

Patient: Jose Sanchez  
Attending: Dr. Applegate  
Diagnosis: Pneumonia, bacterial  
Dehydration

DOB: 02/09/XX  
Allergies: NKDA  
Gender: Male

Age: 62 y/o  
MR#: 117  
Height: 5'11" Weight: 190 lbs.  
BMI: 26.5

---

# Patient Chart

## #117

### Jose Sanchez

Patient: Jose Sanchez  
Attending: Dr. Applegate  
Diagnosis: Pneumonia, bacterial  
Dehydration

DOB: 02/09/XX  
Allergies: NKDA  
Gender: Male

Age: 62 y/o  
MR#: 117  
Height: 5'11" Weight: 190 lbs.  
BMI: 26.5

## HISTORY & PHYSICAL

**Chief Complaint:** "I'm coughing really bad." "My chest hurts and it's hard to breathe." "It started a couple of days ago." "I'm tired."

**HPI:** 62 y/o who presented to the emergency department (ED) with fever, productive cough, worsening shortness of breath (SOB) and right-sided chest pain for the past three days. Admitted to the medical surgical unit with a fever of 102°F, complains of (c/o) a productive cough, difficulty breathing, and chest pain.

**PMX:** History of chronic obstructive pulmonary disease (COPD), hyperlipidemia, and hypertension (HTN). No recent history of hospitalizations or surgeries. Immunizations up-to-date (UTD).

**Social History:** Hispanic male who lives with wife. Graduated from high school; English is his primary language but speaks Spanish at home. Has two grown children and grandchildren. Smokes 1 pack of cigarette/day for 45 years. Denies use of alcohol and/or recreational drugs. Works part-time as a chef for a large hotel.

### REVIEW OF SYSTEMS

**CONSTITUTIONAL:** Reports cough, SOB, fever, fatigue.

**SKIN:** Denies history of skin disease. No change in pigmentation. No unusual moles, excessive itching or bruising.

**HEENT:** Denies history of head injury. Denies earaches, infections, discharge, or hearing loss. No tinnitus or vertigo. No changes in vision. Denies eye pain. No reports of redness, swelling, watering, or other discharge. Denies nasal discharge, trauma or nosebleeds. Denies mouth sores, bleeding gums, toothache, or altered taste. Denies hoarseness or difficulty swallowing.

**CARDIOVASCULAR:** Reports "chest pain" noted with onset of productive cough, dyspnea. Denies cyanosis, and/or nocturia.

**RESPIRATORY:** Reports history of worsening productive cough x 3 days with SOB. Reports change in character of sputum and amount of sputum. Reports sputum is green in color. Smokes 1 pack of cigarettes/day for past 45 years; starting smoking at 17 y/o.

**GASTROINTESTINAL:** Denies history of abdominal pain, nausea/vomiting, diarrhea, constipation, or heartburn.

**GENITOURINARY:** Denies dysuria, increased frequency, or painful urination.

**NEUROLOGICAL:** Denies headache, head injury, dizziness or vertigo, or seizures. Denies tremors, weakness, or incoordination.

**MUSCULOSKELETAL:** Denies muscle problems, pain or cramping. Denies bone pain or deformities. Denies accidents or trauma.

### PHYSICAL ASSESSMENT

**ADMISSION VITAL SIGNS:** Temp – 100.0 F, Pulse – 104, RR – 26, BP – 142/90, SpO2 – 94% (on room air)

**GENERAL:** 62-year-old male sitting upright in gurney with a fatigued appearance. Speech clear, appropriate.

**SKIN:** Uniform in color, warm, dry, and intact; various skin tags and senile letingines present. No rashes or lesions noted.

Patient: Jose Sanchez  
Attending: Dr. Applegate  
Diagnosis: Pneumonia, bacterial  
Dehydration

DOB: 02/09/XX  
Allergies: NKDA  
Gender: Male

Age: 62 y/o  
MR#: 117  
Height: 5'11" Weight: 190 lbs.  
BMI: 26.5

---

### PHYSICAL ASSESSMENT (continued)

**NEUROLOGIC:** Awake & oriented to person, place, time and situation. Cranial nerves grossly intact.

**HEENT:** Normocephalic, face is symmetrical. PERRLA, conjunctivae clear, sclera white. Pinna intact, no mass, lesions, or discharge noted. Nares patent, septum midline, no deformities noted. Buccal mucosa dry with cracked lips noted; dentition unremarkable.

**NECK:** Trachea and tongue midline. + 2 carotid pulses noted. Supple with full range of motion (ROM), no jugular venous distention (JVD), no lymphadenopathy, no bruits appreciated.

**CARDIAC:** S1S2 audible. No murmurs, heaves, or gallops heard.

**PULMONARY:** Left lobes anterior/posterior (A/P) clear to auscultation. Right middle and lower lobes crackles heard A/P, right upper lobe clear to auscultation.

**GASTROINTESTINAL:** Bowel sounds (BS) present in all four quadrants; soft, non-distended. No organomegaly or masses noted.

**GENITOURINARY:** Deferred.

**EXTREMITIES:** Full range of motion (ROM). Strength equal and strong bilaterally. No edema noted.

**ALLERGIES:** No known drug allergies (NDKA).

### MEDICATIONS:

*lisinopril 10 mg, atorvastatin 20 mg, fluticasone propionate/salmeterol 250/50 mcg 2 puffs inhalation twice daily (BID).*

Over the counter medications: cough medicines and ibuprofen without getting any "better."

### DIAGNOSTIC RESULTS:

- Chest x-ray suggests RML, RLL pneumonia
- Arterial blood gases (ABG) within normal limits

### Assessment:

1. Pneumonia, bacterial, right middle & lower lobes (RML, RLL)
2. Dehydration
3. Fever
4. COPD, Hyperlipidemia, HTN

**Plan:** Admit to medical surgical unit; will start 5-day course of *levofloxacin/Levaquin* for community-acquired pneumonia as ordered by Infectious Disease (ID). Blood and sputum cultures obtained; results pending.

**Dictated:** Marian Applegate, M.D.

*Marian Applegate MD*

Patient: Jose Sanchez  
Attending: Dr. Applegate  
Diagnosis: Pneumonia, bacterial  
Dehydration

DOB: 02/09/XX  
Allergies: NKDA  
Gender: Male

Age: 62 y/o  
MR#: 117  
Height: 5'11" Weight: 190 lbs.  
BMI: 26.5

## PHYSICIAN ORDERS

Date	Time	PHYSICIAN ORDER AND SIGNATURE
Today	Now	<p><b>Admit to medical surgical unit</b> <b>Diagnosis:</b> RML, RLL Pneumonia <b>Condition</b> Stable <b>Allergies</b> NKDA</p> <p><b>Vital signs</b> Every four hours (Q4H) and as needed (PRN) <b>Oxygen</b></p> <ul style="list-style-type: none"><li>• Oxygen (O2) at 2 liters (L) nasal cannula (NC), titrate to keep SpO2 greater than 92%</li><li>• Continuous pulse oximetry</li></ul> <p><b>Diet:</b> Regular, encourage fluid intake <b>Activity</b> As tolerated</p> <p><b>Nursing Communication</b></p> <ul style="list-style-type: none"><li>• Call MD for T&gt; 101.4°F, HR&gt; 110 bpm, SBP&gt; 170 mmHg or &gt;90 mmHg, O2 sat ≤ 89%, or if temperature unresponsive to acetaminophen</li></ul> <p><b>IV Fluids</b></p> <ul style="list-style-type: none"><li>• Normal saline to run at 125 milliliters per hour (mL/hr.) for 24 hours then convert to saline lock</li></ul> <p><b>Daily Medications</b></p> <ul style="list-style-type: none"><li>• <i>levofloxacin/Levaquin</i> 750 mg intravenous piggy back (IVPB) every 24 hours (Q24H) x 5 days</li><li>• aspirin 81 mg one table orally (PO) every morning</li><li>• lisinopril 10 mg one tablet orally (PO) every day</li><li>• atorvastatin 20 mg orally (PO) once daily</li><li>• fluticasone propionate/salmeterol 250/50 mcg inhaler (DISKUS) 1 inhalation twice a day (BID)</li></ul> <p><b>PRN Medications</b></p> <ul style="list-style-type: none"><li>• ibuprofen 200 mg give two tablets orally (PO) as needed (PRN) every 8 hours (Q8H) for pain &lt; 5, fever &gt; 100.5°F</li><li>• oxycodone/acetaminophen 5/325 mg one tablet orally (PO) as needed (PRN) for pain ≥ 5 every 6 hours (Q6H)</li><li>• ipratropium/albuterol 500 mcg/2.5 mg/3 mL small volume nebulizer (SVN) every 4 hours (Q4H) as needed (PRN) for wheezing, shortness of breath</li><li>• guaifenesin 100 mg/5 mL, give 10 mL orally (PO) every 4 hours (Q4H) as needed (PRN) for cough &amp; to thin secretions</li></ul>

Patient: Jose Sanchez  
Attending: Dr. Applegate  
Diagnosis: Pneumonia, bacterial  
Dehydration

DOB: 02/09/XX  
Allergies: NKDA  
Gender: Male

Age: 62 y/o  
MR#: 117  
Height: 5'11" Weight: 190 lbs.  
BMI: 26.5

**PHYSICIAN ORDERS AND SIGNATURE (continued)**

**Labs:**

- Complete blood count (CBC) with differential, CMP, arterial blood gases, blood & sputum cultures collected in ED (emergency department.)
- CBC with differential & BMP in the AM.

**Diagnostic Studies:**

- Repeat AP/Lateral chest x-ray in AM

**References:**

Pneumococcal Disease: Pink's Book Chapter on Pneumococcal Disease  
<https://www.cdc.gov/vaccines/pubs/pinkbook/downloads/pneumo.pdf>

Community-Acquired Pneumonia in Adults: Diagnosis and Management  
<https://www.aafp.org/afp/2016/1101/p698.pdf>

**PROVIDER  
SIGNATURE:**

*Dr. Marian Applegate*

Patient: Jose Sanchez  
 Attending: Dr. Applegate  
 Diagnosis: Pneumonia, bacterial  
 Dehydration

DOB: 02/09/XX  
 Allergies: NKDA  
 Gender: Male

Age: 62 y/o  
 MR#: 117  
 Height: 5'11" Weight: 190 lbs.  
 BMI: 26.5

## NURSING FLOW SHEET

DATE:

<b>VITAL SIGNS</b>	<b>TIME</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 / EVENT DOCUMENTATION

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

Patient: Jose Sanchez  
 Attending: Dr. Applegate  
 Diagnosis: Pneumonia, bacterial  
 Dehydration

DOB: 02/09/XX  
 Allergies: NKDA  
 Gender: Male

Age: 62 y/o  
 MR#: 117  
 Height: 5'11" Weight: 190 lbs.  
 BMI: 26.5

## MEDICATION ADMINISTRATION RECORD Pg. 1

SCHEDULED MEDICATIONS			
MEDICATION	0700 - 1859	1900 - 0659	
IV fluid: Normal saline @ 125 mL/hr. for 24 hours then convert to saline lock			
<i>levofloxacin/Levaquin</i> 750 mg intravenous piggy back (IVPB) every 24 hours (Q24H) x 5 days	1200		
<i>aspirin</i> 81 mg one table orally (PO) every morning	0900		
<i>lisinopril</i> 10 mg one tablet orally (PO) every day	0900		
<i>atorvastatin</i> 20 mg orally (PO) once daily			2100
<i>fluticasone propionate/salmeterol</i> 250/50 mcg inhaler (DISKUS) 1 inhalation twice a day (BID)	0900		2100
SIGNATURE	INTLS	SIGNATURE	INTLS

Patient: Jose Sanchez  
 Attending: Dr. Applegate  
 Diagnosis: Pneumonia, bacterial  
 Dehydration

DOB: 02/09/XX  
 Allergies: NKDA  
 Gender: Male

Age: 62 y/o  
 MR#: 117  
 Height: 5'11" Weight: 190 lbs.  
 BMI: 26.5

## MEDICATION ADMINISTRATION RECORD Pg. 2

NON – SCHEDULED MEDICATIONS			
MEDICATION	0700 - 1859	1900 - 0659	
<i>ibuprofen</i> 200 mg give two tablets orally (PO) as needed (PRN) every 8 hours (Q8H) for pain < 5, fever > 100.4°F			
<i>oxycodone/acetaminophen</i> 5/325 mg one tablet orally (PO) as needed (PRN) for pain ≥ 5 every 6 hours (Q6H)			
<i>ipratropium/albuterol</i> 500 mcg/2.5 mg/3 mL via SVN Q4H PRN for wheezing or shortness of breath			
<i>guaifenesin</i> 100 mg/5 mL, give 10 mL orally (PO) every 4 hours (Q4H) as needed (PRN) for cough & to thin secretions			
SIGNATURE	INTLS	SIGNATURE	INTLS



Patient: Jose Sanchez  
Attending: Dr. Applegate  
Diagnosis: Pneumonia, bacterial  
Dehydration

DOB: 02/09/XX  
Allergies: NKDA  
Gender: Male

Age: 62 y/o  
MR#: 117  
Height: 5'11" Weight: 190 lbs.  
BMI: 26.5

## LAB STUDIES & DIAGNOSTICS

### HEMATOLOGY

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>	5.0
Hematocrit (HCT)	Males: 37-49% Females: 36-46%	40%
Hemoglobin (HGB)	Males: 13.0-18.0 g/100 ml Females: 12-16 g/100 ml	16
White Blood Cells (WBC)	4,500-11,000/mm <sup>3</sup>	15,000 ( <b>H</b> )
Platelets (PLT)	140-400 X 10 <sup>3</sup> mm <sup>3</sup>	250,000
MCV	80-100	90
MCH	27-33	30
Reticulocyte count	0.5-2.5%	1.0%

### BLOOD CULTURE

<b>Culture collected:</b> In ED <b>Received in lab:</b> 8 hours ago <b>Source:</b> Blood, 2 different peripheral sites <b>Diagnosis:</b> Pneumonia	<b>Gram Stain:</b> Negative <b>Organism(s):</b> None <b>Sensitivities:</b> None
---	---

### SPUTUM CULTURE

<b>Culture collected:</b> In ED <b>Received in lab:</b> 8 hours ago <b>Source:</b> Sputum <b>Diagnosis:</b> Pneumonia	<b>Gram Stain:</b> results pending <b>Organism(s):</b> results pending <b>Sensitivities:</b> results pending
--	--

Patient: Jose Sanchez  
Attending: Dr. Applegate  
Diagnosis: Pneumonia, bacterial  
Dehydration

DOB: 02/09/XX  
Allergies: NKDA  
Gender: Male

Age: 62 y/o  
MR#: 117  
Height: 5'11" Weight: 190 lbs.  
BMI: 26.5

**Rebel Hospital of Southern Nevada Diagnostic Laboratory**  
**1001 Shadow Lane Bldg. B**  
**Las Vegas Nevada 89106**

**Patient:** Jose Sanchez  
**Gender:** Male  
**Birthdate:** 02/09/xxxx  
**Received:** Yesterday  
**Diagnosis:** Left lower lobe pneumonia  
R/O *C. difficile* infection

**Medical Record #**117d  
**Ordered by:** M. Applegate MD  
**Collected:** Yesterday evening  
**Completed:** Early today  
**Accession Number:** 122344 - 01

**STOOL SPECIMEN – NAAT (nucleic acid amplification testB) – PCR**

**PATHOGENS**

BACTERIAL PATHOGENS	EXPECTED RESULTS	RESULTS
<i>Campylobacter</i>	Negative	Negative
<i>C.difficile</i> Toxin A	Negative	Negative
<i>C. difficile</i> Toxin B	Negative	<b>Positive</b>
<i>E. coli</i> O157	Negative	Negative
Enterotoxigenic <i>E. coli</i> LT	Negative	Negative
Shiga-like Toxin <i>E.coli</i> stx 1	Negative	Negative
<i>Salmonella</i>	Negative	Negative
<i>Shigella</i>	Negative	Negative
<i>Vibrio cholera</i>	Negative	Negative
<i>Yersinia enterocolitica</i>	Negative	Negative

The assays were developed and performance characteristics determined by Rebel Hospital of Southern Nevada Diagnostic Laboratory. Medical Director Dr. J. Dooley  
MD 2018

Fincer10.2018

Reference: <https://arupconsult.com/algorithm/clostridium-difficile-associated-disease-cdad-testing-algorithm>

Patient: Jose Sanchez  
 Attending: Dr. Applegate  
 Diagnosis: Pneumonia, bacterial  
 Dehydration

DOB: 02/09/XX  
 Allergies: NKDA  
 Gender: Male

Age: 62 y/o  
 MR#: 117  
 Height: 5'11" Weight: 190 lbs.  
 BMI: 26.5

## LAB STUDIES & DIAGNOSTICS

### COMPREHENSIVE METABOLIC PANEL

LAB TEST	NORMAL RANGE	PATIENT VALUE
Sodium (NA+)	135 - 145 mEq/L	149 (H)
Potassium (K+)	3.5 - 5.0 mEq/L	4.0
Chloride (CL-)	96 - 106 mEq/L	100
Carbon Dioxide (CO2)	23 - 29 mEq/L	26
Magnesium (Mg++)	1.5 - 2.5 mEq/L	2
Glucose	70 - 99 mg/dL (fasting)	81
Calcium (Ca++)	8.6 - 10.2 mg/dL	9
Phosphorous (PO4) (phosphate)	2.4 - 4.4 mg/dL	3.8
Blood Urea Nitrogen (BUN)	8 - 20 mg/dL	23 (H)
Creatinine	0.2 - 1.0 mg/dL	0.9
Osmolality	275 - 295 mOsm/kg	299 (H)
Albumin	3.5 - 5.0 g/dL	4
Pre-Albumin (Transthyretin)	16 - 40 mg/dL	36
Ammonia	15 - 45 ug/dL	45
Bilirubin (Total)	0.2 - 1.2 mg/dL	1
Conjugated (Direct) Bilirubin	0.1 - 0.3 mg/dL	0.2
Alkaline Phosphatase	38 - 126 u/L	50
AST	Male: 10 - 20 u/L Female: 10 - 36 u/L	18
ALT	10 - 40 u/L	12
Amylase	30 - 122 u/L (method dependent)	63
Lipase	31 - 186 u/L	100

Reference:

<https://labtestsonline.org/tests/comprehensive-metabolic-panel-cmp>

## LAB STUDIES & DIAGNOSTICS

### ARTERIAL BLOOD GAS

LAB TEST	NORMAL RANGE	PATIENT VALUE
pH	7.35-7.45	7.40
PaCO2	35-45 mmHg	40
PaO2	>80 mmHg	84
SaO2	>94%	99 %
HCO3	22-26 mEq/L	24

Patient: Jose Sanchez  
Attending: Dr. Applegate  
Diagnosis: Pneumonia, bacterial  
Dehydration

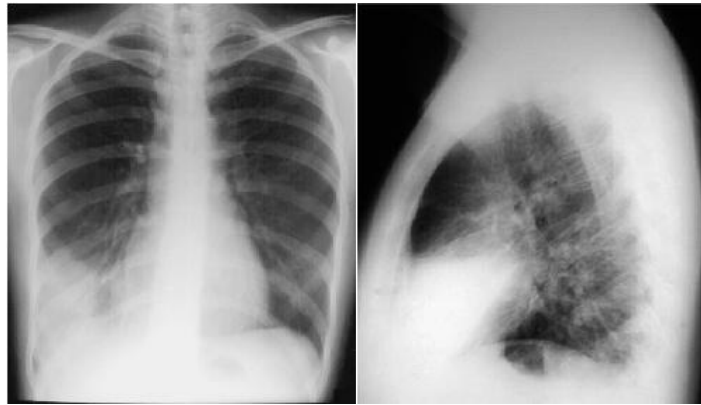
DOB: 02/09/XX  
Allergies: NKDA  
Gender: Male

Age: 62 y/o  
MR#: 117  
Height: 5'11" Weight: 190 lbs.  
BMI: 26.5

## IMAGING

### XRAY

Chest X-Ray: A&P and Lateral views



Reference: [https://www.glowm.com/atlas\\_page/atlasid/chestXray.html](https://www.glowm.com/atlas_page/atlasid/chestXray.html)

Heart size within normal limits. Parahilar soft tissue density Widespread airspace opacity throughout the right middle and lower lung.

Impression: Appearance suggests RML, RLL pneumonia

*T. Reddy, MD*

Patient: Jose Sanchez  
Attending: Dr. Applegate  
Diagnosis: Pneumonia, bacterial  
Dehydration

DOB: 02/09/XX  
Allergies: NKDA  
Gender: Male

Age: 62 y/o  
MR#: 117  
Height: 5'11" Weight: 190 lbs.  
BMI: 26.5

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: \_\_\_\_\_

Patient: Jose Sanchez  
Attending: Dr. Applegate  
Diagnosis: Pneumonia, bacterial  
Dehydration

DOB: 02/09/XX  
Allergies: NKDA  
Gender: Male

Age: 62 y/o  
MR#: 117  
Height: 5'11" Weight: 190 lbs.  
BMI: 26.5

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.

Patient: Jose Sanchez  
Attending: Dr. Applegate  
Diagnosis: Pneumonia, bacterial  
Dehydration

DOB: 02/09/XX  
Allergies: NKDA  
Gender: Male

Age: 62 y/o  
MR#: 117  
Height: 5'11" Weight: 190 lbs.  
BMI: 26.5

---

#### 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:

---

---