

Patient: Robert Ramirez
Attending: Dr. Rasmussen
Diagnosis: Small Cell Lung CA
Liver Metastasis

DOB: 4/28/XX
Allergies: NKA
Gender: Male

Age: 77 y/o
MR#: 137
Height: 5' 10" Weight: 125lbs
BMI: 17.9

Patient Chart

#137

Robert Ramirez

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HISTORY & PHYSICAL

Chief Complaint: "I can't breath and I have a terrible stomach ache. I can't keep anything down."

HPI: 77-year-old male who appears exhausted and frail; he received aggressive chemotherapy for Small Cell Lung Cancer (SCLC) without success. He presented to the emergency department (ED) yesterday with complaints of (c/o) SOB, abdominal pain with N/V.

PMX: Hyperlipidemia, Hypertension (HTN), Chronic Obstructive Pulmonary Disease (COPD), Small Cell Lung Cancer (SCLC)

Social HX: Married with two adult children, retired from 20 years in the army. He worked as a computer programmer until last year. He is a former smoker, denies alcohol or illicit drug use.

REVIEW OF SYSTEMS

CONSTITUTIONAL: Frail, ill-appearing elderly male c/o SOB, abdominal pain with N/V, positive for fatigue, weakness, and malaise.

HEENT: Head: Denies headache. Eyes: No changes in vision. Ears: No difficulties reported, Nose: no reports of nosebleeds or nasal discharge. Denies sore throat.

SKIN: No reports of rashes or lesions.

CARDIOVASCULAR: Denies chest pain, palpitations, syncope, and swelling of extremities, no reports of murmurs.

RESPIRATORY: Reports SOB walking from the bed to the bathroom (less than 15 feet). At home uses small volume nebulizer (SVN) with *ipratropium/albuterol* 500 mcg/2.5 mg/3 mL SVN every 4 hours (Q4H) to relieve dyspnea. States also takes *lorazepam* when anxious to relieve SOB. Uses a walker to ambulate. Homebound.

GASTROINTESTINAL: Reports no appetite; has lost 35 pounds over the past 18 months. C/O abdominal pain with N/V. Denies heartburn, diarrhea. Reports constipation; takes *docusate sodium* 100 mg twice a day (BID).

GENITOURINARY: No dysuria or increased frequency.

NEUROLOGICAL: No weakness, confusion, numbness, dizziness.

MUSCULOSKELETAL: No arthralgia, myalgia – reports generalized weakness.

HEMATOLOGIC: Denies bruising, bleeding.

PSYCHIATRIC: No history of anxiety and depression.

ENDOCRINOLOGIC: No reports of sweating or cold/heat intolerance.

PHYSICAL ASSESSMENT

GENERAL: Frail, cachectic, and distressed in appearance.

NEUROLOGIC: Grossly intact. Alert, oriented x 3.

HEENT: Normocephalic, atraumatic, PERRLA, no lymphadenopathy, no jugular venous distension (JVD), no bruits.

SKIN: Fragile, dry, intact, pale.

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HEART: S1S2 no murmurs, heaves, or gallops noted.

LUNGS: Diffuse, scattered wheezes all lobes, bibasilar crackles, diminished air movement.

ABDOMEN: Abdomen flat, right upper quadrant (RUQ) tender to palpation, liver palpable 3 cm below the costal margin, no splenomegaly, kidneys non palpable.

MUSCULOSKELTAL: Muscle wasting, cannot bear 100% weight, generalized weakness requiring a walker to ambulate.

ALLERGIES: No known allergies (NKA).

MEDICATIONS:

- *morphine sustained release* 30 mg oral (PO) twice a day (BID) for pain,
- *lorazepam* 2 mg PO BID for anxiety, and
- *docusate sodium* 100 mg PO BID for constipation.

Over the counter medications:

- Centrum Silver (multivitamin) one tablet PO daily

Problem List:

1. Liver metastasis
2. SCLC
3. Hyperlipidemia
4. HTN
5. COPD

Assessment: 77 year-old male diagnosed with SCLC presented to the ED with c/o SOB, abdominal pain with N/V. CT scan revealed a 2 cm x 3cm liver mass, metastatic disease.

Plan:

1. Admit to oncology unit
2. Pain - *morphine sulfate* PRN
3. Nausea - *ondansetron* PRN
4. Oncology Consult
5. Referral to Hospice

P. Rasmussen MD

Dictated: P. Rasmussen, MD

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PHYSICIAN ORDERS

Date	Time	PHYSICIAN ORDER AND SIGNATURE
Today	Now	<p>Admit to Oncology Unit</p> <p>Diagnosis: Small Cell Lung Cancer (SCLC), Liver Mass Condition: Stable Vital signs: Every twelve hours (Q12H) and as needed (PRN) Code Status: Full Allergies: NKA</p> <p>Pulse Oximetry: Oxygen (O2) at 2-4 L/min via NC, titrate to keep SpO2 > 92%</p> <p>Diet: As tolerated Activity: Bed rest Labs: CBC, SMA 7 Studies: CXR PA/lateral</p> <p>IV Fluids: 1 liter Normal Saline at 100 mL/hr.</p> <p>PRN Medications:</p> <ul style="list-style-type: none">• <i>morphine sulfate</i> 4 mg IV push (IVP) Q4H as needed (PRN) for pain• <i>ondansetron</i> 4 mg IVP every 6 hours (Q6H) PRN for N/V <p>Consult: Oncology Consult Hospice Referral</p>
PROVIDER SIGNATURE:		<i>Dr. P. Rasmussen</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		
Intravenous Fluids: NS 1000 mL infusing at 100 mL/hr. continuously					
SIGNATURE		INTLS	SIGNATURE		INTLS

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MEDICATION ADMINISTRATION RECORD Pg. 2

NON – SCHEDULED MEDICATIONS			
MEDICATION	0700 - 1859	1900 - 0659	
<i>morphine sulfate</i> 4 mg IVP Q4H PRN for pain			
<i>ondansetron</i> 4 mg IVP Q6H PRN for N/V			
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 ³ Females: 4.1-5.1 million/mm ³	3.21 (L)
Hematocrit (Hct)	Males: 37-49% Females: 36-46%	23.5% (L)
Hemoglobin (Hgb)	Males: 13.0-18.0 g/100 ml Females: 12-16 g/100 ml	8.2 (L)
White Blood Cells (WBC)	4,500-11,000/mm ³	24,300 (H)
Neutrophils	55-70%	60
Lymphocytes	20-40%	30
Monocytes	3	3
Eosinophils	2-8%	2
Basophils	0.5-1.0%	1
Platelets (Plt)	140-400 X 10 ³ mm ³	220
MPV	7.4-10.4 fl	8
MCV	80-100	85
MCH	27-33	28
Reticulocyte count	0.5-2.5%	2.5

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LAB STUDIES & DIAGNOSTICS

CHEMISTRIES		
LAB TEST	NORMAL RANGE	PATIENT VALUE
Sodium (NA+)	135-145 mEq/L	130 (L)
Potassium (K+)	3.5 -5.0 mEq/L	3.1 (L)
Chloride (CL-)	100-108 mEq/L	102
Carbon Dioxide (CO2)	24-30 mEq/L	36 (H)
Glucose	70-110 mg/dL	124 (H)
Calcium (Ca++)	8.5-10.5 mg/dL	8.1 (L)
Phosphorous (P04)	2.6-4.5 mg/dL	2.6
Blood Urea Nitrogen (BUN)	8-25 mg/dL	25
Creatinine	Male: 0.6-1.5 mg/dL Female: 0.6-1.1 mg/dL	1.8 (H)
Total Protein	6.4-8.3 g/dL	5.2 (L)
Osmolality	280-295 mOsm/kg	280
Albumin	3.5-4.8 g/dL	3 (L)
Pre-Albumin	19-38 mg/dL	19
Ammonia	15-56 ug/dL	56
Bilirubin	0.3-1.0 mg/dL	2.1 (H)
AST	Male: 14-20 u/L Female: 10-36 u/L	48 (H)
ALT	10-35 u/L	50 (H)
Amylase	25-125 u/L	25
Lipase	10-140 u/L	10

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IMAGING

CT SCAN

Contrast-enhanced CT Scan of the Abdomen



Impression:
2 cm x 3 cm liver mass indicating Metastatic Disease.

J. Andrews 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 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 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:
