

Patient: Rita Giovanni

DOB: 10/23/XXXX

Age: 63

Attending: Dr. Barren

Allergies: Fluoroquinolones and PCN

MR# 164

Diagnosis: Abdominal mass, A-Fib Gender: Female

Height: 5'4" Weight: 165 pounds

Patient Chart

#164

Rita Giovanni

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PATIENT INFORMATION

HISTORY OF PRESENT ILLNESS: Abdominal pain, nausea, vomiting over the past 6 days with an increase in weakness and weight loss of 8 pounds.

PAST MEDICAL HISTORY: Hypertension, hyperlipidemia, Atrial Fibrillation, Diabetes Mellitus Type 2

SOCIAL HISTORY: Does not drink or smoke. Is married. Husband is a heavy smoker and has a sister who lives here in Las Vegas.

REPORT TO PARTICIPANTS: Patient came into the ER complaining of nausea and vomiting for the past 6 days with an increase in weakness and weight loss. See SBAR report sheet.

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History & Physical

Chief Complaint

Abdominal pain, nausea, vomiting, progressive weakness and 8 pound weight loss.

History of Present Illness

63-year-old woman presented to Emergency Department with nausea and vomiting for several days after weeks of poor appetite and increasing weakness. Patient is dehydrated and complains of generalized abdominal pain. CT of abdomen shows mass in right lower quadrant of abdomen.

Allergies

Fluoroquinolones and PCN

Past Medical History

Patient has a history of hypertension, hyperlipidemia, and atrial fibrillation for the past 10 years, and diabetes mellitus type 2 for the past 8 years.

Surgical History

Appendectomy as a child

OB/Gyn History

Postmenopausal for approximately 3 years. Gravida 2 Para 1; has a healthy adult son. Had an abortion over 40 years ago.

Social History

Born in New York. Patient is college-educated. Patient denies smoking or alcohol use but states husband is a heavy smoker. Patient denies illicit drug use but did smoke marijuana on occasion in college.

Family History

Father died at age 70 of colon cancer. Mother died at 66 of ovarian cancer. Brother, 69, history of colon cancer 5 years ago.

Medications

Home medications include digoxin 0.125 mg PO daily, warfarin 2.5 mg PO daily, lopresor 100mg PO daily, zetia 10mg PO daily, metformin 500 mg PO BID

Review of Systems

Integument: Skin intact. No rashes or irritations. HEENT: Denies headaches, vertigo, syncope, changes in vision or hearing. No problems with chewing or swallowing. Cardiovascular: Denies chest pain. Patient states she has had A-fib for a number of years. Denies problems with circulation. Respiratory: No shortness of breath or pain with breathing. Denies cough. No recent colds. Gastrointestinal: Reports blood in stools recently; has not been able to have a BM for the last several days. Complaint of 6-days of nausea, vomiting and abdominal pain, with decreased appetite. GU: Denies any issues. Musculoskeletal: Weakness in all extremities. No other complaints. Neurological: Sensation intact. Denies tingling, numbness, or lack of coordination.

PHYSICAL EXAM

Patient: Rita Giovanni

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GENERAL Well-developed 63-year-old Caucasian female. Appears stated age.
VITAL SIGNS BP 108/60 P 113 R 18 T 98.8 F O2 sat 95% 2L/min nasal cannula
HEENT Normal, pupils round, reactive to light. No lymph nodes palpable.
LUNGS Breath sounds are clear. Patient is somewhat tachypneic because of abdominal pain. Equal expansion; patient denies cough.
HEART Irregular rhythm, S1 S2, no S3, no murmurs, clicks, or rubs. Pulses 1+; no edema or jugular venous distention. Digoxin level of 1.9 nmol/L on admission labs.
ABDOMEN Abdomen firm and distended. Patient complains of generalized tenderness and pain with palpation. Bowel sounds are hypoactive.
EXTREMITIES Moves all extremities but weak
SKIN Intact; no redness or bruising noted
BACK Negative assessment findings except for slight stooping of the shoulders
GENITALIA External genitalia normal
NEUROLOGIC Awake, alert, no neurologic deficits noted. Cranial nerves I-XII intact.
IMPRESSIONS 63-year-old female in moderate distress because of abdominal pain, possibly resulting from abdominal mass.
PLAN 1. Decompress abdomen. 2. Surgically remove abdominal mass.

Dr. Barren MD

Tue 0230

Signature

Day/Time

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PHYSICIAN ORDERS page 2

Day	Time	PHYSICIAN ORDER AND SIGNATURE
Tuesday	1300	<p>10 Metformin 500mg PO BID</p> <p>11 Ondansetron 4 mg IV every 6 hours PRN for nausea or vomiting</p> <p>12 Hydromorphone IV 2mg every 4 hours PRN for break-through pain</p> <p>13 Ambulate TID</p> <p>14 Oxygen 2 L/min nasal cannula titrate to keep O2 sat > 92%</p> <p>15 Blood glucose (BG) checks AC & HS</p> <p>16 Sliding scale Novolog insulin subcutaneous with blood glucose checks:</p> <p style="padding-left: 40px;">0-150 mg/dL give 0 units</p> <p style="padding-left: 40px;">151-200 mg/dL, give 2 units</p> <p style="padding-left: 40px;">201-250 mg/dL, give 4 units</p> <p style="padding-left: 40px;">251-300 mg/dL, give 7 units</p> <p style="padding-left: 40px;">301-350 mg/dL, give 10 units</p> <p style="padding-left: 40px;">Greater than 351 mg/dL: Call physician</p> <p>17 Daily weight</p> <p>18 Intake and output every 8 hours</p> <p>19 Labs today at 1800: CBC with diff, Chem 7, and PT</p> <p>20 Labs in AM: Chem 7 and CBC with diff</p> <p>21 Sequential compression devices and TED hose to lower extremities</p> <p>22 Keep abdominal binder in place</p> <p>23 Start warfarin 2.5 mg PO tonight at 2000</p> <p>24 Jackson-Pratt drain to bulb suction</p> <p>25 Dextrose 5% in 0.45% Normal Saline with 20 mEq potassium chloride at 100mL/hr</p> <p>26 Vancomycin 1 g IV every 12 hours for 3 days</p> <p>27 Benadryl 25 mg IV PRN every 4 hours PRN itching</p> <p>28 Labs in AM: CBC with diff, Chem 7, Dig level</p>
PROVIDER SIGNATURE		<i>Matthew Flemming MD</i>

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PATIENT CONTROLLED ANALGESIA (PCA)—PHYSICIAN'S ORDER FORM

1. Instruct Patient / Family on proper use of PCA Pump.

2. IV Fluids _____ rate _____ ml/hr

3. Loading Dose, if necessary:

- Morphine _____ (usually 1–3 mg)
- Hydromorphone _____ (usually 0.1–0.5 mg)
- Meperidine _____ (usually 10–20 mg)

4. PCA Dose:

- Morphine _____ 1 mg/mL _____ mg (usually 1–2 mg)
- Hydromorphone _____ mg (usually 0.1–0.3 mg)
- Meperidine _____ mg (usually 10–20 mg)

5. Lock-out Interval: _____ 6 min _____ minutes (usually 6–10 minutes)

6. Basal Rate:

- Morphine _____ mg/hr (usually 0.5–1 mg/hr)
- Hydromorphone _____ mg/hr (usually 0.2 mg/hr)
- Meperidine _____ mg/hr (usually 5–10 mg/hr)

7. One Hour Limit:

- Morphine _____ 10 mg _____ (usually 8–10 mg)
- Hydromorphone _____ (usually 2 mg)
- Meperidine _____ (usually 30–50 mg)

8. Nausea:

Zofran _____ mg (usually 4 mg) IV every _____ hrs PRN; Other _____

9. Itching:

Benadryl _____ mg IV PRN every _____ hrs PRN

10. Discontinue ALL Narcotics before starting the pump.

11. Oxygen at _____ Liters per nasal cannula; SaO₂ every _____ hr(s)

12. If Respiratory Depression (rate < 10 per minute) occurs, STOP PCA infusion, administer Narcan 0.1–0.2 mg at 2–3 minute intervals to desired response, call MD. If Narcan is administered, VS w/SaO₂ q 15 min x 2; then every 30 min x 2 hrs. If patient re-narcotizes in 1–2 hrs, may repeat Narcan 0.1–0.2 mg IV at 2–3 min intervals until desired response and call MD.

13. If Respiratory Arrest occurs, initiate Code Blue procedure, STOP PCA and give Narcan 0.4 mg IV stat.

14. Vital Signs every 1 hr x 2 on initiation of pump, then q 4. Vital Signs every 15 min x 2 with each increased dose.

15. PCA Sign over Head of Bed.

Date: _ Tuesday _____

Date: _____

Time: _ 1300 _____

Time: _____

Physician's Signature: _____

Phone Order—Read Back and Verified

_____*Matthew Flemming MD*_____

MD: _____ / _____

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ADMIT / PHYSICIAN ORDERS

Day	Time	Complete top portion with each level of care change.
		<input type="checkbox"/> Outpatient Procedure: _____ (procedure) for _____ (medical reason).
		<input type="checkbox"/> Place in Outpatient Observation Services for:
		X Admit as Inpatient for: Abdominal mass, A Fib

Day	Time	PHYSICIAN ORDER AND SIGNATURE
Tuesday	1300	1 Admit to surgical unit 2 Vital signs - Q 15 min X 4, Q 30min X 2, Q 1 hr X 4, then Q 4 hr 3 Continue NG tube to low intermittent wall suction 4 Diet: NPO except for sips of water to take meds 5 Incentive Spirometer X 10/hr while awake 6 Morphine PCA as ordered on separate sheet 7 Digoxin 0.125 mg PO daily 8 Lopressor 100mg PO daily 9 Zetia 10mg PO daily
Tuesday	0300	1 Code status: Full code 2 Admit to surgical unit 3 Diagnosis: Abdominal mass, A Fib 4 Vital signs every 4 hours 5 Activity: Bedrest with bathroom privileges 6 IV fluid: 0.9% normal saline with 40 mEq KCL at 100 mL/hr continuous infusion 7 NPO for surgery this AM 8 Nasogastric tube to low intermittent wall suction 9 Foley catheter to gravity drainage 10 Surgical consent for colectomy, possible colostomy 11 Fleets enema x 2 now 1 hour apart 12 Phytonadione 10 mg subcutaneous injection x 1 upon arrival to unit 13 Vancomycin 1 g IV x 1 on call to operating room 14 Morphine 4 mg IV every 2 hours PRN for pain 15 Promethazine 12.5 mg IV every 4 hours PRN for nausea 16 Type and cross match for 2 units PRBCs and 1 unit FFP 17. Give 1 unit FFP now 18. Repeat CBC, PT, PTT 1 hour after FFP given 19 Oxygen 2 L/min nasal cannula titrate to keep O2 sat > 92%

PROVIDER SIGNATURE	<i>Matthew Flemming MD</i>
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NURSING FLOW SHEET

DATE: Tuesday							
VITAL SIGNS	TIME	0230	0400	0800	1400	1600	1800
	BLOOD PRESSURE	108/60	110/64	133/89	128/78	112/60	
	PULSE	113	116	120	118	116	
	RESP RATE	18	16	20	16	18	
	TEMP	98.8 F	98.4 F	98.9 F	98.9 F	98.9 F	
PAIN	SCORE	4/10	5/10	6/10	3/10	4/10	
	LOCATION	abdomen	Abdomen	Abdomen	Abdomen	Abdomen	
	CHARACTER	Squeezing	Sharp	Sharp	Squeezing	Sharp, stabbing	
RESP	OXYGEN	2 L NC	2 L NC	2 L NC	2 L NC	2 L NC	
	OXIMETER	95%	94%	93%	95%	95%	
NUTR	DIET / % EATEN		NPO	NPO	NPO	NPO	NPO
	SUPP FEEDING						
INTAKE	PO		NPO	NPO	NPO	NPO	NPO
	IV		1950				400
OUTPUT	URINE		200		100	100	
	DRAINS					100	
	NG		100			200	
PROBLEM / EVENT DOCUMENTATION							
DATE / TIME							
SIGNATURE							

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MEDICATION ADMINISTRATION RECORD Pg. 1

SCHEDULED MEDICATIONS			
MEDICATION	0700 - 1859	1900 - 0659	
Metformin 500mg PO BID	0600 - MM 1800 - RB		
Lopressor 100mg tablet, PO Q AM	0900 RB		
Digoxin 0.125 mg tablet, PO Q AM	0900 RB		
Warfarin 5mg tablet, PO Q PM			2000
Zetia 10mg tablet PO Q PM			2200
Vancomycin 1 g IV q 12 hr X 3 days			2100
Dextrose 5% in 0.45% Normal Saline with 20 mEq KCL 1000 mL bag 100 mL/hr IV	1600 RB		2200
Normal Saline 0.9% with 40 mEq KCL 1000 mL bag 100 mL/hr continuous IV Discontinue: Tuesday	0600 -MM 1800		0400
Sliding Scale Insulin: Novolog Insulin 0-150 mg/dL= 0 units 151-200 mg/dL= 2 units 201-250 mg/dL= 4 units 251-300 mg/dL= 7 units 301-350 mg/dL= 10 units >351 mg/dL= Call physician for orders	<u>0700</u> BG-107 <u>1200</u> <u>1700</u> BG-126		2200
SIGNATURE	INTLS	SIGNATURE	INTLS
<i>Rosemary Barton, RN</i>	RB		
<i>Mary Lynn Mahoney, RN</i>	MM		

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MEDICATION ADMINISTRATION RECORD Pg. 2

NON – SCHEDULED MEDICATIONS				
MEDICATION		0700 - 1859	1900 - 0659	
Morphine 4mg IV Q 2 hours PRN pain Discontinue: Tuesday		0800 RB		
Ondansetron 4 mg IV Q 6 hours PRN nausea or vomiting				
Fresh Frozen Plasma 1 unit IV now Discontinue: Tuesday		0500 MM		
Phytonadione 10 mg subcutaneous now Discontinue: Tuesday		0400 MM		
Fleets Enema PR X 2 now Discontinue: Tuesday		0400 MM 0500 MM		
Vancomycin 1 g IV on call to OR Discontinue: Tuesday		0845 RB		
Morphine 1 mg/mL concentration PCA 1 mL every 6 minutes 10 mg 1-hour limit IV PCA infusion				
Benadryl 25 mg IV PRN itching				
Hydromorphone 2mg IV Q 4 hours PRN break-through pain				
SIGNATURE		INTLS	SIGNATURE	INTLS
<i>Rosemary Barton, RN</i>		RB		
<i>Mary Lynn Mahoney, RN</i>		MM		

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LAB STUDIES & DIAGNOSTICS

CHEMISTRIES			
LAB TEST	NORMAL RANGE	Tuesday 0200	Tuesday 1300
Sodium (NA+)	135-145 mEq/L	147	138
Potassium (K+)	3.5 -5.0 mEq/L	3.5	3.6
Chloride (CL-)	100-108 mEq/L	102	105
Carbon Dioxide (CO2)	24-30 mEq/L	28	26
Magnesium (Mg++)	1.5-2.0 mEq/L	1.9	1.9
Glucose	70-110 mg/dL	98	105
Calcium (Ca++)	8.5-10.5 mg/dL	8.5	8.6
Phosphorous (P04	2.6-4.5 mg/dL	3.0	3.2
Blood Urea Nitrogen (BUN)	8-25 mg/dL	30	36
Creatinine	Male: 0.6-1.5 mg/dL Female: 0.6-1.1 mg/dL	0.8	1.0
Osmolality	280-295 mOsm/kg		
Albumin	3.5-4.8 g/dL	3.2	
Pre-Albumin	19-38 mg/dL		
Ammonia	15-56 ug/dL		
Bilirubin	0.3-1.0 mg/dL	0.8	
Conjugated (Direct) Bilirubin	0-0.2 mg/dL		
Alk Phos	25-100 u/L	76	
AST	Male: 14-20 u/L Female: 10-36 u/L	32	
ALT	10-35 u/L	28	
Amylase	25-125 u/L		
Lipase	10-140 u/L		

LAB STUDIES & DIAGNOSTICS

BLOOD TYPE	
LAB TEST	Tuesday 0300
Type and Cross Match	O
Rh Antigen	Positive

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LAB STUDIES & DIAGNOSTICS

HEMATOLOGY				
LAB TEST	NORMAL RANGE	Tuesday 0200	Tuesday 0800	Tuesday 1300
Red Blood Cells (RBC)	Males: 4.5-5.3 million /mm ³ Females: 4.1-5.1 million/mm ³	4.9	5.0	4.8
Hematocrit (HCT)	Males: 37-49% Females: 36-46%	34	33	23
Hemoglobin (Hgb)	Males: 13.0-18.0 g/100 ml Females: 12-16 g/100 ml	11	10.9	9.8
White Blood Cells (WBC)	4,500-11,000/mm ³	10,320	10,452	11,000
Platelets (Plt)	140-400 X 10 ³ mm ³	348	332	300
MCV	80-100	88	86	89
MCH	27-33	28	27	29
Retic count	0.5-2.5%	0.7	0.7	0.6
Differential:				
Neutrophil Segs	54%-62% (3000-5800 mm ³)	5000	5100	4987
Neutrophil Bands	3%-5% (150-400 mm ³)	148	150	157
Lymphocytes	Adult 20%-40% (1000-4000 mm ³)	1200	1186	1241
Monocytes	Adult 2%-8% (100-700 mm ³)	400	400	410
Eosinophils	Adult 1%-4% (50-500/ mm ³)	200	185	203
Basophils	Adult 0.5%- 1% (25-100/ mm ³)	41	37	48

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LAB STUDIES & DIAGNOSTICS

Urine		
LAB TEST	NORMAL RANGE	Tuesday 0200
Color	Amber yellow	Dark amber
Specific Gravity	1.005-1.030	1.028
Hydrogen Ion Concentration	4.6-8.0	6.8
Bilirubin	Negative	Negative
Blood	Negative	Negative
Clarity	Clear	Clear
Epithelial	Occasional	Occasional
Glucose	Negative	Negative
Protein	1-15 mg/dL	6 mg
Nitrite	Negative	Negative
Ketones	Negative	Negative
Leukocytes (Estimated)	Negative	Negative
Microbiology:		
Bacteria	Negative <10,000 per mL urine Positive > 100,000 per mL urine	Negative
Red Blood Cell Count	≤ 2	1
White Blood Cell Count	0-4	3

LAB STUDIES & DIAGNOSTICS

COAGULATION			
LAB TEST	NORMAL RANGE	Tuesday 0200	Tuesday 0800
Prothrombin Time (PT)	Control 11.2-13.2 (+/-2 seconds)	21.8	14.2
Partial Prothrombin Time (PTT)	22.1-34.1 seconds activated	40	33
INR	1-2	3.2	1.9

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LAB STUDIES & DIAGNOSTICS

CT Scan

Tuesday:

CT Scan of Abdomen with/without contrast:

Report: Patient complains of abdominal pain, nausea and vomiting.

Abdominal mass noted in lower right quadrant medial to terminal ileum. Size noted as 6cm X 8cm.

Impression:

Abdominal mass causing bowel obstruction

Amanda Dix, MD

XRAY

Tuesday:

Chest Anterior/Posterior and Lateral:

Report: NG Tube placement

Lungs are clear. Heart size normal. Nasogastric tip visualized in the stomach. NG tube placement is confirmed.

Impression: Normal chest x-ray

Amanda Dix, MD

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LAB STUDIES & DIAGNOSTICS

STAT Lab Results

Laboratory Results		
Lab Test	Normal Range	Patient Value
Hemoglobin (HgB)	Males: 13.0-18.0 g/100 ml Females: 12-16 g/100 ml	7.6
Hematocrit (HCT)	Males: 37-49% Females: 36-46%	22.3

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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 your 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:

