Patient Chart
120
Brian Anderson

Patient: Brian Anderson | DOB: 8/15/XX | Age: 55 y/o
Attending: Dr. Price | Allergies: NKDA | MR#: 120
Diagnosis: ETOH Withdrawal, Hepatic Encephalopathy, Cardiac Arrest | Gender: Male | Height: 5'10" Weight: 73.2kg (Measured)

HISTORY & PHYSICAL

Chief Complaint: BA is a 55-year-old male admitted to the Emergency Department (ED) yesterday who presented with confusion and agitation related to (r/t) alcohol (ETOH) withdrawal. Patient coded in ED, intubated, and transferred to the medical ICU. Unable to obtain a full/accurate history or review of systems from the patient. Some history provided from the emergency medical technician (EMT) who spoke with a family member before Brian Anderson's transport to the ED. Family did not accompany patient to the hospital. Medical record from previous admission(s) reviewed**.**

HPI: Found passed out on the floor at home, empty beer and vodka bottles seen in the home. Brother reported patient had a recent fall and laceration to his (L) ear requiring sutures. Date of last alcohol ingestion unknown.
PMX: Five-year history of hypertension (HTN), angina, coronary artery disease (CAD), and hyperlipidemia.

Family HX: Father died at 56 y/o from a MI; mother 88 y/o alive with HTN and CAD; brother 48 y/o lives with patient, alive and well with HTN.
Surgical History: None reported/noted.
Social History: BA is divorced, estranged from his 2 adult children. Worked in construction until he was laid off 3 weeks ago. He smokes one pack of cigarettes per day (PPD) for 30 years. Drinks a 6-pack of beer daily for past 20 years; recently began binging on vodka since job loss. BA has had four prior hospital admissions for ETOH withdrawal/detoxification and documented history of previous seizures r/t ETOH withdrawal. No psychiatric diagnosis documented in the medical records reviewed.

REVIEW OF SYSTEMS
PATIENT IS SEDATED, INTUBATED, & VENTILATED.
PHYSICAL ASSESSMENT
GENERAL: 55-year-old male who appears older than his stated age intubated, on ventilator.
HEENT: *Ears:* Canals clear bilaterally, tympanic membranes pearly gray, intact with good mobility. No fluid noted. Hearing grossly intact bilaterally. Laceration on (L) ear with sutures present – covered with gauze dressing, small amount serosanguineous drainage noted. *Nose*: no lesions or deformities noted. Nasal mucosa, septum, and turbinates normal. *Mouth:* tongue normal, no erythema or exudate on posterior pharynx. *Neck:* supple, no masses noted. Trachea midline, no thyroid nodules, masses, tenderness, or enlargement noted.
SKIN: Intact besides (L) ear laceration. No lesions, ulcerations, subcutaneous nodules or induration. Bruising on upper extremities and petechiae noted on skin throughout.
CARDIAC: S1, S2, normal rhythm, no murmur, rub, or gallop. No thrill or palpable murmurs on palpation, No jugular venous distention (JVD). No displacement of point of maximal impulse (PMI). No carotid or abdominal bruits. No enlargement of abdominal aorta. Carotid, radial, posterior tibialis, and pedal pulses 2+ bilaterally. No edema noted.
PULMONARY: Clear to auscultation. Intubated and mechanically ventilated: Ventilator settings are as follows: Assist-control, ventilation rate: 12, Volume: 550 mL/min., PEEP: 5, FiO2: 40%, PSV 10.
GASTROINTESTINAL: Soft, non-tender, and non-distended abdomen with no masses; bowel sounds positive in all quadrants. Positive for hepatomegaly. No liver nodularity, masses, no splenomegaly. Nasogastric tube in place (R) nares connected to low-intermittent wall suction.
GENITOURINARY: Indwelling urinary catheter draining dark yellow, concentrated urine at 30 mL/hr.
NEUROLOGIC: Sedated, pupils reactive, reflexes + 1 bilaterally.
MUSCULOSKELETAL: Normal alignment & passive mobility; no deformity of head and neck, spine, ribs, pelvis. Normal PROM. No joint enlargement, tenderness, or clubbing.

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Cardiac Arrest

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HISTORY & PHYSICAL

ALLERGIES: NKA
MEDICATIONS: Unable to obtain home medication history.

Assessment:
Severe ETOH Withdrawal (currently sedated, showing no signs of withdrawal at this time.)
Richmond Agitation-Sedation Scale (RASS) score of -2: propofol dose 20mcg/kg/minute, titrate to maintain RASS score of -2 to -4**.**

Plan: Admit to MICU
Scheduled/home medications: unknown, will call family regarding home medication history.
Current Medications:

- Propofol 5 – 50 mcg/kg/min titrate to maintain RASS score of -2 to -4.
- Pantoprazole 40mg IV once daily
- Lactulose 20 mg three times a day via NGT (nasogastric tube)

PRN Medications:

- hydralazine 10mg IV push Q4H PRN for SBP ≥ 170
- labetalol for SBP ≥ 185
  1. Initial dose: 20 mg by slow IV injection over a 2-minute period.
  2. Additional injections of 40 to 80 mg can be given at 10-minute intervals until a desired supine blood pressure is achieved or a total of 300 mg has been given.
  3. Immediately before the injection, at 5, and 10 minutes after injection, measure supine blood pressure to evaluate response.

- lorazepam 1mg IV PRN for seizures - **contact intensivist/hospitalist if patient has a seizure lasting longer than 2 minutes or repeated seizures.**
- Potassium Chloride per Potassium Electrolyte Replacement Protocol
- Magnesium Sulfate per Magnesium Electrolyte Replacement Protocol

Continuous Infusions:

- amiodarone

1. Initial dose 150 mg (15 mg/min) IV over 10 minutes,
2. Followed by 360 mg (1 mg/min) IV over 6 hours, and
3. Followed by 900 mg (0.5 mg/min) IV over 18 hours.

- norepinephrine 16 mg in 500 mL's D5W - run at a dose of 30.0 mcg/mL
- 1L D5/NS with 1 amp MVI, 100 mg thiamine, 1 mg folate at 150mL/hr.

B. Price MD

Dictated: Dr. B. Price

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PHYSICIAN ORDERS

Date	Time	PHYSICIAN ORDER AND SIGNATURE
Today	**Now**	**Admit to** Medical ICU **Diagnosis**: Severe ETOH Withdrawal, hepatic encephalopathy, s/p cardiac arrest **Condition**: Fair **Vital signs**: Every 15 minutes (Q15mins) **RASS**: Every hour (Q1H) **Allergies**: NKDA **Nursing Communication**: • Call MD for T>101, HR>110, SBP>170 or <90, HR > 120 or < 60 BPM • Nasogastric tube (NGT) to low-intermittent suction for gastric decompression **Respiratory Orders**: • Respiratory therapy (RT) to maintain mechanical ventilation titrate FiO2 to keep SpO2 > 95% • Mechanical ventilation AC Ventilation rate: 12, Volume: 550 mL/min, PEEP: 5, FiO2: 40%, PSV: 10. • PSV (pressure support ventilation) differs from A/C (assist control) and IMV (intermittent mandatory ventilation) in that a level of support pressure is set to assist every spontaneous effort. It is frequently the mode of choice in patients whose respiratory failure is not severe and who have an adequate respiratory drive. Methods of Ventilatory Support https://emedicine.medscape.com/article/810126-overview#a3 **Diet**: NPO, will consider TPN if needed **Activity**: Bedrest, seizure precautions, 2 point soft restraints PRN **Labs**: CMP, CBC, iron studies, B12, folate in the AM, toxicology screen, ethanol level, ammonia level, ABG every AM **Studies**: CXR **Scheduled Medications:** • **Propofol** 5-50mcg/kg/min IV titrate to maintain **RASS score of -2 to -4** • **Pantoprazole** 40mg IV push once daily • **Lactulose 2**0 grams three times a day via NGT

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PHYSICIAN ORDER AND SIGNATURE (page 2)

PRN Medications:

1. **hydralazine** 10mg IV push Q4H PRN for SBP ≥ 170

2. **labetalol** for SBP ≥ 185
   a. Initial dose: 20 mg by slow IV injection over a 2-minute period.
   b. Additional injections of 40 to 80 mg can be given at 10 minute intervals until a desired supine blood pressure is achieved or a total of 300 mg has been used.
   c. Immediately before the injection, at 5, and 10 minutes after injection, supine blood pressure should be measured to evaluate response.

3. **lorazepam** 1mg IV PRN for seizures:
   Contact intensivist/hospitalist if patient has seizure lasting longer than 2 minutes or repeated seizures.

4. Potassium Electrolyte Replacement Protocol ordered
5. Magnesium Electrolyte Replacement Protocol ordered

Continuous IV Infusions:

1. **amiodarone** *for ventricular arrhythmias s/p cardiac arrest*
   a. Initial dose 150 mg IV over 10 minutes,
   b. Followed by 360 mg IV over 6 hours, and
   c. Followed by 540 mg IV over 18 hours.

2. **norepinephrine**
   a. 16 grams/500 mLs D5W, titrate to maintain systolic BP > 90 mmHg, HR < 120 bpm

3. 1L NS with 1 amp multivitamin injection, 100mg thiamine, 1mg folate at 150 mLs/hr. x 24 hours

4. **magnesium sulfate** 2 grams in 50mL’s SWI (sterile water for injection) per Magnesium Electrolyte Replacement Protocol

B. Price MD
Dictated: Today @ 0315

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NURSING FLOW SHEET

DATE: Today

	TIME				
VITAL SIGNS	**BLOOD PRESSURE**				
	PULSE				
	RESP RATE				
	TEMP				
PAIN	**SCORE**				
	LOCATION				
	CHARACTER				
RESP	**OXYGEN**				
	OXIMETER				
NUTR	**DIET / % EATEN**				
	SUPP FEEDING				
INTAKE	**PO**				
	IV				
	BLOOD PRODUCTS				
OUTPUT	**URINE**				
	NGT				
	DRAINS				

PROBLEM / EVENT DOCUMENTATION	
DATE / TIME	

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SIGNATURE	

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NURSING FLOW SHEET

Richmond Agitation-Sedation Scale

Score	RASS Description	
+4	Combative, violent, immediate danger to staff	
+3	Pulls to removes tubes or catheters; aggressive	
+2	Frequent non-purposeful movement, fights ventilator	
+1	Anxious, apprehensive, movements not aggressive	
0	Alert and calm. Spontaneously pays attention to caregiver	
−1	Not fully alert, but has sustained awakening to voice (eye opening & contact) > 10 s	Verbal Stimulation
−2	Briefly awakens to voice (eye opens & contact) < 10 s	
−3	Movement or eye opening. No eye contact	
−4	No response to voice, but movement or eye opening to physical stimulation	Physical Stimulation
−5	No response to voice or physical stimulation	

(Sessler et al., 2002; Ely, 2014)

Richmond Agitation and Sedation Scale (RASS).

TIME				
SCORE				
PROPOFOL RATE				
SIGNATURE BANK				
INITIALS				
SIGNATURE				

Reference:

The Richmond Agitation-Sedation Scale: Validity & Reliability in adult intensive care unit
https://www.ncbi.nlm.nih.gov/pubmed/12421743

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MEDICATION ADMINISTRATION RECORD Pg. 1

SCHEDULED MEDICATIONS		
MEDICATION	**0700 - 1859**	**1900 - 0659**
pantoprazole 40mg IV push once daily	1000	
Lactulose 20 grams three times a day via NGT (nasogastric tube). Administer via NGT; discontinue low intermittent wall suction immediately after administration for 30 minutes.	0800 1600	0200

SIGNATURE	INTLS	SIGNATURE	INTLS

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MEDICATION ADMINISTRATION RECORD Pg. 2

NON – SCHEDULED MEDICATIONS		
MEDICATION	**0700 - 1859**	**1900 - 0659**
hydralazine 10mg IV push Q4H PRN for SBP ≥ 170		
labetalol for SBP ≥ 185 1. Initial dose: 20 mg by slow IV injection over a 2-minute period. 2. Additional injections of 40 to 80 mg can be given at 10-minute intervals until a desired supine blood pressure is achieved or a total of 300 mg has been used. **3.** Immediately before the injection and at 5 and 10 minutes after injection, supine blood pressure should be measured to evaluate response.		
lorazepam 1mg IV push PRN for seizure anxiety Contact intensivist/hospitalist if patient has seizure lasting longer than 2 minutes or repeated seizures.		
Potassium Electrolyte Replacement Protocol		
Magnesium Electrolyte Replacement Protocol		

SIGNATURE	INTLS	SIGNATURE	INTLS

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MEDICATION ADMINISTRATION RECORD Pg. 3

IV Fluids CONTINOUS SOLUTIONS		
MEDICATION	**0700 - 1859**	**1900 - 0659**
propofol 5 - 50mcg/kg/min IV 1. titrate to maintain RASS score of -2 to -4	**Now** *(currently running at 20 mcg/kg/min)*	
amiodarone • Initial dose 150 mg IV in 100 mL D5W <u>over 10 minutes</u>, • Followed by 360 mg IV <u>over 6 hours</u> @1 mg/minute → 33.3 mL/hr., • Followed by 900 mg amiodarone IV in D5W 500 mL D5W <u>over 18 hours</u> @0.5 mg/minute →16.6 mL/hr.	**Now** *(currently running at 0.5 mg/minute)*	
norepinephrine • 16 mg norepinephrine in 500mL D5W IV (run at a rate of 30.0 mcg/min)	**Now** *(currently running at 30.0 mcg/min.)*	
1 liter 0.9% NS with 1 amp of multivitamin infusion, 100mg thiamine, and 1mg folate	**Now** *(currently running)*	
magnesium sulfate 2 grams in 50mL's sterile water per Magnesium Replacement Protocol	**Now** *(currently running)*	

SIGNATURE	INTLS	SIGNATURE	INTLS

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POTASSIUM ELECTROLYTE REPLACEMENT PROTOCOL

Use to replace potassium as needed based on electrolyte lab results.
This protocol is to be used in ADULT patients with normal kidney function. Creatinine must be < 1.4 mg/dL and urine output must be at least 0.5 mL/kg/hr.in each of the prior 3 hours.
Use intravenous **OR** oral form of KCl depending on patient assessment.
Potassium normal range 3.5 – 5.1 mEq/L

I. Intravenous: These orders are for use with a peripheral line only.

SERUM POTASSIUM LEVEL	POTASSIUM REPLACEMENT ORDER
➢ Than 4.0 mEq/L	No treatment
3.5 – 3.9 mEq/L	If patient NPO, KCl 40 mEq/500 mL NS IV **x 1** over 4 hours
2.5 – 3.4 mEq/L	KCl 40 mEq/500 mL NS IV **x 2**, each to be given over 4 hours IVPB
≤ 2.4 mEq/L	**Call physician** and give KCl 40mEq/500 mL NS IV **x 2** each to be given over 4 hours

Redraw potassium level 2 **hours after the treatment is complete**.

II. ORAL: use liquid/tablet if patient able to take or tolerate enteral medications and serum potassium level is 3.5 – 3.9 mEq/L.

SERUM POTASSIUM LEVEL	POTASSIUM REPLACEMENT ORDER
3.5 - 3.9mEq/L	KCl 40 mEq PO/NG **x 1** now

Redraw potassium level **2 hours after the treatment is complete**.

Reference: Thanks Esme & your TICU friend for sharing
University Medical Center: Adult Peripheral Line Electrolyte Replacement Protocol, p1
(NPHY 383 (12/13/12; Review by 12/14)
Available for review upon request

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MAGNESIUM REPLACEMENT PROTOCOL

Use to replace magnesium as needed based on electrolyte lab results.
This protocol is to be used in ADULT patients with normal kidney function. Creatinine must be < 1.4 mg/dL and urine output must be at least 0.5 mL/kg/hr.in each of the prior 3 hours.

Magnesium normal range 1.6 – 2.6mg/dL

These orders are for use with a peripheral line only.

SERUM MAGNESIUM LEVEL	MAGNESIUM TREATMENT: Give over 30 minutes
≥ 2.0 mg/dL	No treatment
1.6 – 1.9 mg/dL	Magnesium sulfate 2 gm/50 mL SWI (sterile water for injection) **x 1**, over 30 minutes
1.2 – 1.5 mg/dL	Magnesium sulfate 2 gm/50 mL SWI **x 2**, each over 30 minutes
≤ 1.1 mg/dL	**Call physician** and give magnesium sulfate 2 gm/50mL SWI **x 2**, each over 30 minutes

Redraw magnesium level 2 hours after infusion ends.

Reference: Thanks Esme (& your TICU friend) for sharing
University Medical Center: Adult Peripheral Line Electrolyte Replacement Protocol, p1
(NPHY 383 (12/13/12; Review by 12/14)
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LAB STUDIES & DIAGNOSTICS

HEMATOLOGY		
LAB TEST	**NORMAL RANGE**	**PATIENT VALUE**
Red Blood Cells (RBC)	Males: 4.5-5.3 million /mm3 Females: 4.1-5.1 million/mm3	3.7 **(L)**
Hematocrit (HCT)	Males: 37-49% Females: 36-46%	27% **(L)**
Hemoglobin (HgB)	Males: 13.0-18.0 g/100 ml Females: 12-16 g/100 ml	8.5 **(L)**
White Blood Cells (WBC)	4,500-11,000/mm3	10,000
Platelets (PLT)	140-400 X 103 mm3	100,000 **(L)**
MCV	80-100	150 **(H)**
MCH	27-33	30
Reticulocyte count	0.5-2.5%	2.5%

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LAB STUDIES & DIAGNOSTICS

CHEMISTRIES		
LAB TEST	**NORMAL RANGE**	**PATIENT VALUE**
Sodium (NA+)	135-145 mEq/L	138
Potassium (K+)	3.5 -5.1 mEq/L	2.5 **(L)**
Chloride (CL-)	100-108 mEq/L	110 **(H)**
Carbon Dioxide (C02)	24-30 mEq/L	29
Magnesium (Mg++)	1.5-2.6 mEq/L	1.2 **(L)**
Glucose	70-110 mg/dL	100
Calcium (Ca++)	8.5-10.5 mg/dL	9.0
Phosphorous (P04)	2.6-4.5 mg/dL	4.0
Blood Urea Nitrogen (BUN)	8-25 mg/dL	24
Creatinine	Male: 0.6-1.5 mg/dL Female: 0.6-1.1 mg/dL	1.0
Osmolality	280-295 mOsm/kg	310 **(H)**
Albumin	3.5-4.8 g/dL	2.9 **(L)**
Pre-Albumin	19-38 mg/dL	20
Ammonia	15-56 ug/dL	20
Bilirubin	0.3-1.0 mg/dL	6.5 **(H)**
Conjugated (Direct) Bilirubin	0-0.2 mg/dL	0.65 **(H)**
Alkaline Phosphatase	25-100 u/L	130 **(H)**
AST	Male: 14-20 u/L Female: 10-36 u/L	120 **(H)**
ALT	10-35 u/L	40 **(H)**
Amylase	25-125 u/L	100
Lipase	10-140 u/L	120
Ammonia	15-45mcg/dL	123 **(H)**

LAB STUDIES & DIAGNOSTICS

Blood Alcohol		
LAB TEST	**NORMAL RANGE**	**PATIENT VALUE**
Ethanol	< 10 mg/dL	170 (**H**)
Urine Toxicology Screen		
LAB TEST	**NORMAL RANGE**	**PATIENT VALUE**
Urine toxicity screen	Barbiturates Amphetamines Opioids Benzodiazepines Cannabis	NEG NEG NEG NEG NEG

LAB STUDIES & DIAGNOSTICS

ARTERIAL BLOOD GAS		
LAB TEST	**NORMAL RANGE**	**PATIENT VALUE**
pH	7.35-7.45	7.36
PaC02	35-45 mmHg	34 (**L**)
Pa02	>80 mmHg	75
Sa02	>94%	92 (**L**)
HCO3	22-26 mEq/L	20 (**L**)

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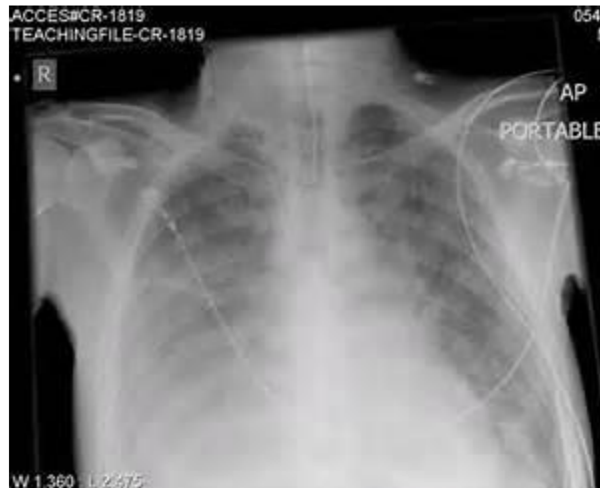
IMAGING

XRAY

Chest X-Ray A& P



Chest x-ray for ETT placement.
Impression: Endotracheal tube 2 cm. above carina; satisfactory position.

T. Dolby MD

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

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: ________________________________

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.

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 mane 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:

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