

Patient: Beth Sanders

DOB: 04/17/XXXX

Age: 30 y/o

Attending: Dr. Hertzman

Allergies: NKA

MR: #151

Diagnosis: S/P Bowel Resection  
Crohns Disease

Gender: Female

Height: 5'3" Weight: 101lbs

---

# Patient Chart

## MR #151

## Beth Sanders

Patient: Beth Sanders

DOB: 04/17/XXXX

Age: 30 y/o

Attending: Dr. Hertzman

Allergies: NKA

MR: #151

Diagnosis: S/P Bowel Resection  
Crohns Disease

Gender: Female

Height: 5'3" Weight: 101lbs

## History & Physical

**Chief Concern:** "My abdomen hurts, I'm in so much pain."

**HPI:** Ms. Sanders is a 30-year-old female who was admitted with complaints of (c/o) abdominal pain, left lower quadrant with unintentional 5lb weight loss in 1 months, fatigue, anorexia, nausea and vomiting (N/V).

**PMX:**

Diagnosed with Crohns at 15 years old. Multiple hospitalizations for Crohns exacerbations. No prior surgeries. Under the care of a psychologist for depression. BMI ranges from 17.5-18.5.

**Family History:** Mother and father are alive and well. No siblings.

**Social History:** Married 3 years with no children. Works at the library part-time. Denies alcohol and tobacco use or illicit drugs.

**Review of Systems:**

**CONSTITUTIONAL:** Positive for fever, malaise, reports significant fatigue, 5lb weight loss in 1 months, and nausea with diarrhea.

**HEENT:** Head: No dizziness or syncope, no head injuries, no loss of consciousness. Eyes: No problems with vision, light sensitivity, pain. Does not need corrective lenses. No eye medications, no history of glaucoma or cataracts, no trauma or familial eye disease. Ears: No reports of hearing loss, pain, discharge, tinnitus or vertigo. Nose: Sense of smell intact, no nosebleeds, no post nasal drainage (PND), discharge, or sinus pain. Throat: Denies hoarseness or change in voice; occasional sore throat self-limited, denies gum disease, tongue soreness or buccal mucosa ulcers. No disturbance in taste reported.

**SKIN:** Reports no pigmentation or texture change, no excessive sweating, unusual nail or hair growth.

**CARDIOVASCULAR:** No history of cardiac disease, denies chest pain or palpitations. Patient reports double lumen picc left antecubital.

**RESPIRATORY:** Denies shortness of breath. Patient denies exposure to tuberculosis (TB), night sweats, or hemoptysis.

**BREAST:** Deferred.

**GASTROINTESTINAL:** Reports decreasing appetite and an increase in nausea, reports early satiety. Change in bowel movements, an increase in diarrhea. Reports severe abdominal cramping for 2 weeks.

Patient: Beth Sanders	DOB: 04/17/XXXX	Age: 30 y/o
Attending: Dr. Hertzman	Allergies: NKA	MR: #151
Diagnosis: S/P Bowel Resection Crohns Disease	Gender: Female	Height: 5'3" Weight: 101lbs

---

**GENTIOURINARY:** No problems reported.

**NEUROLOGICAL:** No reports of syncope, seizures, weakness or paralysis, problems with sensation or coordination tremors.

**MUSCULOSKELETAL:** No problems reported.

**PSYCHARTIC:** Reports nervousness, difficulty concentrating, and irritability or mood changes. Episodes of depression and feeling sad.

**ENDOCRINE:** Report weight loss due to Crohns.

### Physical Exam

**VITAL SIGNS:** BP 104/64, Pulse: 100, RR: 16, Temp: 102

**GENERAL:** 30 y/o female fatigued and cachectic appearance.

**NEUROLOGIC:** AAO X 3.

**PSYCHARTIC:** Responsive and interactive, speech is clear, expresses concern about colostomy.

**SKIN:** Pink, warm and dry and intact.

**HEENT:** Normocephalic, atraumatic, facial symmetry, pupils reactive, nares are patent, no discharge noted, oral cavity pink, moist without lesions or white patches, tongue is midline, neck is supple, thyroid non-palpable, no lymphadenopathy.

**CARDIAC:** Normal sinus rhythm (NSR), S<sub>1</sub>S<sub>2</sub>.

**RESPIRATORY:** Clear to auscultation (CTA).

**GASTROINTESTINAL:** Abdomen painful to palpation left lower quadrant (LLQ), patient guarding, liver edge 2 cm below the rib, pain radiates to the back. No splenomegaly, hepatomegaly. Dullness to percussion right abdominal quadrant.

**GENITOURINARY:** Deferred

**MUSCULOSKELETAL:** Weakness noted in all four extremities. Picc line noted left AC clean, dry and intact.

### PLAN:

1. CBC, Chem10, LFT, ESR, C-reactive Protein, Serum Iron, Vitamin B12, Vitamin D-25OH, stool calprotectin
2. KUB to rule out toxic megacolon
3. GI consult for colonoscopy
4. Bowel rest
5. NPO
6. Consult for Registered Dietician for parenteral nutrition
7. Consult with Psychologist

Dictated by: A. Hertzman, M.D.

---

Patient: Beth Sanders	DOB: 04/17/XXXX	Age: 30 y/o
Attending: Dr. Hertzman	Allergies: NKA	MR: #151
Diagnosis: S/P Bowel Resection Crohns Disease	Gender: Female	Height: 5'3"    Weight: 101lbs

---

## PHYSICIANS PROGRESS NOTE

### DAY 2:

Colonoscopy completed. Patient found to have multiple ulcers with narrowed lumen. Nodularity and cobblestone appearance to mucosa. One abscess noted.

### PLAN:

1. 6-mercaptopurine 50 mg
2. Ciprofloxacin 500 mg orally q 12 hours for 7 days
3. Prednisone 20 mg PO 3 times/day
4. Refer to GI specialist for surgery

### DAY 2: Surgical Report

S/P successful bowel resection with temporary colostomy to left lower quadrant (LLQ). Stoma in pink, moist with mild edema, no drainage in bag.

Patient: Beth Sanders

DOB: 04/17/XXXX

Age: 30 y/o

Attending: Dr. Hertzman

Allergies: NKA

MR: #151

Diagnosis: S/P Bowel Resection  
Crohns Disease

Gender: Female

Height: 5'3"    Weight: 101lbs

---

## PHYSICIAN ORDERS

Day	Time	PHYSICIAN ORDER AND SIGNATURE
-----	------	-------------------------------

Patient: Beth Sanders

DOB: 04/17/XXXX

Age: 30 y/o

Attending: Dr. Hertzman

Allergies: NKA

MR: #151

Diagnosis: S/P Bowel Resection  
Crohns Disease

Gender: Female

Height: 5'3" Weight: 101lbs

Today

0600

**Admit:** Medical-Surgical Unit

**Condition:** Stable

**Vital Signs:** Every 4 hours (Q4H) and as needed (PRN)

**Intake & Output:** Q4H and PRN,

**AM Labs:** CBC, Chem10, LFT, ESR, C-reactive Protein, Serum Iron, Vitamin B12, Vitamin D-25OH, stool calprotectin

**DIET:** NPT

**TPN:** 80 ml/hr for 12 hrs.

**IV:** Saline Lock (SL)

**Daily Medications:**

Mercaptopurine PO (antimetabolite) 50mg q daily

Protonix IV 40mg q day

Zofran 4mg SL q 6 hours as needed for nausea and vomiting

Morphine 1mg/1mL concentration in PCA

Delay 1 hr lock out

1 mg an hour dose limit

Ciprofloxacin IV 400mg q 12 hrs x 7 days

parenteral nutrition bag and filter and tubing

**PRN Medications:**

**Consults:**

Nutrition

GI

Psych

PROVIDER SIGNATURE

*Dr. Hertzman*

## NURSING FLOW SHEET

DATE:

Patient: Beth Sanders  
 Attending: Dr. Hertzman  
 Diagnosis: S/P Bowel Resection  
 Crohns Disease

DOB: 04/17/XXXX  
 Allergies: NKA  
 Gender: Female

Age: 30 y/o  
 MR: #151  
 Height: 5'3" Weight: 101lbs

<b>VITAL SIGNS</b>	<b>TIME</b>	<b>0600</b>	<b>1800</b>		
	<b>BLOOD PRESSURE</b>				
	<b>PULSE</b>				
	<b>RESP RATE</b>				
	<b>TEMP</b>				
<b>PAIN</b>	<b>SCORE</b>				
	<b>LOCATION</b>				
	<b>CHARACTER</b>				
<b>RESP</b>	<b>OXYGEN</b>				
	<b>OXIMETER</b>				
<b>NUTR</b>	<b>DIET / % EATEN</b>				
	<b>SUPP FEEDING</b>				
<b>INTAKE</b>	<b>PO</b>				
	<b>IV</b>				
<b>OUTPUT</b>	<b>URINE</b>				
	<b>DRAINS</b>				

**PROBLEM / VENT DOCUMENTATION**

<b>DATE / TIME</b>	
<b>SIGNATURE</b>	

## MEDICATION ADMINISTRATION RECORD Pg. 1

**SCHEDULED MEDICATIONS**

Patient: Beth Sanders

DOB: 04/17/XXXX

Age: 30 y/o

Attending: Dr. Hertzman

Allergies: NKA

MR: #151

Diagnosis: S/P Bowel Resection  
Crohns Disease

Gender: Female

Height: 5'3" Weight: 101lbs

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 Q8H		1400	2200
<i>regular insulin</i> Q6H with SQ sliding scale: <i>If glucose &lt;70, give ½ amp of D50 and re-check glucose in 30 minutes, may repeat x 1 and call PCP</i>  <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.  <i>Call MD for blood sugar greater than 400</i>		1200 1800	0000 0600
SIGNATURE	INTLS	SIGNATURE	INTLS



Patient: Beth Sanders

DOB: 04/17/XXXX

Age: 30 y/o

Attending: Dr. Hertzman

Allergies: NKA

MR: #151

Diagnosis: S/P Bowel Resection  
Crohns Disease

Gender: Female

Height: 5'3" Weight: 101lbs

## MEDICATION ADMINISTRATION RECORD Pg. 2

### NON – SCHEDULED MEDICATIONS

MEDICATION	0700 - 1859	1900 - 0659	
acetaminophen 500 mg PO Q4H for temperature greater than 100.8F  <i>Call PCP if temp &gt; 101.5F</i>			
metoclopramide 10 mg IVP Q6H for nausea/ vomiting			
morphine sulfate 2 mg IVP Q4H PRN for pain rate 1-3 (mild)  <i>Hold for excessive sedation</i>  <b>(Last dose given at 0620)</b>			
morphine sulfate 4 mg IVP Q4H PRN for pain rate 4-7 (moderate)  <i>Hold for excessive sedation</i>			
Morphine sulfate 6 mg IVP Q4H PRN for pain rate 7-10 (severe)  <i>Hold for excessive sedation</i>			
Electrolyte replacement protocol: contact pharmacy for dosing			
<b>SIGNATURE</b>	<b>INTLS</b>	<b>SIGNATURE</b>	<b>INTLS</b>

### HEMATOLOGY

Patient: Beth Sanders

DOB: 04/17/XXXX

Age: 30 y/o

Attending: Dr. Hertzman

Allergies: NKA

MR: #151

Diagnosis: S/P Bowel Resection  
Crohns Disease

Gender: Female

Height: 5'3" Weight: 101lbs

LAB TEST	NORMAL RANGE	PATIENT VALUE
Red Blood Cells (RBC)	Males: 4.5-5.3 million /mm <sup>3</sup> Females: 4.1-5.1 million/mm <sup>3</sup>	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 <sup>3</sup>	7,000
Platelets (Plt)	140-400 X 10 <sup>3</sup> mm <sup>3</sup>	141
MCV	80-100	85
MCH	27-33	28
Retic 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 <sub>2</sub> )	24-30 mEq/L	27
Magnesium (Mg <sup>++</sup> )	1.5-2.0 mEq/L	1.7
Glucose	70-110 mg/dL	120 (H)
Calcium (Ca <sup>++</sup> )	8.5-10.5 mg/dL	9.9
Phosphorous (PO <sub>4</sub> )	2.6-4.5 mg/dL	2.5 (L)
Blood Urea Nitrogen (BUN)	8-25 mg/dL	8
Creatinine	Male: 0.6-1.5 mg/dL Female: 0.6-1.1 mg/dL	0.8
Albumin	3.5-4.8 g/dL	3.0 (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	25
Lipase	10-140 u/L	20
Bilirubin	0.3-1.9 mg/dL	0.5

Patient: Beth Sanders

DOB: 04/17/XXXX

Age: 30 y/o

Attending: Dr. Hertzman

Allergies: NKA

MR: #151

Diagnosis: S/P Bowel Resection  
Crohns Disease

Gender: Female

Height: 5'3"    Weight: 101lbs

---

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

Patient: Sarah Klose

DOB: 05/05/XXXX

Age: 54 y/o

Attending: Dr. Flex

Allergies: NKA

MR: #138

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

Gender: Female

Height: 5'5"

Weight: 95lbs

---

## IMAGING

### XRAY

## IMAGING

### CT SCAN

Impression:

1. Multiple ulcers with narrowed lumen.
2. Nodularity and cobblestone appearance to mucosa.
3. One abscess noted.

Patient: Sarah Klose

DOB: 05/05/XXXX

Age: 54 y/o

Attending: Dr. Flex

Allergies: NKA

MR: #138

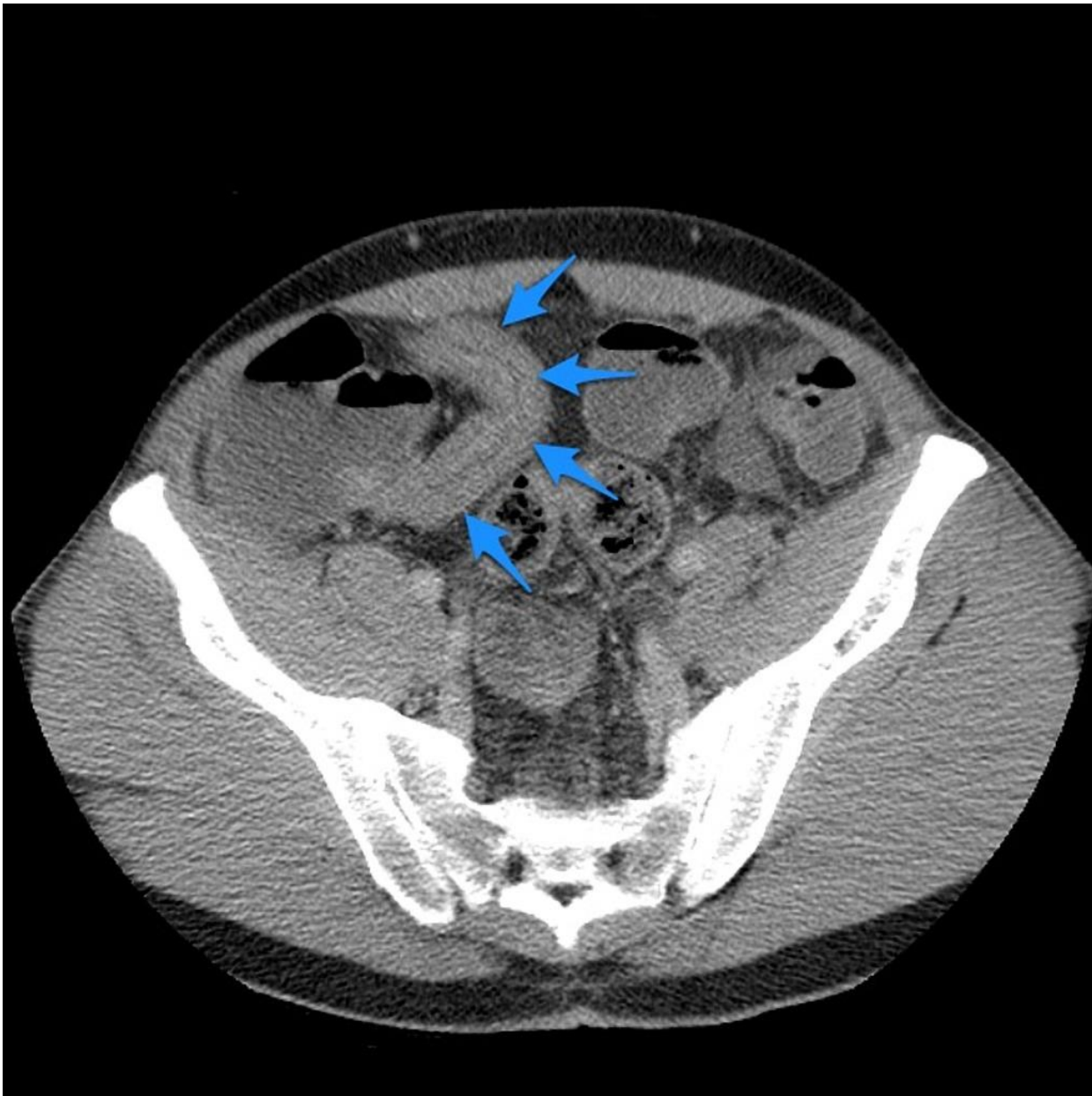
Diagnosis: Pancreatic CA Stage 4

Gender: Female

Height: 5'5"

Weight: 95lbs

Gallbladder, Duodenum, Liver Metastasis



*Gotta Read, MD*

The following is the form of a "Declaration," provided for under Nevada Statutes:

Patient: Sarah Klose	DOB: 05/05/XXXX	Age: 54 y/o	
Attending: Dr. Flex	Allergies: NKA	MR: #138	
Diagnosis: Pancreatic CA Stage 4	Gender: Female	Height: 5'5"	Weight: 95lbs
Gallbladder, Duodenum, Liver Metastasis			

## 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: \_\_\_\_\_

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.

Patient: Sarah Klose                      DOB: 05/05/XXXX                      Age: 54 y/o  
Attending: Dr. Flex                      Allergies: NKA                      MR: #138  
Diagnosis: Pancreatic CA Stage 4    Gender: Female                      Height: 5'5"                      Weight: 95lbs  
Gallbladder, Duodenum, Liver Metastasis

---

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.

**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**

---

Patient: Sarah Klose	DOB: 05/05/XXXX	Age: 54 y/o	
Attending: Dr. Flex	Allergies: NKA	MR: #138	
Diagnosis: Pancreatic CA Stage 4	Gender: Female	Height: 5'5"	Weight: 95lbs
Gallbladder, Duodenum, Liver Metastasis			

---

---

(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:

---

---