Pg. 2

NON – SCHEDULED MEDICATIONS

| MEDICATION | 0700 - 1859 | 1900 - 0659 | |
|--|-------------|-------------|-------|
| <p><i>acetaminophen</i> 500 mg PO Q4H for temperature greater than 100.8F</p> <ul style="list-style-type: none"> <i>Call PCP if temp > 101.5F</i> | | | |
| <p><i>metoclopramide</i> 10 mg IVP Q6H for nausea/vomiting</p> | | | |
| <p><i>morphine sulfate</i> 2 mg IVP Q4H PRN for pain rate 1-3 (mild)</p> <ul style="list-style-type: none"> <i>Hold for excessive sedation</i> | | | |
| <p><i>morphine sulfate</i> 4 mg IVP Q4H PRN for pain rate 4-7 (moderate)</p> <ul style="list-style-type: none"> <i>Hold for excessive sedation</i> | | | |
| <p><i>morphine sulfate</i> 6 mg IVP Q4H PRN for pain rate 7-10 (severe)</p> <ul style="list-style-type: none"> <i>Hold for excessive sedation</i> | | | |
| <p>Electrolyte replacement protocol: contact pharmacy for dosing</p> | | | |
| | | | |
| SIGNATURE | INTLS | SIGNATURE | INTLS |
| | | | |
| | | | |

Patient: Sarah Klose

DOB: 05/05/XXXX

Age: 68 y/o

Attending: Dr. A. Flex

Allergies: NKA

MR: #138

Diagnosis: Pancreatic CA Stage 4

Gender: Female

Height: 5'5" Weight: 95lbs BMI: 15.8

Gallbladder/Duodenum/Liver Metastasis

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 | 3.8 (L) |
| Hematocrit (Hct) | Males: 37-49% Females: 36-46% | 33% (L) |
| Hemoglobin (Hgb) | Males: 13.0-18.0 g/100 ml Females: 12-16 g/100 ml | 10.8 (L) |
| White Blood Cells (WBC) | 4,500-11,000/mm ³ | 7,000 |
| Platelets (Plt) | 140-400 X 10 ³ mm ³ | 141 |
| MCV | 80-100 | 85 |
| MCH | 27-33 | 28 |
| Reticulocyte count | 0.5-2.5% | 0.4 |

CHEMISTRIES

| LAB TEST | NORMAL RANGE | PATIENT VALUE |
|-----------------------------------|--|---------------|
| Sodium (NA ⁺) | 135-145 mEq/L | 132 (L) |
| Potassium (K ⁺) | 3.5 -5.0 mEq/L | 3.8 |
| Chloride (CL ⁻) | 100-108 mEq/L | 99 (L) |
| Carbon Dioxide (CO ₂) | 24-30 mEq/L | 27 |
| Magnesium (Mg ⁺⁺) | 1.5-2.0 mEq/L | 1.7 |
| Glucose | 70-110 mg/dL | 120 (H) |
| Calcium (Ca ⁺⁺) | 8.5-10.5 mg/dL | 9.9 |
| Phosphorous (P ₀₄) | 2.6-4.5 mg/dL | 2.5 (L) |
| Blood Urea Nitrogen (BUN) | 8-25 mg/dL | 35 (H) |
| Creatinine | Male: 0.6-1.5 mg/dL Female: 0.6-1.1 mg/dL | 3.0 (H) |
| Albumin | 3.5-4.8 g/dL | 3.0 (L) |
| Pre-Albumin | 19-38 mg/dL | 16 (L) |
| AST | Male: 14-20 u/L Female: 10-36 u/L | 11 |
| ALT | 10-35 u/L | 10 |
| Amylase | 25-125 u/L | 135 (H) |
| Lipase | 10-140 u/L | 148 (H) |
| Bilirubin | 0.3-1.9 mg/dL | 3 mg (H) |

Merck Manual (2016). Pancreatic Cancer: amylase and lipase levels are usually normal.

Patient: Sarah Klose
Attending: Dr. A. Flex

DOB: 05/05/XXXX
Allergies: NKA

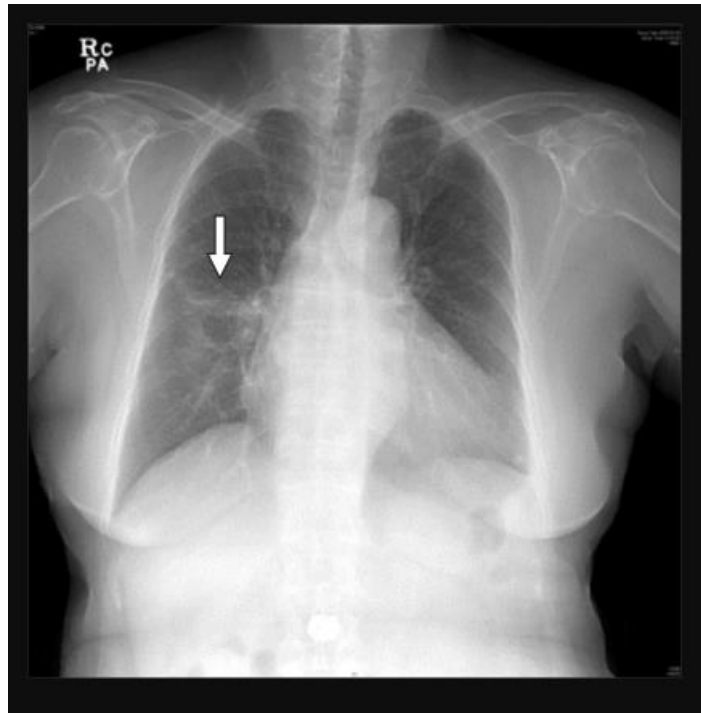
Age: 68 y/o
MR: #138

Diagnosis: Pancreatic CA Stage 4
Gallbladder/Duodenum/Liver Metastasis
Gender: Female

Height: 5'5" Weight: 95lbs BMI: 15.8

IMAGING

XRAY



Chest x-ray impression: Clear upper lobes, atelectasis noted in RML , abnormal shape in diaphragm

James Martin MD

Patient: Sarah Klose
Attending: Dr. A. Flex

DOB: 05/05/XXXX
Allergies: NKA

Age: 68 y/o
MR: #138

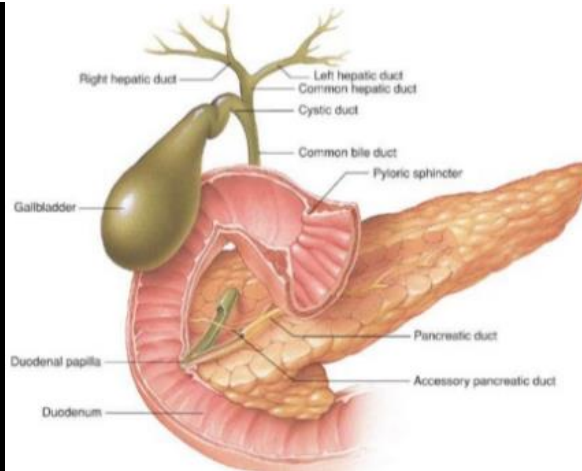
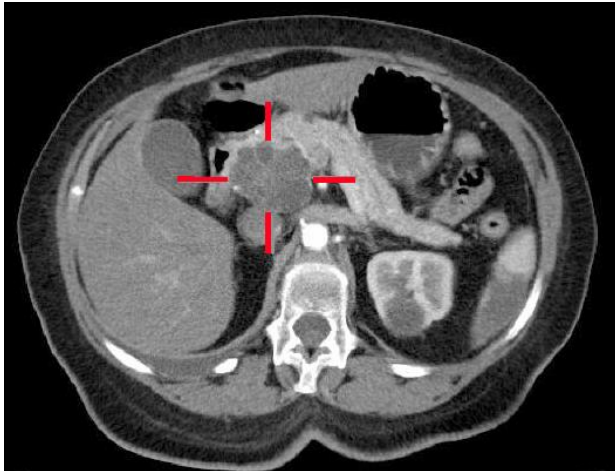
Diagnosis: Pancreatic CA Stage 4
Gallbladder/Duodenum/Liver Metastasis
Gender: Female

Height: 5'5" Weight: 95lbs BMI: 15.8

IMAGING

CT SCAN

CT scan of the abdomen with oral and intravenous contrast



Findings:

Abdomen CT: There is a 5 cm hypodense enhancing mass in the pancreatic neck. The main pancreatic duct is dilated. The common bile duct is dilated measuring 1.3 cm in diameter. There is infiltration of the fat around the pancreas and superior mesenteric artery indicating tumor extension. In addition, the pancreatic neck tumor has extended to the gastric antrum, gallbladder, and duodenal sweep infiltrating the wall of the antrum, gallbladder, and duodenum. In addition, there are multiple small and medium sized liver lesions consistent with metastatic disease. These range in size from 1.5 cm to 3.0 cm.

Impression:

1. Pancreatic neck mass with direct extension to the stomach, gallbladder and duodenum.
2. Multiple liver metastases.

James Martin, MCD

| | | |
|---|-----------------|--------------------------------------|
| Patient: Sarah Klose | DOB: 05/05/XXXX | Age: 68 y/o |
| Attending: Dr. A. Flex | Allergies: NKA | MR: #138 |
| Diagnosis: Pancreatic CA Stage 4 Gallbladder/Duodenum/Liver Metastasis | Gender: Female | Height: 5'5" Weight: 95lbs BMI: 15.8 |

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: _____

Patient: Sarah Klose
Attending: Dr. A. Flex

DOB: 05/05/XXXX
Allergies: NKA

Age: 68 y/o
MR: #138

Diagnosis: Pancreatic CA Stage 4
Gallbladder/Duodenum/Liver Metastasis

Gender: Female

Height: 5'5" Weight: 95lbs BMI: 15.8

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 that 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 the document that you do not understand, you should ask a lawyer to explain it to you.

| | | |
|---|-----------------|--------------------------------------|
| Patient: Sarah Klose | DOB: 05/05/XXXX | Age: 68 y/o |
| Attending: Dr. A. Flex | Allergies: NKA | MR: #138 |
| Diagnosis: Pancreatic CA Stage 4 Gallbladder/Duodenum/Liver Metastasis | Gender: Female | Height: 5'5" Weight: 95lbs BMI: 15.8 |

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:

