

Patient: **Sabrina Lopez**
Attending: Dr. B. Robertson
Diagnosis: T1DM, new onset
Hyperglycemia, r/o DKA

DOB: 11/01/xx
Allergies: NDKA
Gender: Female

Age: 10 y/o
MR#: **207**
Height: 4'2" Weight: 29.1kg BMI: 18
Allergies: NKDA

Sabrina Lopez

#207



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HISTORY & PHYSICAL

Chief Complaint: "My stomach is hurts." "I threw up at home." "I tired."

HPI: Sabrina Lopez presented to the ED (emergency department) 2 hours ago accompanied by her mother, Sonia Lopez. Sonia Lopez reports Sabrina was diagnosed with T1DM (type 1 diabetes mellitus) diagnosis three weeks ago. Prior to the T1DM diagnosis, Sabrina experienced polyuria, extreme hunger, and a 6-pound weight loss. Additionally, Sonia Lopez (mother) states she has been "grumpy" and complaining about her "stomach" prior to arriving in the ED.

PMX: Mother describes Sabrina as a "happy, healthy kid" prior to T1DM diagnosis. No previous hospitalizations, surgeries, injuries. Immunizations up-to-date. Growth & development milestones met; no food, drug, environmental allergies. Sabrina attends a CCSD (Clark County School District) elementary school in grade 4 without restrictions. She is in the GATE (Gifted and Talented Education) program.

Stevie Lopez, Sabrina's older brother, was also diagnosed with T1DM (a year ago) at age 12 and is under the care of pediatric endocrinologist, Dr. Tanner McKee.

Social History: Sabrina has 1 an older brother (Stevie) and 1 younger sister (Selena) at home. Her parents are divorced. Sabrina lives with her mother & siblings during the week; she stays with her father every other the weekend. Sabrina enjoys dancing and playing the piano. Mom is tearful stating, "Sabrina never gives me any trouble." Raul Lopez (Sabrina's father) was notified about hospitalization & her admission to the pediatric in-patient unit.

REVIEW OF SYSTEMS

CONSTITUTIONAL: Reporting fatigue and increased sleepiness in the past 5 days. Thirsty, seeking water/fluids during school day.

SKIN: No reports of itching/hives, lesions, skin color change, or bruising.

HEENT: Complaints of intermittent headache "all over my head" past 5 days. Denies dizziness, fainting, difficulty hearing, double vision, difficulty swallowing.

CARDIOVASCULAR: No reports of pain in chest.

RESPIRATORY: Denies cough, wheezing. "I run in PE."

GASTROINTESTINAL: Increased appetite and thirst reported with 1.0-pound weight loss in past 5 days.

GENITOURINARY: Frequent urination without dysuria/hematuria reported past 5 days.

NEUROLOGICAL: Irritable with intermittent headaches. Mother denies Sabrina has experienced seizures, tremors in recent past.

MUSCULOSKELETAL: Denies weakness, difficulty moving, muscle cramps, joint pain.

Recent visit with pediatric endocrinologist: Scheduled for tomorrow, Dr. Tanner McKee.

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PHYSICAL ASSESSMENT

VITAL SIGNS: T: 100.0°F P: 120 R: 28 BP: 92/60
 Height: 4'2" Weight: 29.1 Kg BMI: 18

GENERAL: Laying on (R) side, eyes closed. Crying, arms tightly crossed over abdomen. Cheeks flushed. Responds to questions; speech easy to understand.

SKIN: Skin smooth, warm, dry. Lips dry, chapped. Turgor tenting seen. No cyanosis noted. No edema, rashes, subcutaneous nodules seen.

HEENT: Head/neck range-of-motion intact. Scalp intact, no lesions. Facial expressions symmetrical. PERRLA. No tears when crying. Sclera white. Vision grossly intact. Extraocular movements (EOM) intact. Hearing grossly intact. No discharge from ear canals; cerumen visible in ear canals. Denies ear pain. Otolaryngology exam unremarkable. No nasal discharge seen. Nasal mucosa dry in appearance. Buccal mucosa dry, no lesions seen. Tongue dry, movement intact. Palate complete. Gag reflex intact. Tonsils present. Teeth, gums unremarkable; 1 filling visible in left lower molar.

CARDIAC: Tachycardia. S1 S2 audible, no murmurs/gallop. Regular sinus rhythm without ectopy. Apical impulse visible at 5 ICS LMCL (intercostal space, left midclavicular line.) Capillary refill sluggish. Peripheral pulses +1. No cyanosis/clubbing/edema of the extremities.

PULMONARY: Tachypneic; labored, deep respirations. Symmetrical lung expansion. No nasal flaring, intercostal retractions. Chest rounded in shape. No odor of ketones noted. No cough. Lung sounds clear bilaterally.

GASTROINTESTINAL: Generalized dull, aching abdominal pain, non-radiating, rated a 6/10. Normoactive bowel sounds. Abdomen soft to light palpation. No abdominal distention/diarrhea. Liver/spleen/kidneys non-palpable. Nausea with vomiting x 2 prior to coming to the emergency department (ED). NPO.

GENITOURINARY: External genitalia/rectal exam deferred. Urinated without difficulty in ED; urine dark yellow in color. No hematuria noted.

NEUROLOGIC: Oriented, irritable, sleepy. DTR's (deep tendon reflexes) +2. Grasps equal, strong bilaterally. No tremors.

EXTREMITIES: Full range-of-motion all extremities. Gait normal.

ALLERGIES: No known drug allergies (NDKA).

MEDICATIONS:

1. Lantus
2. NovoLog Sliding Scale

Assessment:

1. Hyperglycemia, r/o DKA
2. New onset T1DM

Plan:

Admit to In-patient pediatric unit
Consult with Dr. Tanner McKee (pediatric endocrinologist)

Dictated: Bradley Robertson, M.D.

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PHYSICIAN ORDERS

| Date | Time | PHYSICIAN ORDER AND SIGNATURE | | | | | | | | | | | | | | | | | | |
|------------------|--------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|--------------|-------|------------|--------------|-------|------------|--------------|-------|------------|--------------|-------|------------|--------------|-------|------------------|--------------|------------------------------------------------|
| Today | Now | <p>Admit to: Inpatient pediatric unit Diagnosis: New onset T1DM, Hyperglycemia, r/o DKA Condition: Serious Nursing Communication: Notify Dr. Tanner McKee of hospitalization ASAP Vital signs: On admission and then every 2 hours x 4; then every 4 hours Pulse oximetry & cardiac monitor continuously Glasgow Coma Scale: On admission and then every 4 hours Weight: On admission and every 24 hours</p> <p>Activity: Bedrest Diet: Nothing by mouth until condition improves Intake & Output: Monitor hourly until condition improves; total mL/24h = 3000 mL/24h</p> <p>Respiratory therapy:</p> <ul style="list-style-type: none">○ Evaluate and treat on admission and when significant changes occur per protocol,○ Notify nursing when increasing O2 liter/flow changes are made, and/or○ Notify physician patient's lack of response to O2 and change in respiratory status. <p>Blood Glucose Goal and Testing:</p> <ul style="list-style-type: none">○ Blood glucose goal by lab test or Accucheck = 150 mg/dL○ Check blood glucose every 4 hours○ Notify physician if blood glucose is less than 70 mg/dL or greater than 350 mg/dL <p>Insulin Orders: Daily Insulin Lantus Insulin 8 units subcutaneous every evening</p> <p>Sliding Scale NovoLog Insulin subcutaneous per sliding scale prior to each meal/snack:</p> <p>If Accucheck is:</p> <table><tbody><tr><td>Less than 150</td><td><u> 0 </u></td><td>units</td></tr><tr><td>151 to 200</td><td><u> 1 </u></td><td>units</td></tr><tr><td>201 to 250</td><td><u> 2 </u></td><td>units</td></tr><tr><td>251 to 300</td><td><u> 3 </u></td><td>units</td></tr><tr><td>301 to 350</td><td><u> 4 </u></td><td>units</td></tr><tr><td>Greater than 350</td><td><u> 5 </u></td><td>units, call physician, and check urine ketones</td></tr></tbody></table> <p>IV Fluids: A. Maintain large bore intravenous cannula B. Resuscitation Fluids (for cardiac instability & restore circulating volume)<ul style="list-style-type: none">○ 0.9% Normal Saline 200 mL's over 60 minutes; may repeat x 1 http://www.bcchildrens.ca/endocrinology-diabetes-site/documents/dkaprtfill.pdf</p> | Less than 150 | <u> 0 </u> | units | 151 to 200 | <u> 1 </u> | units | 201 to 250 | <u> 2 </u> | units | 251 to 300 | <u> 3 </u> | units | 301 to 350 | <u> 4 </u> | units | Greater than 350 | <u> 5 </u> | units, call physician, and check urine ketones |
| Less than 150 | <u> 0 </u> | units | | | | | | | | | | | | | | | | | | |
| 151 to 200 | <u> 1 </u> | units | | | | | | | | | | | | | | | | | | |
| 201 to 250 | <u> 2 </u> | units | | | | | | | | | | | | | | | | | | |
| 251 to 300 | <u> 3 </u> | units | | | | | | | | | | | | | | | | | | |
| 301 to 350 | <u> 4 </u> | units | | | | | | | | | | | | | | | | | | |
| Greater than 350 | <u> 5 </u> | units, call physician, and check urine ketones | | | | | | | | | | | | | | | | | | |

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| Today | Now | <p>Daily Medications:</p> <ul style="list-style-type: none"> ○ Lantus (insulin glargine) Insulin 8 units subcutaneous every evening ○ NovoLog (insulin aspart) subcutaneous per sliding scale prior to each meal/snack <p>PRN Medications:</p> <ul style="list-style-type: none"> ○ acetaminophen 325 mg po Q4H prn temp > 101.0°F or pain ○ ondansetron/Zofran 2 mg IV push prn Q6H prn nausea/vomiting <p>Labs: CBC, CMP Urine dipstick at POC (point of care) UA to lab Chest X-ray (done in ED) ABG (done in ED)</p> <p>Monitor patient for signs/symptoms of deterioration/cerebral edema:</p> <ul style="list-style-type: none"> ○ Severe headache, ○ Change in sensorium, ○ Dilated pupils, ○ Bradycardia, ○ Irregular breathing, ○ Incontinence, and/or ○ Posturing. ○ Call Rapid Response Team and notify HCP as needed <p>Consults:</p> <ul style="list-style-type: none"> ○ Dietitian consult: focus = meal/snack management, healthy choices, activity/weight considerations ○ Diabetic Nurse Educator: key skills/knowledge to include <ol style="list-style-type: none"> 1. Self-monitoring of blood glucose, ketone testing 2. Insulin therapy 3. Carbohydrate counting 4. Hypo/hyperglycemia 5. Home management ○ Case Manager/Social Worker: community resources, family support |
|-------|-----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | | <p><i>Dr. Bradley Robertson</i></p> |

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NURSING FLOW SHEET

| | | | | |
|--------------------------------------|----------------|--|--|--|
| DATE: | | | | |
| VITAL SIGNS | TIME | | | |
| | BLOOD PRESSURE | | | |
| | PULSE | | | |
| | RESP RATE | | | |
| | TEMP | | | |
| PAIN | SCORE | | | |
| | LOCATION | | | |
| | CHARACTER | | | |
| RESP | OXYGEN | | | |
| | OXIMETER | | | |
| NUTR | DIET / % EATEN | | | |
| | SUPP FEEDING | | | |
| INTAKE | PO | | | |
| | IV | | | |
| | | | | |
| OUTPUT | URINE | | | |
| | DRAINS | | | |
| | | | | |
| PROBLEM / EVENT DOCUMENTATION | | | | |
| DATE / TIME | | | | |
| SIGNATURE | | | | |

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MEDICATION ADMINISTRATION RECORD Pg. 1

| SCHEDULED MEDICATIONS | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-------------|-------|
| MEDICATION | 0700 - 1859 | 1900 – 0659 | |
| Lantus (insulin glargine) 8 units subcutaneous every evening | | 2000 | |
| NovoLog (insulin aspart) Sliding Scale subcutaneous prior to each meal/snack: If Accucheck is: Less than 150 __0__ units 151 to 200 __1__ units 201 to 250 __2__ units 251 to 300 __3__ units 301 to 350 __4__ units Greater than 350 __5__ units, call physician, and check urine ketones | | | |
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| | | | |
| SIGNATURE | INTLS | SIGNATURE | INTLS |
| | | | |
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| | | | |

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MEDICATION ADMINISTRATION RECORD Pg. 2

| NON – SCHEDULED MEDICATIONS | | | |
|---------------------------------------------------------------------------------------|-------------|-------------|-------|
| MEDICATION | 0700 - 1859 | 1900 – 0659 | |
| <i>acetaminophen 325 mg po Q4H prn temp > 101.0°F or pain</i> | | | |
| <i>ondansetron/Zofran 2 mg IVP (intravenous push) prn Q6H prn nausea/vomiting</i> | | | |
| | | | |
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| SIGNATURE | INTLS | SIGNATURE | INTLS |
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LAB STUDIES & DIAGNOSTICS

HEMATOLOGY: Age Adjusted 10 – 12 years

| LAB TEST | NORMAL RANGE | PATIENT VALUE |
|--------------------------------------------------|--------------------------------------------------------------------------------|---------------|
| Red Blood Cells (RBC) | Males: 4.0 – 5.2 $10^6/mm^3$ Females: 4.0 – 5.2 $10^6/mm^3$ | 4.3 |
| Hematocrit (HCT) | Males: 35 – 45% Females: 35 – 45% | 44 |
| Hemoglobin (Hgb) | Males: 11.5 – 15.5 g/dL Females: 11.5 – 15.5g/dL | 12.2 |
| White Blood Cells (WBC) | Males: 5.0 – 14.5 $10^3/mm^3$ Females: 5.0 – 14.5 $10^3/mm^3$ | 14.0 (H) |
| Platelets | Males: 150,000 – 450,000 $10^3/mm^3$ Females: 150,000 – 450,000 $10^3/mm^3$ | 300,000 |
| Mean Corpuscular Volume (MCV) | 76 – 90.0 fL | 81 |
| Mean Corpuscular Hemoglobin Concentration (MCHC) | 32.0 – 36 g/dL | 34 |
| Reticulocyte count | 0.5 – 1.5% | 1.0% |

Reference: Appendix B, Pediatric Normal Laboratory Values
<https://onlinelibrary.wiley.com/doi/pdf/10.1002/9781444345186.app2>

HEMOGLOBIN A1c (glycosylated hemoglobin)

| Hemoglobin A1C | Result/Flag | Reference Range |
|----------------|------------------------------------------|----------------------------------------------------------------------------------|
| Hemoglobin A1c | 8.6 (H) (average glucose = 200 mg/dL) | Normal: Less than 5.7% Pre-diabetes: 5.7% to 6.4% Diabetes: 6.5% or higher |

Reference:
 Hemoglobin A1C, UCSF Children's Hospital
https://diabetes.ucsf.edu/sites/diabetes.ucsf.edu/files/HgbA1c%2011%2024%2009_0.pdf

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LAB STUDIES & DIAGNOSTICS

Complete Metabolic Panel: Age Adjusted 10 – 12 years

| LAB TEST | NORMAL RANGE | PATIENT VALUE |
|------------------------------------------|----------------------------------------------------|---------------|
| Sodium (NA+) | 136 – 145 mEq/L | 145 |
| Potassium (K+) | 3.5 – 5.5 mEq/L | 3.5 |
| Chloride (CL-) | 95 – 105 mmol/L | 106 |
| Carbon Dioxide, total (CO ₂) | 24 – 30 mmol/L | 23 (L) |
| Magnesium (Mg ⁺⁺) | Males: 1.6 – 2.2 mg/dL Females: 1.6 – 2.2 mg/dL | 2.1 |
| Glucose | 70 – 110 mg/dL | 241 (H) |
| Calcium (Ca ⁺⁺) | 8.8 – 10.1 mg/dL | 9.1 |
| Phosphorous (P04) | 3.0 – 6.0 mg/dL | 3.4 |
| Blood Urea Nitrogen (BUN) | 5 – 25 mg/dL | 21 |
| Creatinine | 0.12 – 1.06 mg/dL | 0.9 |
| Osmolality | 275 – 295 mOsm/kg | 296 (H) |
| Albumin | 3.7 – 5.5 g/dL | 4.9 |
| Pre-Albumin | 18 – 44 mg/dL | 21 |
| Ammonia | 22 – 48 umol/dL | 33 |
| Bilirubin | 0.2 – 1.0 mg/dL | 0.7 |
| Bilirubin, conjugated | < 0.35mg/dL | 0.25 |
| Alkaline Phosphatase | 135 – 530 U/L | 330 |
| AST (aspartate aminotransferase) | 10 – 60 U/L | 25 |
| ALT (alanine aminotransferase) | Male: 10 – 35 U/L Female: 10 – 30U/L | 18 |
| Amylase | 30 – 115 U/L | 66 |
| Lipase | 25 – 120 U/L | 54 |

Dehydration
<https://labtestsonline.org/conditions/dehydration>

Reference: Appendix B, Pediatric Normal Laboratory Values
<https://onlinelibrary.wiley.com/doi/pdf/10.1002/9781444345>

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LAB STUDIES & DIAGNOSTICS

ARTERIAL BLOOD GASES: Age Adjusted 10 -12 years

| LAB TEST | NORMAL RANGE | PATIENT VALUE |
|-------------------|---------------|---------------|
| pH | 7.35 – 7.45 | 7.35 |
| PaCO ₂ | 38 – 42 mmHg | 38 |
| PaO ₂ | 75 – 105 mmHg | 96 |
| SaO ₂ | 94 – 100% | 98 |
| HCO ₃ | 22-28 mEq/L | 22 |

Blood Gases/Medical Tests/UCSF Benioff Children's Hospital
<https://www.ucsfbenioffchildrens.org/tests/003855.html>

URINALYSIS – Pediatric

| LAB TEST | NORMAL RANGE | PATIENT VALUE |
|-------------------------------|---------------|---------------|
| Color | Yellow | Dark Yellow |
| Appearance | Clear | Clear |
| Specific Gravity | 1.001 – 1.035 | 1.036 (H) |
| pH | 4.0 – 9.0 | 5.0 |
| Occult Blood | Negative | Negative |
| Glucose | Negative | Positive |
| Protein | Negative | Positive |
| Ketones | Negative | 2+ |
| Bilirubin | Negative | Negative |
| Urobilinogen | <2.0 | <1.0 |
| Nitrite | Negative | Negative |
| Leukocyte esterase | Negative | Negative |
| Microscopic Urinalysis | | |
| White blood cells | 0 – 4/HPF | 0 |
| Red blood cells | 0 – 4/HPF | 0 |
| Epithelial cells | 0 – 4/LPF | 0 |
| Bacteria | Few | Few |
| Hyaline Casts | None seen | None |
| Granular Casts | None seen | None |
| Crystals | None seen | None seen |

References:

Pediatric Reference Ranges – UI Health Care
https://www.healthcare.uiowa.edu/path_handbook/appendix/heme/pediatric_normals.html

Common Lab Values – Pediatrics: American academy of Pediatric Dentistry
https://www.aapd.org/media/Policies_Guidelines/R_LabValues.pdf Selected Normal Pediatric Laboratory Values

Appendix B: Pediatric Normal Laboratory Values – Wiley Online Library
<https://onlinelibrary.wiley.com/doi/pdf/10.1002/9781444345186.app2>

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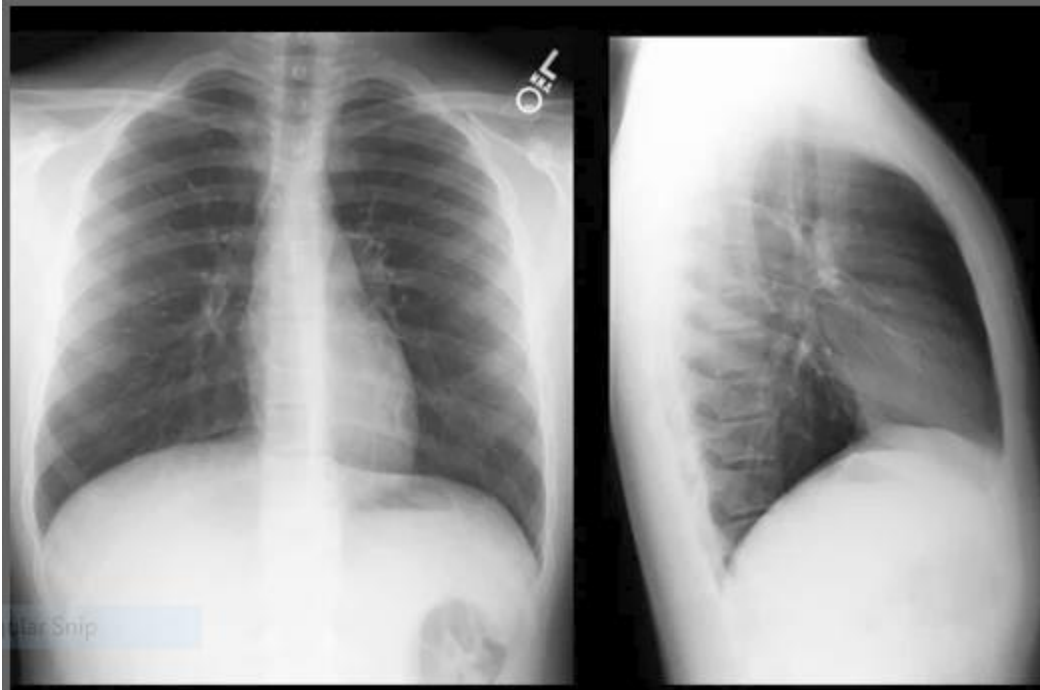
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IMAGING

X-RAY

History:



Impression: Clear lungs, no active infection/disease.

Recommendations: None

B. Cooper, MD

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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 _____, 19____.

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 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:

