

Patient: Regina Cooper

DOB: 12/12/XXXX

Age: 31 y/o

Attending: Dr. Corinth

Allergies: NKA

MR#: 302

Diagnosis: Postpartum Hemorrhage Gender: Female

Height: 5' 6" Weight: 66 kg

Patient Chart

#302

Regina Cooper

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PHYSICIAN PROGRESS NOTE

SOAP Note:

Subjective: Status post (s/p) day #1 vaginal delivery of 11 lb. baby; gravida 3, para 3 with a 4th degree laceration repair. Has received a 500 mL bolus of Normal Saline (NS) with 30 units Pitocin/*oxytocin*. Second infusion of Normal Saline with 30 units Pitocin/*oxytocin* infusing now.

Objective: Vital signs stable: BP - 120/80 P - 80 RR - 16 SpO2 - 97% on room air Temp (oral) - 97.9°F

Assessment: Patient denies pain; lochia is moderate with fundus firm at umbilicus.

Plan: Monitor patient, vital signs every 30 minutes. Discontinue normal saline with 30 units of Pitocin/*oxytocin* once patient has voided twice and stable.

A Corinth, M.D.

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HISTORY & PHYSICAL

Chief Complaint:

1. Active labor

HPI: Patient is a 31-year-old gravida 3 para 2 at 40 weeks gestation. Presented to the OB triage early today with regular contractions and sterile vaginal exam shows patient is 4 centimeters/80 % effacement/-2 station. Admitted to labor and delivery unit and labor augmented with Pitocin/*oxytocin*.

PMI: Unremarkable

Family History: Father has hypertension. Maternal grandmother has type II diabetes.

Social History: Denies alcohol, recreational drug use

Surgical History: None

Physical Exam:

NEUROLOGICAL: Awake, alert and oriented x 4

CARDIOVASCULAR: Bilateral 1+ non-pitting edema. No history of dyspnea, coronary artery disease, hypertension.

RESPIRATORY: Smoker, no history of asthma; lungs clear bilaterally to auscultation.

GASTROINTESTINAL: Appetite good.

MUSCULOSKELETAL: No abnormalities.

Medications:

- *prenatal vitamin* 1 tab daily
- *calcium carbonate antacid* as needed for heartburn

Vaccines:

- Flu
- Tdap

Dictated: A Corinth, MD

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LAB STUDIES & DIAGNOSTICS

PRENATAL LABS

LAB TEST	PATIENT VALUE
ABO	O
Rh	positive
RPR	non-reactive
HBsAg	negative
HIV	negative
GBS	negative
Rubella	immune
1 hr. GTT	110

IMAGING

PRENATAL ULTRASOUND

18-20 week ultrasound: Normal



A. Kramer M.D.

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ADMIT / PHYSICIAN ORDERS

Day	Time	Complete top portion with each level of care change
Today	Now	Admit as Inpatient: Postpartum
Day	Time	PHYSICIAN ORDER AND SIGNATURE
Today	Now	<p><u>ROUTINE NURSING ORDERS</u></p> <ul style="list-style-type: none"> • Straight catheterize x 1 if unable to void. • For continued urinary retention, insert indwelling urinary catheter. • Encourage early ambulation, first time out of bed with assistance. • Non-nursing mothers- encourage wearing tight support bra, ice packs for engorgement. • Ice packs to perineum x 12 hours and PRN. • Evaluate episiotomy every shift. • Warm sitz baths 3 times a day (TID) and PRN – start 12 hours after delivery. <p><u>VITAL SIGNS:</u></p> <ul style="list-style-type: none"> • Recovery period – every 15 minutes x 4, • Every 30 minutes x 4, and • Every 12 hours (Q12H) until discharge. • Take temperature every four hours (Q4H) if greater than 100.4°F. • <i>Notify MD if blood pressure is greater than 160/90 for two subsequent readings</i> • Check lochia and fundal height with vital signs (VS) and as needed (PRN); notify physician for excessive bleeding or abdominal distension. <p><u>DIAGNOSTIC STUDIES</u></p> <ul style="list-style-type: none"> • CBC with differential first post-partum morning • Verify RH status and administer RhoGAM ASAP, if necessary <p><u>FOOD & NUTRITION</u></p> <p>Regular diet Encourage oral fluids High fiber diet for patients with 3rd and 4th degree lacerations.</p>

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IV Fluid

- IV therapy: 500 mL of normal saline (NS) mixed with 30 units of *oxytocin* to run at 42mL/hr. until patient is stable, and then IV may be discontinued.
- Saline lock if needed.

MEDICATIONS

- *prenatal vitamin* 1 tab orally (PO) daily
- *ferrous sulfate* 325 mg orally (PO) daily
- *docusate sodium* 100 mg 1 cap orally (PO) at bedtime
- *methylergonovine* 0.2 mg intramuscular (IM) x 1 for excessive bleeding and contact HCP
- *ibuprofen* 800mg 1 tab orally (PO) q4h for pain rating 1 - 3
- *hydrocodone/acetaminophen* 10 mg/325 mg 1 tab orally (PO) every four hours (Q4H) for pain rating 7-10
- *hydrocodone/acetaminophen* 7.5 mg/325 mg 1 tab orally (PO) every four hours (Q4H) for pain rating 4-6
- *measles, mumps, and rubella* vaccine 0.5 mL subcutaneous (SUBQ) x 1, if not immune

PROVIDER SIGNATURE

Dr. A. Corinth

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MEDICATION ADMINISTRATION RECORD Pg. 2

NON – SCHEDULED MEDICATIONS

MEDICATION		0700 - 1859	1900 - 0659
<i>ibuprofen</i> 800 mg 1 tab PO q4h for pain rating 1-3			
<i>hydrocodone/acetaminophen</i> 7.5 mg/325 mg 1 tab PO Q4H for pain rating 4-6			
<i>hydrocodone/acetaminophen</i> 10 mg/325 mg 1 tab PO Q4H for pain rating 7-10			
Dermoplast/ <i>benzocaine</i> spray four times a day as needed for episiotomy pain			
<i>measles, mumps, and rubella</i> (MMR)vaccine 0.5 mL subcutaneous x 1, if not immune			
<i>methylergonovine</i> 0.2 mg x 1 IM for excessive bleeding and contact PCP			
SIGNATURE	INTLS	SIGNATURE	INTLS

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LAB STUDIES & DIAGNOSTICS**AM LABS**

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	3.9 (L)
Hematocrit (HCT)	Males: 37-49% Females: 36-46%	34 (L)
Hemoglobin (Hgb)	Males: 13.0-18.0 g/100 mL Females: 12-16 g/100 mL	11.5 (L)
White Blood Cells (WBC)	4,500-11,000/mm ₃	11.1 (H)
Platelets (PLT)	140-400 X 10 ³ mm ₃	225,000
CHEMISTRIES		
LAB TEST	NORMAL RANGE	PATIENT VALUE
Sodium (NA ⁺)	135-145 mEq/L	138
Potassium (K ⁺)	3.5 -5.0 mEq/L	3.5
Chloride (CL ⁻)	100-108 mEq/L	100
Carbon Dioxide (CO ₂)	24-30 mEq/L	24
Magnesium (Mg ⁺⁺)	1.5-2.0 mEq/L	1.9
Glucose	70-110 mg/dL	67
Calcium (Ca ⁺⁺)	8.5-10.5 mg/dL	9.0
Phosphorous (PO ₄)	2.6-4.5 mg/dL	3.2
Blood Urea Nitrogen (BUN)	8-25 mg/dL	10
Creatinine	Male: 0.6-1.5 mg/dL Female: 0.6-1.1 mg/dL	0.6
Albumin	3.5-4.8 g/dL	3.5
Alkaline Phosphatase	25-100 u/L	28
AST	Male: 14-20 u/L Female: 10-36 u/L	13
ALT	10-35 u/L	12
Total Protein	6.0 – 8.0 gm/dL	6.2

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LAB STUDIES & DIAGNOSTICS**ADMISSION LABS**

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	4.5
Hematocrit (Hct)	Males: 37-49% Females: 36-46%	38
Hemoglobin (Hgb)	Males: 13.0-18.0 g/100 mL Females: 12-16 g/100 mL	14
White Blood Cells (WBC)	4,500-11,000/mm ₃	9.5
Platelets (PLT)	140-400 X 10 ³ mm ₃	225,000
CHEMISTRIES		
LAB TEST	NORMAL RANGE	PATIENT VALUE
Sodium (NA ⁺)	135-145 mEq/L	140
Potassium (K ⁺)	3.5 -5.0 mEq/L	3.9
Chloride (CL ⁻)	100-108 mEq/L	106
Carbon Dioxide (CO ₂)	24-30 mEq/L	25
Magnesium (Mg ⁺⁺)	1.5-2.0 mEq/L	1.4
Glucose	70-110 mg/dL	78
Calcium (Ca ⁺⁺)	8.5-10.5 mg/dL	10
Phosphorous (PO ₄)	2.6-4.5 mg/dL	4
Blood Urea Nitrogen (BUN)	8-25 mg/dL	15
Creatinine	Male: 0.6-1.5 mg/dL Female: 0.6-1.1 mg/dL	0.8
Albumin	3.5-4.8 g/dL	3.7
Alkaline Phosphatase	25-100 u/L	30
AST	Male: 14-20 u/L Female: 10-36 u/L	14
ALT	10-35 u/L	16
Total Protein	6.0 – 8.0 gm/dL	6.5

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LAB STUDIES & DIAGNOSTICS

Urinalysis

LAB TEST	NORMAL RANGE	PATIENT VALUE
pH	4.6-8.0	4.8
Specific Gravity	1.016-1.022	1.018
Glucose	0	0
Protein	0	negative
Microscopic	<1-2 RBC, WBC	negative
Casts	0	0
RBC	0	0
Telescoping	0	0
Crystals	0	0
Appearance	Straw, clear	yellow

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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 _____, 20_____.

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 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:

