

Patient: Dave Dixon
Attending: Dr. Richard Millet
Diagnosis: HF Exacerbation

DOB: 03/05/XX
Allergies: PCN
Gender: Male

Age: 87 y/o
MR#: 159
Height: 5' 8" Weight: 81kg (Measured)

Patient Chart

#159

Dave Dixon

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HISTORY & PHYSICAL

Chief Complaint: Shortness of breath (SOB), cough, and lower leg edema.

HPI: Mr. Dixon, an 87-year-old male, presents to the ED with increasing shortness of breath for 5 days, a persistent productive cough with white mucus, and lower leg edema. Reports SOB worsens when lying down and unable to sleep. Reports fatigue and weakness; denies chest pain.

PMX: Known history of hypertension (HTN), coronary artery disease (CAD), myocardial infarction (MI), and heart failure (HF). History of coronary artery bypass graft (three vessel) 7 years ago.

Social History: Mr. Dixon is married, retired firefighter. Quit smoking 5 years ago. Denies alcohol use.

REVIEW OF SYSTEMS

CONSTITUTIONAL: Denies anorexia and weight loss. Denies fever. States lack of energy for the past 5 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 skin, bruising, rash, dryness, suspicious lesions.

CARDIOVASCULAR: Dyspnea on exertion and at rest; worsens when lying down. Denies chest pain, palpitations, syncope. Edema in lower extremities. Denies numbness and tingling.

RESPIRATORY: Productive cough and orthopnea.

GASTROINTESTINAL: Denies abdominal pain, jaundice, constipation.

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

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

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

PHYSICAL ASSESSMENT

VITAL SIGNS: Temp- 97.8F Pulse- 94 RR-26 BP- 146/90 SpO2- 93% on 3L via NC

GENERAL SURVEY: 87-year-old male, sitting in reclined position on hospital gurney. Seems reliable. Appears fatigued, dyspneic.

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, and turbinates normal; tongue normal, no erythema or exudate on posterior pharynx. Neck is supple without masses, trachea midline, no thyroid nodules, masses, tenderness, or enlargement.

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

CARDIAC: S1/S2, S3 present, no S4, with an irregular 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 pedal pulses 2+ symmetric. Pitting edema 3+ in bilateral lower extremities.

PULMONARY: Productive cough with white mucus. Orthopnea and tachypnea. Crackles in bilateral lower lobes of the lung and rhonchi in bilateral upper lobes of the lung.

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

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PHYSICIAN ORDERS

Date	Time	PHYSICIAN ORDER AND SIGNATURE
Today	Now	<p>Admit to Medical Surgical Unit with telemetry Diagnosis: Heart Failure (HF) Exacerbation Allergies: PCN Condition: Stable</p> <p>Vital signs: Every four hours (Q4H) and as needed (PRN) Nursing Communication:</p> <ul style="list-style-type: none">• Continuous Pulse Oximetry• Oxygen (O₂) at 3 liters (L) via nasal cannula (NC), titrate to keep SpO₂ greater than 92% <p>Diet: Cardiac with 1500 mL fluid restriction/24 hours Activity: As tolerated Input and Output (I&O): strict; indwelling urinary catheter Labs: B type Natriuretic Peptide (BNP), Complete metabolic panel (CMP) in AM IV Fluids: Saline lock Studies: chest x-ray (CXR) posterior anterior (PA)/lateral in AM; 2D ECHO, cardiologist to read.</p> <p>Daily Medications:</p> <ul style="list-style-type: none">• <i>furosemide</i> 40 mg IVP Q8H• <i>aspirin</i> 81 mg PO one tablet daily• <i>losartan</i> 50 mg PO one tablet BID• <i>digoxin</i> 0.125 mg one tablet daily <i>Hold for HR < 60 bpm.</i>• <i>atorvastatin</i> 20 mg one tablet PO at HS• K-DUR 20 mEq one tablet PO daily <p>PRN Medications:</p> <ul style="list-style-type: none">• <i>acetaminophen</i> 650 mg PO Q4H PRN for fever and/or pain• <i>ondansetron</i> 4 mg IVP Q4H PRN for nausea• Potassium Electrolyte Replacement Protocol for K⁺ \leq 3.9 mEq/L
PROVIDER SIGNATURE:		<i>Richard Millet, 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>furosemide</i> 40 mg IVP Q8H		0600 1400	2200	
<i>digoxin</i> 0.125 mg PO one tablet daily <i>HOLD for HR < 60 bpm</i>		0900		
<i>aspirin</i> 81 mg PO one tablet daily		0900		
<i>atorvastatin</i> 20 mg one tablet at bedtime			2200	
<i>losartan</i> 50 mg PO one tablet BID		0900	1700	
K-DUR 20 mEq one tablet PO daily		0900		
SIGNATURE		INTLS	SIGNATURE	INTLS

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POTASSIUM ELECTROLYTE REPLACEMENT PROTOCOL

Use intravenous **OR** oral form depending on patient assessment.

I. INTRAVENOUS:

- **CENTRAL access:** use premixed bag of 20 mEq/100mL: infuse at a rate of 20 mEq/hr.
- **PERIPHERAL access:** use premixed bags of 10 mEq/100mL: infuse at a rate of 10mEq/hr.

SERUM POTASSIUM LEVEL	TOTAL POTASSIUM REPLACEMENT
3.5 - 3.9 mEq/L	KCl 20 mEq IVPB
3.2 - 3.4 mEq/L	KCl 40 mEq IVPB
2.7 - 3.1 mEq/L	KCl 60 mEq IVPB
2.3 - 2.7 mEq/L	KCl 80 mEq IVPB
<2.3 mEq/L	KCl 80 mEq IVPB and contact provider

- Repeat potassium level **2 hours after** the infusion is complete.

II. ORAL: use liquid or tablet form if patient able to take/tolerate enteral medications.

SERUM POTASSIUM LEVEL	TOTAL POTASSIUM REPLACEMENT
3.7 - 3.9mEq/L	KCl 20 mEq PO x 1 dose
3.5 - 3.6mEq/L	KCl 20 mEq PO x 2 doses
3.3 - 3.4mEq/L	KCl 20 mEq PO x 3 doses
3.1 - 3.2mEq/L	KCl 20 mEq PO x 4 doses

- Repeat potassium level **4 hours after** last dose is complete.

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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	5.0
Hematocrit (HCT)	Males: 37-49% Females: 36-46%	40%
Hemoglobin (Hgb)	Males: 13.0-18.0 g/100 ml Females: 12-16 g/100 ml	13.3
White Blood Cells (WBC)	4,500-11,000/mm ³	8,000
Platelets (Plt)	140-400 X 10 ³ mm ³	400
MCV	80-100	90
MCH	27-33	30
Reticulocyte count	0.5-2.5%	1.2%

CARDIAC MARKERS

LAB	NORMAL RANGE	PATIENT VALUE
CK	0-3 ng/ml	1.2
Troponin	<0.4 ng/ml	< 0.4
BNP	<100	800 (H)

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CHEMISTRIES		
LAB TEST	NORMAL RANGE	PATIENT VALUE
Sodium (NA+)	135-145 mEq/L	136
Potassium (K+)	3.5 -5.0 mEq/L	pending
Chloride (CL-)	100-108 mEq/L	104
Carbon Dioxide (CO2)	24-30 mEq/L	21
Magnesium (Mg++)	1.5-2.0 mEq/L	1.5
Glucose	70-110 mg/dL	102
Calcium (Ca++)	8.5-10.5 mg/dL	9
Phosphorous (PO4)	2.6-4.5 mg/dL	3.8
Blood Urea Nitrogen (BUN)	8-25 mg/dL	22
Creatinine	Male: 0.6-1.5 mg/dL Female: 0.6-1.1 mg/dL	1.5
Osmolality	280-295 mOsm/kg	290
Albumin	3.5-4.8 g/dL	4.1
Pre-Albumin	19-38 mg/dL	28
Ammonia	15-56 ug/dL	20
AST	Male: 14-20 u/L Female: 10-36 u/L	15
ALT	10-35 u/L	15

LAB STUDIES & DIAGNOSTICS

ARTERIAL BLOOD GAS		
LAB TEST	NORMAL RANGE	PATIENT VALUE
pH	7.35-7.45	7.36
PaCO2	35-45 mmHg	56 (H)
PaO2	>80 mmHg	90
SaO2	>94%	90 % (L)
HCO3	22-26 mEq/L	22

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IMAGING

XRAY

Chest X-Ray A&P



Bilateral effusions consistent with pulmonary edema

Impression: Bilateral pulmonary edema

Stephen. Eiverly MD

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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:
