

Patient: William Edwards  
Attending: Dr. JG Wilson  
Diagnosis: Ischemic Stroke  
Type 2 Diabetes

DOB: 05/18/XXXX  
Allergies: Codeine (Rash)  
Gender: Male

Age: 72 y/o  
MR#: 144  
Height: 6'1"  
Weight: 220lbs BMI: 29.0

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# Patient Chart

## #144

# William Edwards

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## HISTORY & PHYSICAL

**Chief complaint:** Right-sided weakness.

**HPI:** 72 year-old male who presented to the ED (emergency department) at 10 am after waking up yesterday morning with right sided weakness. Also reports shortness of breath (SOB) and fatigue for one week.

**PMH:** Hypertension (HTN), Hyperlipidemia, Coronary Artery Disease (CAD), Type 2 Diabetes (T2D)

**Social HX:** Mr. Edwards is retired after 40 years of services as a police officer. He had an administrative job at the police department for 20 years. He lives with his wife of 45 years. He has 3 adult children in good health and 6 grandchildren. He reports a 40 pack per year history of tobacco use, drinks about 2 beers a week. He does not exercise and states he enjoys watching sports on TV.

**ALLERGIES:** Codeine (causes nausea, rash)

**Review of Systems (ROS):**

(wife assisted with ROS)

**CONSTITUTIONAL:** No weight loss/gain, change in appetite, thirst, fever or chills. Positive for right-sided weakness and fatigue.

**SKIN:** Fragile appropriate for age, intact, pale and dry.

**HEENT:** Has not had an eye exam in 5 years, no eye pain, discharge or lesions. No difficulty hearing, ear discharge. No difficulties with sense of smell, no nosebleeds or nasal discharge. No mouth pain, bleeding gums, toothache or mouth sores. No lymphadenopathy.

**CARDIOVASCULAR:** No chest pain, palpitations. Reports he has experienced fatigue and the onset of shortness of breath (SOB) the past week. No pain numbness or tingling swelling in legs. Takes *hydrochlorothiazide* 25 mg oral (PO) daily for HTN, *lisinopril* 10 mg PO daily, and *simvastatin* 10 mg PO at bedtime (HS).

**RESPIRATORY:** No history of lung disease. No chest pain with breathing, no cough, or wheezing. Tobacco use 40 pack/year history.

**GASTROINTESTINAL:** No anorexia, nausea or vomiting. No heartburn, indigestion pain in abdomen. No history of ulcers, liver or gallbladder disease, no jaundice.

**GENITOURINARY:** No dysuria or pyuria.

**MUSCULOSKELETAL:** No previous discrepancy in muscle strength reported. No swelling of hands, feet.

**HEMATOLOGIC:** No pallor, bruising, or bleeding.

**LYMPHATICS:** No reports of swollen lymph glands.

**NEUROLOGIC:** No previous history of headaches, head trauma, loss of consciousness, syncope, vertigo, or blurred vision. Denies past seizures, tremors. No history of spinal cord injury, meningitis, encephalitis, congenital defects or alcoholism. Denies decrease in memory or mental function.

**PSYCHIATRIC:** Denies anxiety or depression.

**ENDOCRINE:** No goiter, lethargy or, heat/cold intolerance. Reports taking *metformin* 500 mg PO twice daily (BID) and *glipizide* 5 mg PO daily for DM-II.

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## PHYSICAL EXAM

**GENERAL:** The patient is a well-developed, well-nourished elderly male leaning to the right side, with right sided facial droop. Appears fatigued.

**VITAL SIGNS:** BP 165/85, P 120, RR 20, SpO2 96% on 2 liters via nasal cannula (L/NC), T (oral)- 98.6F

**SKIN:** No ulceration or induration present.

**HEENT:** Head is normocephalic and atraumatic. Extraocular muscles intact. Pupils are equal, round, and reactive to light and accommodation (PERRLA). Nares appear normal. Mouth well hydrated and without lesions. Mucous membranes are moist. Posterior pharynx is clear of exudate or lesions.

**NECK:** Supple. No carotid bruits. No lymphadenopathy or thyromegaly. No jugular venous distention (JVD).

**HEART:** Irregular rate, 120bpm without murmur.

**LUNGS:** Scattered, intermittent, rhonchi lower lobes bilaterally, clear with suctioning

**ABDOMEN:** Soft, non-tender, and non-distended. Positive bowel sounds. No hepatosplenomegaly noted.

**EXTREMITIES:** No cyanosis, clubbing, rash, lesion, or edema noted. No numbness or tingling. Muscle strength on right side 2/5. Positive for right arm and leg weakness. Impaired right sided discrimination noted.

**NEUROLOGIC:** Cranial nerves (CN) I-III, IV and VI intact. Gag reflex weak. Cranial nerves (CN) VII, IX, X, XII sluggish response noted. On the right side of face nasolabial fold & lower eyelid sagging; escape of air present from only the left cheek. Speech sounds garbled and difficult to understand at times. Coughs after swallowing clear liquids. Uncoordinated, unsteady gait.

**PSYCHIATRIC:** Flat affect. Denies suicidal or homicidal ideations.

## CURRENT MEDICATIONS:

*metformin* 500 mg PO BID, *glipizide* 5 mg PO daily, *hydrochlorothiazide* 25 mg PO daily, *lisinopril* 10 mg PO daily, *simvastatin* 10 mg PO at HS

## Problem List:

1. Left Ischemic Stroke
2. HTN
3. CAD
4. T2D

**Assessment:** 72 year-old male who presented to the ED yesterday morning with right- sided weakness and complaints of (c/o) SOB & fatigue the past week. CAT scan indicative of left hemisphere ischemic stroke.

1. Left Ischemic Stroke

## Plan:

1. Admit to intermediate care unit (IMC).
  - a. Continue aspirin, enoxaparin, and nasal oxygen. Follow with serial physical exams and labs.
2. Neurology consult
3. Speech Therapy (ST) Swallow/speech evaluation
  - a. After cleared by ST can start PO medications.
4. Physical Therapy (PT) Evaluation
5. Discharge to home or to rehab once stable.

**Dictated by:** Jonathan G. Wilson MD

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## PHYSICIAN ORDERS

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

| Today                          | Now                                 |  |                                |                                |             |            |                 |                                     |                 |                                     |                 |                                     |                 |                                     |
|--------------------------------|-------------------------------------|--|--------------------------------|--------------------------------|-------------|------------|-----------------|-------------------------------------|-----------------|-------------------------------------|-----------------|-------------------------------------|-----------------|-------------------------------------|
|                                |                                     | <p>Admit: IMC<br/><b>Diagnosis:</b> Left Ischemic Stroke<br/><b>Condition:</b> Stable<br/><b>Code Status:</b> Full Code</p> <p><b>Vital Signs:</b> Every 4 hours (Q4H) as needed (PRN)<br/><b>Activity:</b> Bed rest until physical therapy evaluation completed<br/><b>Diet:</b> <b>NO ORAL INTAKE (NPO)</b> until swallow screen completed by speech therapy<br/><b>Intake &amp; Output:</b> Every 12 hours (Q12H)<br/><b>Neuro:</b> Checks Q4H and PRN<br/><b>Oxygen:</b> 2 liters via nasal cannula (L/NC); titrate to keep SpO2 greater than 91%.<ul style="list-style-type: none"><li>Suction PRN</li></ul><b>Compression stockings</b></p> <p><b>IV Fluids</b> 0.9% normal saline (NS) to infuse at 75mL/hr.</p> <p><b>Daily Medications</b></p> <ul style="list-style-type: none"><li><i>aspirin</i> per rectum (PR) 325 mg daily</li><li><i>enoxaparin</i> 80 mg subcutaneous (SQ) daily</li><li><i>regular insulin</i> SQ per sliding scale</li></ul> <p><b>Blood Glucose Checks:</b></p> <ul style="list-style-type: none"><li>Point of care (POC) capillary blood glucose check every 4 hours while NPO and until cleared by ST swallow evaluation</li><li>Cover capillary blood glucose with <b>regular insulin</b> SQ sliding scale:</li></ul> <table border="0"><thead><tr><th><b>Capillary blood glucose</b></th><th><b>Regular insulin SQ Dose</b></th></tr></thead><tbody><tr><td>&lt; 140 mg/dL</td><td>No insulin</td></tr><tr><td>140 – 160 mg/dL</td><td>2 units, re-check glucose in 2 hrs.</td></tr><tr><td>161 – 240 mg/dL</td><td>4 units, re-check glucose in 2 hrs.</td></tr><tr><td>241 – 300 mg/dL</td><td>6 units, re-check glucose in 2 hrs.</td></tr><tr><td>301 – 400 mg/dL</td><td>8 units, re-check glucose in 2 hrs.</td></tr></tbody></table> <p><i>*Call MD for blood sugar greater than 400 mg/dL</i></p> <p><b>If capillary blood glucose less than 70 mg/dL:</b></p> <ul style="list-style-type: none"><li>Give 12.5 grams (25 mL's) of D<sub>50</sub>W IV push over 1 minute, follow with saline flush.</li><li>Re-check capillary blood glucose in 30 minutes.</li><li>May repeat x 1.</li><li>Call HCP.</li></ul> | <b>Capillary blood glucose</b> | <b>Regular insulin SQ Dose</b> | < 140 mg/dL | No insulin | 140 – 160 mg/dL | 2 units, re-check glucose in 2 hrs. | 161 – 240 mg/dL | 4 units, re-check glucose in 2 hrs. | 241 – 300 mg/dL | 6 units, re-check glucose in 2 hrs. | 301 – 400 mg/dL | 8 units, re-check glucose in 2 hrs. |
| <b>Capillary blood glucose</b> | <b>Regular insulin SQ Dose</b>      |  |                                |                                |             |            |                 |                                     |                 |                                     |                 |                                     |                 |                                     |
| < 140 mg/dL                    | No insulin                          |  |                                |                                |             |            |                 |                                     |                 |                                     |                 |                                     |                 |                                     |
| 140 – 160 mg/dL                | 2 units, re-check glucose in 2 hrs. |  |                                |                                |             |            |                 |                                     |                 |                                     |                 |                                     |                 |                                     |
| 161 – 240 mg/dL                | 4 units, re-check glucose in 2 hrs. |  |                                |                                |             |            |                 |                                     |                 |                                     |                 |                                     |                 |                                     |
| 241 – 300 mg/dL                | 6 units, re-check glucose in 2 hrs. |  |                                |                                |             |            |                 |                                     |                 |                                     |                 |                                     |                 |                                     |
| 301 – 400 mg/dL                | 8 units, re-check glucose in 2 hrs. |  |                                |                                |             |            |                 |                                     |                 |                                     |                 |                                     |                 |                                     |

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**PRN Medication(s)**

- *If systolic blood pressure (SBP) greater than 185 mmHg or diastolic blood pressure (DBP) greater than 100 mmHg give:*
  - a) *labetalol 10 mg intravenous push (IVP) over 2 minutes,*
  - b) *follow with saline flush.*
  - c) *May repeat once after 10 minutes if SBP greater than 185 mmHg or DBP greater than 100 mmHg.*
  - d) *Do not administer if heart rate is less than 60 bpm.*
  - e) *Call HCP if blood pressure does not respond to labetalol IV push.*

**Labs**

HgB A1C x 1; CBC and CMP daily for 3 days.

**Consults**

- Physical Therapy - evaluation and treatment
- Speech Therapy – swallow & speech/language evaluation and treatment
- Diabetic Nurse Educator – review T2D diet, medication therapy, blood glucose monitoring, lifestyle modifications

**Diet and Oral Medications**

Once cleared by Speech Therapy, may start diet and daily medications including the following:

- Diet per Speech Therapy recommendation
- *metformin 1000 mg PO twice daily*
- *hydrochlorothiazide 25 mg PO daily*
- *lisinopril 10 mg PO daily*
- *simvastatin 40 mg PO HS*

*Jonathan G. Wilson MD*

**Signed:** Today, now

Management of Acute Ischemic Stroke in Adult Patients

<https://www.mdanderson.org/documents/for-physicians/algorithms/clinical-management/clin-management-acute-ischemic-stroke-adult-web-algorithm.pdf>

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## NURSING FLOW SHEET

|                    |                       |  |  |  |  |
|--------------------|-----------------------|--|--|--|--|
| <b>DATE:</b>       |                       |  |  |  |  |
| <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>   |  |

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## MEDICATION ADMINISTRATION RECORD Pg. 1

### SCHEDULED MEDICATIONS

| MEDICATION   | 0700 - 1859                           | 1900 - 0659                           |             |            |                 |                      |                 |                      |                 |                      |                 |                      |  |  |
|--|---------------------------------------|---------------------------------------|-------------|------------|-----------------|----------------------|-----------------|----------------------|-----------------|----------------------|-----------------|----------------------|--|--|
| IV Fluid<br>0.9% normal saline (NS) to infuse at 75 mL/hr.   |                                       |                                       |             |            |                 |                      |                 |                      |                 |                      |                 |                      |  |  |
| <i>aspirin</i> 325 mg per rectum (PR) daily  |                                       |                                       |             |            |                 |                      |                 |                      |                 |                      |                 |                      |  |  |
| <i>enoxaparin</i> 80 mg SQ daily   |                                       |                                       |             |            |                 |                      |                 |                      |                 |                      |                 |                      |  |  |
| <p><b>Regular insulin sliding scale:</b></p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;"><b><u>Capillary blood glucose</u></b></td> <td style="width: 50%;"><b><u>Regular insulin SQ Dose</u></b></td> </tr> <tr> <td>&lt; 140 mg/dL</td> <td>No insulin</td> </tr> <tr> <td>140 – 160 mg/dL</td> <td>2 units<sup>∨</sup></td> </tr> <tr> <td>161 – 240 mg/dL</td> <td>4 units<sup>∨</sup></td> </tr> <tr> <td>241 – 300 mg/dL</td> <td>6 units<sup>∨</sup></td> </tr> <tr> <td>301 – 400 mg/dL</td> <td>8 units<sup>∨</sup></td> </tr> </table> <p>*Call MD for blood sugar greater than 400 mg/dL<br/> <sup>∨</sup>Re-check blood glucose in 2 hours</p> <p><b><i>If capillary blood glucose less than 70 mg/dL:</i></b></p> <ul style="list-style-type: none"> <li>Give 12.5 grams (25 mL's) of D<sub>50</sub>W IV push over 1 minute,</li> <li>follow with saline flush.</li> <li>Re-check capillary blood glucose in 30 minutes.</li> <li>May repeat x 1.</li> <li>Call HCP.</li> </ul> | <b><u>Capillary blood glucose</u></b> | <b><u>Regular insulin SQ Dose</u></b> | < 140 mg/dL | No insulin | 140 – 160 mg/dL | 2 units <sup>∨</sup> | 161 – 240 mg/dL | 4 units <sup>∨</sup> | 241 – 300 mg/dL | 6 units <sup>∨</sup> | 301 – 400 mg/dL | 8 units <sup>∨</sup> |  |  |
| <b><u>Capillary blood glucose</u></b>  | <b><u>Regular insulin SQ Dose</u></b> |                                       |             |            |                 |                      |                 |                      |                 |                      |                 |                      |  |  |
| < 140 mg/dL  | No insulin                            |                                       |             |            |                 |                      |                 |                      |                 |                      |                 |                      |  |  |
| 140 – 160 mg/dL  | 2 units <sup>∨</sup>                  |                                       |             |            |                 |                      |                 |                      |                 |                      |                 |                      |  |  |
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| 241 – 300 mg/dL  | 6 units <sup>∨</sup>                  |                                       |             |            |                 |                      |                 |                      |                 |                      |                 |                      |  |  |
| 301 – 400 mg/dL  | 8 units <sup>∨</sup>                  |                                       |             |            |                 |                      |                 |                      |                 |                      |                 |                      |  |  |
| SIGNATURE  | INTLS                                 | SIGNATURE                             | INTLS       |            |                 |                      |                 |                      |                 |                      |                 |                      |  |  |
|  |                                       |                                       |             |            |                 |                      |                 |                      |                 |                      |                 |                      |  |  |
|  |                                       |                                       |             |            |                 |                      |                 |                      |                 |                      |                 |                      |  |  |
|  |                                       |                                       |             |            |                 |                      |                 |                      |                 |                      |                 |                      |  |  |

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## MEDICATION ADMINISTRATION RECORD Pg. 2

### NON – SCHEDULED/PRN MEDICATIONS

| MEDICATION  | 0700 - 1859 | 1900 - 0659 |       |
|---|-------------|-------------|-------|
| <p style="color: red; margin: 0;"><i>If systolic blood pressure (SBP) greater than 185 mmHg or diastolic blood pressure (DBP) greater than 100 mmHg give:</i></p> <ul style="list-style-type: none"> <li>labetalol 10 mg intravenous push (IVP) over 2 minutes,</li> <li>follow with saline flush.</li> <li>May repeat once after 10 minutes if SBP greater than 185 mmHg or DBP greater than 100 mmHg.</li> <li>Do not administer if heart rate is less than 60 bpm.</li> <li>Call HCP if blood pressure does not respond to labetalol IV push.</li> </ul> |             |             |       |
|   |             |             |       |
|   |             |             |       |
|   |             |             |       |
| 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 <sup>3</sup><br>Females: 4.1-5.1 million/mm <sup>3</sup> | 4.6           |
| Hematocrit (HCT)        | Males: 37-49%<br>Females: 36-46%  | 42.2%         |
| Hemoglobin (HgB)        | Males: 13.0-18.0 g/100 ml<br>Females: 12-16 g/100 ml                                | 14.3          |
| Hemoglobin A1C          | < 6.5%  | 7.7% (H)      |
| White Blood Cells (WBC) | 4,500-11,000/mm <sup>3</sup>  | 9,200         |
| Platelets (Plt)         | 140-400 X 10 <sup>3</sup> mm <sup>3</sup>   | 208           |
| MCV                     | 80-100  | 85            |
| MCH                     | 27-33   | 30            |
| Reticulocyte count      | 0.5-2.5%  | 0.5           |

### CHEMISTRIES

| LAB TEST                          | NORMAL RANGE                                 | PATIENT VALUE |
|-----------------------------------|--|---------------|
| Sodium (NA <sup>+</sup> )         | 135-145 mEq/L                                | 138           |
| Potassium (K <sup>+</sup> )       | 3.5 -5.0 mEq/L                               | 3.5           |
| Chloride (CL <sup>-</sup> )       | 100-108 mEq/L                                | 107           |
| Carbon Dioxide (CO <sub>2</sub> ) | 24-30 mEq/L                                  | 25            |
| Magnesium (Mg <sup>++</sup> )     | 1.5-2.0 mEq/L                                | 1.8           |
| Glucose                           | 70-110 mg/dL                                 | 81            |
| Calcium (Ca <sup>++</sup> )       | 8.5-10.5 mg/dL                               | 8.9           |
| Phosphorous (P <sub>04</sub> )    | 2.6-4.5 mg/dL                                | 3.0           |
| Blood Urea Nitrogen (BUN)         | 8-25 mg/dL                                   | 17            |
| Creatinine                        | Male: 0.6-1.5 mg/dL<br>Female: 0.6-1.1 mg/dL | 1.0           |
| Osmolality                        | 280-295 mOsm/kg                              | 295           |
| Albumin                           | 3.5-4.8 g/dL                                 | 4.0           |
| Pre-Albumin                       | 19-38 mg/dL                                  | 25            |
| Ammonia                           | 15-56 ug/dL                                  | 30            |
| Bilirubin                         | 0.3-1.0 mg/dL                                | 0.3           |
| Conjugated (Direct) Bilirubin     | 0-0.2 mg/dL                                  | 0.0           |
| Alkaline Phosphatase              | 25-100 u/L                                   | 30            |
| AST                               | Male: 14-20 u/L<br>Female: 10-36 u/L         | 15            |
| ALT                               | 10-35 u/L                                    | 15            |
| Amylase                           | 25-125 u/L                                   | 25            |
| Lipase                            | 10-140 u/L                                   | 14            |

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## LAB STUDIES & DIAGNOSTICS

### LIPID PANEL

| LAB TEST          | NORMAL RANGE                                     | PATIENT VALUE |
|-------------------|--|---------------|
| Triglycerides     | < 150 good<br>150-199 borderline<br>< 200 high   | 160           |
| LDL               | < 100<br>130-159 borderline<br>>160 high         | 100           |
| HDL               | >60 Low risk<br>35-45 Moderate<br>< 35 high risk | 40            |
| Total cholesterol | <200   | 150           |

## LAB STUDIES & DIAGNOSTICS

### Arterial Blood Gases

| LAB TEST          | NORMAL RANGE | PATIENT VALUE |
|-------------------|--------------|---------------|
| pH                | 7.35-7.45    | 7.36          |
| PaCO <sub>2</sub> | 35-45 mmHg   | 40            |
| PaO <sub>2</sub>  | >80 mmHg     | 90            |
| SaO <sub>2</sub>  | >94%         | 100           |
| HCO <sub>3</sub>  | 22-26 mEq/L  | 23            |

### COAGULATION

| LAB TEST                       | NORMAL RANGE                     | PATIENT VALUE |
|--------------------------------|----------------------------------|---------------|
| Prothrombin Time (PT)          | Control 11.2-13.2 (+/-2 seconds) | 11.6          |
| Partial Prothrombin Time (PTT) | 22.1-34.1 seconds activated      | 30            |
| INR                            | 1-2                              | 1.2           |

Diabetes management in older adults requires regular assessment of medical, psychological, functional, and social domains. Older adults with diabetes have higher rates of premature death, functional disability, accelerated muscle loss, and coexisting illnesses, such as hypertension, coronary heart disease, and stroke, than those without diabetes.

Reference:

Older Adults: Standards of Medical Care in Diabetes: 2020

[https://care.diabetesjournals.org/content/43/Supplement\\_1/S152.full-text.pdf](https://care.diabetesjournals.org/content/43/Supplement_1/S152.full-text.pdf)

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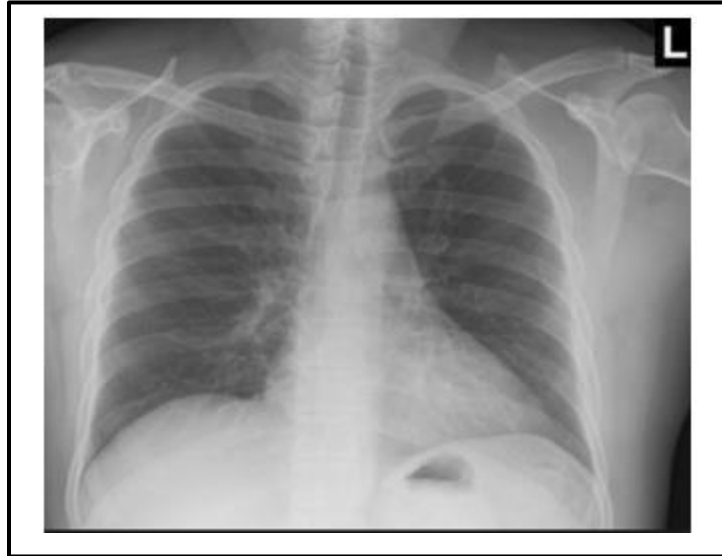
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## IMAGING

### XRAY

Chest X-Ray A&P



Impression: Clear

*L. Bradley, MD*

### CAT SCAN

CAT SCAN of HEAD



Findings: Hypodense area and enlargement of the left temporal lobe with compression of left Sylvian fissure.

Impression: Brain- Ischemic stroke in Left hemisphere

*L. Bradley, MD*

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Type 2 Diabetes

DOB: 05/18/XXXX  
Allergies: Codeine (Rash)  
Gender: Male

Age: 72 y/o  
MR#: 144  
Height: 6'1"  
Weight: 220lbs BMI: 29.0

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: \_\_\_\_\_

Patient: William Edwards  
Attending: Dr. JG Wilson  
Diagnosis: Ischemic Stroke  
Type 2 Diabetes

DOB: 05/18/XXXX  
Allergies: Codeine (Rash)  
Gender: Male

Age: 72 y/o  
MR#: 144  
Height: 6'1"  
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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.

Patient: William Edwards  
Attending: Dr. JG Wilson  
Diagnosis: Ischemic Stroke  
Type 2 Diabetes

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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:

\_\_\_\_\_  
\_\_\_\_\_