

Patient: Emily Kent
Attending: Dr. Kelly
Diagnosis: Pre-Eclampsia

DOB: 02/14/XXXX
Allergies: NKDA
Gender: Female

Age: 19 y/o
MR# 304
Height: 5' 5" Weight: 72kg

Patient Chart

#304

Emily Kent

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HISTORY & PHYSICAL

Chief Complaint: Headache x 2 days – unrelieved with acetaminophen, bilateral edema, weight gain.

HPI: Patient is a 19-year-old gravida 1 para 0 at 29 weeks gestation. Presented to the OB clinic this morning with BP 160/92, P 80, RR 20, bilateral 3+ pitting edema, 2+ deep tendon reflexes (DTRs), 3+ proteinuria. She complains of a frontal headache unrelieved by acetaminophen x 2 days.

PMI: Unremarkable

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

Social History: Denies tobacco, alcohol, recreational drug use

Surgical History: None

Physical Exam:

NEUROLOGICAL: Awake, alert and oriented x 4

CARDIVASCULAR: Edema 2+ in hands and face x 3 days; bilateral lower extremity 3+ pitting edema x 1 week. No history of dyspnea, coronary artery disease, hypertension.

RESPIRATORY: No history of asthma; lungs clear bilaterally to auscultation.

GASTROINTESTINAL: Appetite good.

MUSCULOSKELETAL: No abnormalities.

Medications:

- *prenatal vitamin* 1 tablet daily
- *acetaminophen* 650 mg PO as needed for headache

Vaccines:

Flu
Tdap

Dictated: B. Kelly, 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



18 Weeks Pregnant Ultrasound Picture

A. Kelsey 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: Pre-eclampsia
Day	Time	PHYSICIAN ORDER AND SIGNATURE
Today	Now	<p>Obtain baseline maternal/fetal data prior to initiation of therapy; include vital signs, breath sounds, deep tendon reflexes (DTRs), oxygen saturation, level of consciousness (LOC), fetal heart rate (FHR), and uterine activity.</p> <p><u>RESPIRATORY</u> Oxygen via facemask; titrate to maintain SpO₂ above 95%</p> <p><u>IV Fluids</u> IV Fluids: primary line of Lactated Ringers; titrate fluids to equal 125 mL/hr.</p> <p><u>DAILY MEDICATIONS</u></p> <ul style="list-style-type: none">• <i>betamethasone</i> 12mg intramuscular (IM) NOW; repeat in 24 hours for a total of 2 doses• <i>magnesium sulfate</i> loading dose: 6 grams (gm) intravenously (IV) over 20 minutes x 1 dose• <i>magnesium sulfate</i> maintenance dose: 2 gm/hr. IV• <u>While on <i>magnesium sulfate</i>:</u><ul style="list-style-type: none">• Deep tendon reflexes (DTRs): every hour (Q1H)• Intake & output every hour (Q1H)• Assess level of consciousness (LOC) every hour (Q1H)• Auscultate lung sounds every 2 hours (Q2H)• SpO₂ (pulse oximetry) every hour (Q1H)• Monitor IV site every 2 hours (Q2H) <p><i>If respirations < 12, discontinue magnesium sulfate, notify MD, and give supplemental oxygen to keep saturation about 95%</i></p> <p><u>PRN MEDICATIONS</u></p> <p>➤ HYPERTENSIVE EMERGENCY ORDERS – if systolic BP ≥160 mmHg or if diastolic BP ≥ 110 mmHg: administer medications as ordered then notify physician:</p> <ul style="list-style-type: none">• Administer <i>hydralazine</i> 5 mg IVP over 2 minutes,• Repeat BP in 10 minutes,• If still elevated, administer <i>hydralazine</i> 10 mg IVP over 2 minutes,• Once systolic BP < 160 mmHg and diastolic BP < 110 mmHg, repeat BP measurement every 10 minutes x 1 hour, every 15 minutes x 1 hour, every 30 minutes x 1 hour

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PRN MEDICATIONS (continued)

➤ **IF PULMONARY EDEMA develops:**

- *furosemide* 40 mg intravenous push (IVP) PRN x 1

➤ **RESPIRATORY ARREST**

- Call Rapid Response Team,
- *calcium gluconate* 1 gram (10 mL of 10% solution) intravenous push (IVP) over 3 - 5 minutes as needed,

Reference: Foundations of Maternal-Newborn & Women's Health, 7th Edition, 2019, Murray, p 228

- check vital signs (VS) every 5 minutes until respiratory rate (RR) 12 per minute or greater,
- SpO₂ > 95%; then every 15 minutes x one hour, and
- then resume per orders.

ECLAMPTIC SEIZURE EMERGENCY MANGEMENT ORDERS

In the absence of the attending physician:

- Notify attending HCP, anesthesia, and respiratory therapy.
- Protect patient from injury. Do not restrict movements. Turn patient to side when possible.
- Establish or maintain airway, suction mouth as necessary, administer oxygen by facemask at 10 liters per minute (LPM) *after* seizure stops. Do NOT attempt to insert tongue blade or airway during seizure because of increased risk of trauma to patient.
- Monitor pulse, respirations, oxygen saturation, and blood pressure every 5 minutes *after* seizure stops.
- Order stat laboratory tests: CBC, DIC profile, FSP, pre-eclampsia profile.

DIAGNOSTIC STUDIES

- STAT CBC, CMP, liver enzymes, UA upon admission
- Serum magnesium level 2 hours after magnesium sulfate bolus is complete, then every 6 hours while patient remains on magnesium sulfate.

FOOD & NUTRITION

- Nothing by mouth (NPO)
- Intake & Output

ACTIVITY

- Strict bedrest
- Seizure Precautions
- Have O₂ and suction at the bedside

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NURSING COMMUNICATION

- Indwelling urinary catheter with urine meter to gravity drainage; dip for protein every 4 hours.
- Sequential compression stockings while in bed.
- Notify NICU if undelivered.

NOTIFY MD IMMEDIATELY if patient has:

- Significant changes in BP from baseline values or failure to respond to antihypertensive medications,
- Double or blurring of vision,
- Tachycardia or bradycardia,
- Respiratory rate below 14 or above 24,
- Oxygen saturation below 95%,
- Adventitious lung sounds,
- Changes in level of consciousness or neurological status,
- Absence of DTRs,
- Urine output less than 30 mL/hr. for 2 consecutive hours,
- Category III FHR patterns (anticipate minimal variability and loss of accelerations while on magnesium sulfate,) and/or
- Vaginal bleeding.

CONSULTS

Nephrology and Neonatology consults

Dr. B. Kelly MD

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MEDICATION ADMINISTRATION RECORD Pg. 1

SCHEDULED MEDICATIONS

MEDICATION	0700 - 1859	1900 - 0659	
IV therapy: Lactated Ringers IV – titrate to keep IVF at 125 mL/hr.			
<i>magnesium sulfate IV loading dose:</i> 6 grams over 20 min x 1 dose			
<i>magnesium sulfate IV maintenance dose:</i> 2gm/hr. IV (after loading dose)			
<i>betamethasone</i> 12 mg IM NOW <ul style="list-style-type: none"> • repeat in 24 hours for a total of two doses 			
SIGNATURE	INTLS	SIGNATURE	INTLS

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MEDICATION ADMINISTRATION RECORD Pg. 2

NON – SCHEDULED MEDICATIONS			
MEDICATION	0700 - 1859	1900 - 0659	
<i>hydralazine</i> IVP 5 mg over 2 min PRN for SBP > 170mmHg and or DBP >110mmHg parameters			
<i>hydralazine</i> 10 mg IVP over 2 min if SBP > 170mmHg and or DBP >110mmHg ten minutes after <i>hydralazine</i> 5 mg IVP given			
<i>calcium gluconate</i> 1gm (10 mL of 10% solution) IVP over 3 - 5 minutes, PRN respiratory arrest			
<i>furosemide</i> 40 mg intravenous push (IVP) x 1 PRN for pulmonary edema			
SIGNATURE	INTLS	SIGNATURE	INTLS

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LABS & 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	pending
Hematocrit (HCT)	Males: 37-49% Females: 36-46%	pending
Hemoglobin (Hgb)	Males: 13.0-18.0 g/100 mL Females: 12-16 g/100 mL	pending
White Blood Cells (WBC)	4,500-11,000/mm ³	pending
Platelets (PLT)	140-400 X 10 ³ mm ³	pending

CHEMISTRIES

LAB TEST	NORMAL RANGE	PATIENT VALUE
Sodium (NA+)	135-145 mEq/L	pending
Potassium (K+)	3.5 -5.0 mEq/L	pending
Chloride (CL-)	100-108 mEq/L	pending
Carbon Dioxide (CO ₂)	24-30 mEq/L	pending
Magnesium (Mg ⁺⁺)	1.5-2.0 mEq/L	pending
Glucose	70-110 mg/dL	pending
Calcium (Ca ⁺⁺)	8.5-10.5 mg/dL	pending
Phosphorous (P ₀₄)	2.6-4.5 mg/dL	pending
Blood Urea Nitrogen (BUN)	8-25 mg/dL	pending
Creatinine	Male: 0.6-1.5 mg/dL Female: 0.6-1.1 mg/dL	pending
Albumin	3.5-4.8 g/dL	pending
Alkaline Phosphatase	25-100 u/L	pending
AST	Male: 14-20 u/L Female: 10-36 u/L	pending
ALT	10-35 u/L	pending
Total Protein	6.0 – 8.0 gm/dL	pending

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LAB STUDIES & DIAGNOSTICS

URINALYSIS

LAB TEST	NORMAL RANGE	PATIENT VALUE
pH	4.6-8.0	4.4
Specific Gravity	1.016-1.022	1.005
Glucose	0	0
Protein	0	3+
Microscopic	<1-2 RBC, WBC	negative
Casts	0	0
RBC	0	0
Telescoping	0	0
Crystals	0	0
Appearance	Straw, clear	amber

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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:
