

Patient: Wanda Kloc

DOB: 03/17/XXXX

Age: 84

Attending: Dr. Ray

Allergies: NKA

MR#165

Diagnosis: Altered Mental Status/
Electrolyte Imbalance

Gender: Female

Height: 5'5"

Weight: 110 pounds

Patient Chart

#165

Wanda Kloc

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PATIENT INFORMATION

HISTORY OF PRESENT ILLNESS: Altered Mental Status and Electrolyte Imbalance (Hyponatremia and Hypokalemia)

PAST MEDICAL HISTORY: Coronary Artery Disease for 20 years, Non-Q wave MI 15 years ago, and Heart Failure.

SOCIAL HISTORY: Does not drink alcohol or smoke at present. Smoked 1 pack cigarettes a day for over 50 years, but quit 15 years ago.

REPORT TO PARTICIPANTS: Admitted yesterday from ER. See SBAR report sheet.

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History & Physical

Chief Complaint:

Increasing confusion at the nursing home over past 2-3 days.

History of Present Illness:

Patient has a history of CAD, MI and CHF and takes Digoxin, Lasix and Potassium daily. She has lived in the nursing home for past 5 years. The nursing staff noticed increasing confusion of the patient and sent her to the ER today.

Allergies:

NKA

Family History:

Mother and Father deceased. Husband deceased. Son alive and well. No brothers or sisters.

Past Medical History

1. Coronary Artery Disease
2. MI
3. CHF
4. Tobacco use: 1 packs per day for over 50 years

Previous Illnesses:	No recent history of illness, see PMH for others
Contagious Diseases:	No history of contagious diseases aside from chicken pox as a child. No recent known exposure.
Injuries or Trauma:	No trauma history.
Surgical History:	Hysterectomy at age 30
Dietary History:	1800 cal ADA, cardiac diet given at nursing home

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Social History

Lives in a nursing home for past 5 years. Worked as a teacher. Patient is widowed. Son lives here and visits her weekly.

Current Medications:

1. Digoxin 0.125 mg by mouth daily
2. Potassium 20 mEq by mouth daily
3. Lasix 20 mg by mouth daily

Review of Systems

Integument:	Skin intact. No redness or swelling noted
HEENT:	No hearing impairment, visual impairment, or headaches. No issues with head, ears, eyes, neck, or throat.
Cardiovascular:	History of CAD, MI, and CHF. No complaints of chest pain.
Respiratory:	Unknown history of pneumonia, tuberculosis, or COPD. No apparent respiratory difficulty. Previous records indicate smoking history of 1 pack per day for over 50 years.
Gastrointestinal:	No recent GI symptoms. No food allergies. Reports normal bowel function.
Genitourinary:	Reports normal voiding patterns. No complaints of dysuria, frequency, and urgency. No blood in urine.
Musculoskeletal:	Denies problems with bones or joints except for pain in right lower leg.
Neurologic:	Denies problems with headaches, tremors or numbness.
Lymphatic:	Denies lymph node tenderness and lymphadenopathy.

Physical Exam

General:	A pleasantly confused elderly female who looks stated age of 84.
Vital Signs:	BP 105/57, HR 60, RR 16, 98.4 F.
Integument:	Skin dry and intact.
HEENT:	Holds head erect. Skull symmetrical, smooth. No deformities. Moves head freely without discomfort. Face symmetrical. External auditory meatus of normal size. Tympanum normal. Hearing normal. No nasal deviation. Oral cavity pink and dry. No difficulty swallowing. Teeth in fair condition for age. Thyroid normal. Trachea midline. No lymphadenopathy.
Cardiovascular:	Auscultation of heart reveals no murmurs or clicks. Normal S1 and S2. No extra sounds. Normal sinus rhythm rate of 60. No jugular venous distention.
Respiratory:	Chest contour symmetrical. A/P diameter normal. No bulging or movement noted in intercostal spaces. Clear with diminished breaths sounds bibasilar noted on auscultation.

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Gastrointestinal:	Abdomen soft and nontender. Liver and spleen not palpable. Old midline abdominal scar noted. Bowel sounds hypoactive in all quadrants.
Genitourinary:	No bladder distention.
Musculoskeletal:	Pulses present bilateral. Gait deferred. Range of motion normal in cervical spine, shoulders, and upper arms. Normal spinal curvature. Strength weakness noted in all extremities.
Neurologic:	Alert and oriented x 1 (self). Cranial nerves intact. No difficulty with speech. Responds appropriately to commands.

Impressions:

1. Altered Mental Status
2. Electrolyte Imbalance- hyponatremia and hypokalemia

Plan:

1. Admit to Medical-Telemetry unit
2. Potassium 40 mEq IV now
3. Regular diet with added salt on tray
4. Monitor labs
5. CT of head without contrast now

Charles Ray, MD

Friday 1030

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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:
Day	Time	PHYSICIAN ORDER AND SIGNATURE
Friday	1030	1 Code status: Full code 2 Admit to medical-telemetry unit. 3 Diagnosis: Altered Mental Status/ Electrolyte Imbalance 4 Vital signs every 4 hours 5 Activity: Bedrest with bathroom privileges 6 IV Saline Lock with flushes every 8 hours 7 Regular diet with added salt on tray 8 Digoxin 0.125 mg PO daily 9 Tylenol 650 mg PO every 6 hours PRN pain or fever 10 Intake and output every 8 hours 11 Labs in AM: Basic chemistry panel and complete blood cell count with differential
PROVIDER SIGNATURE		Charles Ray, MD

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NURSING FLOW SHEET

DATE:							
VITAL SIGNS	TIME	1200	1600	2400	0400	0800	1200
	BLOOD PRESSURE	104/60	108/64	100/58	100/56		
	PULSE	60	65	60	60		
	RESP RATE	16	14	14	14		
	TEMP	98.5 F	98.7 F	98.4 F	98.6 F		
PAIN	SCORE	4/10	0/10	2/10	0/10		
	LOCATION	Right lower leg		Right lower leg			
	CHARACTER	cramping		cramping			
RESP	OXYGEN	Room Air	Room Air	Room Air	Room Air		
	OXIMETER	93%	94%	94%	94%		
NUTR	DIET / % EATEN	50%	50%				
	SUPP FEEDING						
INTAKE	PO	240	200				
	IV						
	IVPB						
OUTPUT	URINE	200	Incontinent		350		
	DRAINS						
PROBLEM / EVENT DOCUMENTATION							
DATE / TIME							
SIGNATURE							

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MEDICATION ADMINISTRATION RECORD Pg. 1

SCHEDULED MEDICATIONS			
MEDICATION		0700 - 1859	1900 - 0659
Digoxin 0.125 mg PO daily		0900	
SIGNATURE	INTLS	SIGNATURE	INTLS

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MEDICATION ADMINISTRATION RECORD Pg. 2

NON – SCHEDULED MEDICATIONS			
MEDICATION		0700 - 1859	1900 - 0659
Tylenol 650 mg PO Q 6 hours PRN pain or fever			
SIGNATURE		INTLS	SIGNATURE

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LAB STUDIES & DIAGNOSTICS

CHEMISTRIES			
LAB TEST	NORMAL RANGE	Saturday	Friday
Sodium (NA+)	135-145 mEq/L	128	124
Potassium (K+)	3.5 -5.0 mEq/L	3.0	2.9
Chloride (CL-)	100-108 mEq/L	105	103
Carbon Dioxide (CO2)	24-30 mEq/L	27	26
Magnesium (Mg++)	1.5-2.0 mEq/L		
Glucose	70-110 mg/dL	78	82
Calcium (Ca++)	8.5-10.5 mg/dL	8.7	8.6
Phosphorous (PO4)	2.6-4.5 mg/dL		
Blood Urea Nitrogen (BUN)	8-25 mg/dL	27	25
Creatinine	Male: 0.6-1.5 mg/dL Female: 0.6-1.1 mg/dL	1.0	0.9
Osmolality	280-295 mOsm/kg		
Albumin	3.5-4.8 g/dL		
Pre-Albumin	19-38 mg/dL		
Ammonia	15-56 ug/dL		
Bilirubin	0.3-1.0 mg/dL		
Conjugated (Direct) Bilirubin	0-0.2 mg/dL		
Alk Phos	25-100 u/L		
AST	Male: 14-20 u/L Female: 10-36 u/L		
ALT	10-35 u/L		
Amylase	25-125 u/L		
Lipase	10-140 u/L		
Hemoglobin A _{1c}	Nondiabetic 4%-5.9% Good diabetic control <7% Fair diabetic control 8%-9% Poor diabetic control >9%		

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LAB STUDIES & DIAGNOSTICS

Arterial Blood Gases		
LAB TEST	NORMAL RANGE	PATIENT VALUE
pH	7.35-7.45	
PaCO ₂	35-45 mmHg	
PaO ₂	>80 mmHg	
SaO ₂	>94%	
HCO ₃	22-26 mEq/L	

LAB STUDIES & DIAGNOSTICS

HEMATOLOGY			
LAB TEST	NORMAL RANGE	Saturday	Friday
Red Blood Cells (RBC)	Males: 4.5-5.3 million /mm ₃ Females: 4.1-5.1 million/mm ₃	4.9	5.0
Hematocrit (HCT)	Males: 37-49% Females: 36-46%	46	44
Hemoglobin (HgB)	Males: 13.0-18.0 g/100 ml Females: 12-16 g/100 ml	13.3	13
White Blood Cells (WBC)	4,500-11,000/mm ₃	8,500	8,430
Platelets (Plt)	140-400 X 10 ³ mm ₃	256	243
MCV	80-100		
MCH	27-33		
Retic count	0.5-2.5%		
Differential:			
Neutrophil Segs	54%-62% (3000-5800 mm ₃)		
Neutrophil Bands	3%-5% (150-400 mm ₃)		
Lymphocytes	Adult 20%-40% (1000-4000 mm ₃)		
Monocytes	Adult 2%-8% (100-700 mm ₃)		
Eosinophils	Adult 1%-4% (50-500/ mm ₃)		
Basophils	Adult 0.5%- 1% (25-100/ mm ₃)		

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Urine

LAB TEST	NORMAL RANGE	
Color	Amber yellow	
Specific Gravity	1.005-1.030	
Hydrogen Ion Concentration	4.6-8.0	
Bilirubin	Negative	
Blood	Negative	
Clarity	Clear	
Epithelial	Occasional	
Glucose	Negative	
Protein	1-15 mg/dL	
Nitrite	Negative	
Ketones	Negative	
Leukocytes (Estimated)	Negative	
Microbiology:		
Bacteria	Negative <10,000 per mL urine Positive > 100,00 per mL urine	
Red Blood Cell Count	≤ 2	
White Blood Cell Count	0-4	

LAB STUDIES & DIAGNOSTICS

CARDIAC MARKERS

LAB TEST	NORMAL RANGE	PATIENT VALUE

COAGULATION

LAB TEST	NORMAL RANGE	PATIENT VALUE
Prothrombin Time (PT)	Control 11.2-13.2 (+/-2 seconds)	
Partial Prothrombin Time (PTT)	22.1-34.1 seconds activated	
INR	1-2	

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LAB STUDIES & DIAGNOSTICS

CT Scan

Procedure: CT head without contrast

Comparison: None

Technique: CT images were created without intravenous contrast

Findings:

Centricles: The lateral, third and fourth ventricles are normal in size, shape and anatomical position.
 Cerebellum: Both cerebellar hemispheres are symmetrical in appearance, no hemorrhage, mass or infarct.
 Brain Stem: Brain stem is normal in morphology and density, no hemorrhage, mass or infarct.
 Vascular: No hyperdense MCA. No subdural or epidural hematoma.
 Basal Cisterns: Preserved
 Skull: No abnormal areas of lucency or sclerosis in the calvarium. No fracture.
 Other: Mucosal thickening in the ethmoid sinuses. No fluid in the mastoids.

Conclusion: Normal

STAT Lab Results

Laboratory Results

Lab Test	Normal Range	Patient Value
DDimer	<250	

STAT Lab Results

Test	Results
VQ Scan	

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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:
