

DIAGNOSIS INFORMATION

Code	Description	Onset Date	Rank	Classification
M62.9	DISORDER OF MUSCLE, UNSPECIFIED	02/03/2023	Primary Diagnosis (#67)	
G62.9	POLYNEUROPATHY, UNSPECIFIED	02/03/2023	Diagnosis A	
E03.9	HYPOTHYROIDISM, UNSPECIFIED	02/03/2023	Diagnosis B	
48.0	PAROXYSMAL ATRIAL FIBRILLATION	02/03/2023	Diagnosis C	
E11.40	TYPE 2 DIABETES MELLITUS WITH DIABETIC NEUROPATHY, UNSPECIFIED	02/03/2023	Diagnosis D	

42.0	DILATED CARDIOMYOPATHY	02/03/2023	Diagnosis E	
I25.5	ISCHEMIC CARDIOMYOPATHY	02/03/2023	Diagnosis F	
K22.70	BARRETT'S ESOPHAGUS WITHOUT DYSPLASIA	02/03/2023	Diagnosis G	
Z95.810	PRESENCE OF AUTOMATIC (IMPLANTABLE) CARDIAC DEFIBRILLATOR	02/03/2023	Diagnosis H	
Z96.643	PRESENCE OF ARTIFICIAL HIP JOINT, BILATERAL	02/03/2023	Diagnosis I	
F32.9	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, UNSPECIFIED	02/03/2023	Diagnosis J	
F03.918	UNSPECIFIED DEMENTIA, UNSPECIFIED SEVERITY, WITH OTHER BEHAVIORAL DISTURBANCE	02/03/2023	Diagnosis K	
E78.5	HYPERLIPIDEMIA, UNSPECIFIED	02/03/2023	Diagnosis L	
H10.33	UNSPECIFIED ACUTE CONJUNCTIVITIS, BILATERAL	02/05/2023	Diagnosis Rank Insignificant	
F34.1	DYSTHYMIC DISORDER	02/03/2023	Diagnosis Rank Insignificant	
I10	ESSENTIAL (PRIMARY) HYPERTENSION	02/03/2023	Diagnosis Rank Insignificant	
I25.10	ATHEROSCLEROTIC HEART DISEASE OF NATIVE CORONARY ARTERY WITHOUT ANGINA PECTORIS	02/03/2023	Diagnosis Rank Insignificant	
I25.2	OLD MYOCARDIAL INFARCTION	02/03/2023	Diagnosis Rank Insignificant	
I50.9	HEART FAILURE, UNSPECIFIED	02/03/2023	Diagnosis Rank Insignificant	
I69.320	APHASIA FOLLOWING CEREBRAL INFARCTION	02/03/2023	Diagnosis Rank Insignificant	
I69.351	HEMIPLEGIA AND HEMIPARESIS FOLLOWING CEREBRAL INFARCTION AFFECTING RIGHT DOMINANT SIDE	02/03/2023	Diagnosis Rank Insignificant	
N18.30	CHRONIC KIDNEY DISEASE, STAGE 3 UNSPECIFIED	02/03/2023	Diagnosis Rank Insignificant	
Z11.1	ENCOUNTER FOR SCREENING FOR RESPIRATORY TUBERCULOSIS	02/03/2023	Diagnosis Rank Insignificant	

ADVANCE DIRECTIVE

Full Code

MISCELLANEOUS INFORMATION

Date of Discharge	Time	Length of Stay	Discharged to (Medician Name and License No.)
		11	
Signature		Date	Time
Personal Effects Sent With	Relationship	Date	Time

[REDACTED]

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

[REDACTED]
[REDACTED]
[REDACTED]

Patient Information
[REDACTED]
[REDACTED] R [REDACTED]
[REDACTED] Ag [REDACTED]
Home Phone # [REDACTED]
[REDACTED]

Order#	Collected	Reported	Status
L136954852	02/13/2023 12:38	02/13/2023 16:34	Complete Report

CHEMISTRY
COMPREHENSIVE METABOLIC

	02/13/23 12:38	02/06/23 12:07	Reference Range	Units
SODIUM	139	142	138 - 147	mEq/L
POTASSIUM	4.7	4.5	3.6 - 5.0	mEq/L
CHLORIDE	104	106	99 - 110	mEq/L
CARBON DIOXIDE	21	31H	18 - 30	mM/L
GLUCOSE	257H	86	70 - 110	mg/dL
BUN	24	25	7 - 28	mg/dL
CREATININE	1.83H	1.76H	0.44 - 1.32	mg/dL
CALCIUM	9.3	9.4	8.7 - 10.5	mg/dL
PROTEIN, TOTAL	6.6	6.5	5.6 - 8.2	gm/dL
ALBUMIN	4.0	3.8	3.2 - 4.9	gm/dL
SGPT(ALT)	25	85H	0 - 42	U/L
SGOT(AST)	34	129H	9 - 35	U/L
ALK. PHOSPHATASE	60	50	34 - 143	U/L
BILIRUBIN, TOTAL	0.54	0.55	0.16 - 1.30	mg/dL
eGFR If African American	44L	46L	>60	mL/min/1.73m2
eGFR If Non-African American	36L	38L	>60	mL/min/1.73m2

According to the the National Kidney Foundation, estimated GFR values above 60 mL/min/1.73m2 should be interpreted as 'above 60 mL/min/1.73m2' not as an exact number.

> INDICATES GREATER THAN
eGFR reference range is Greater than or equal to 60 mL/min/1.73m2
If you have not provided a Date of Birth for this patient, the eGFR may or may not be properly represented on this report.

H - High, L - Low, A* - Alert, C* - Critical

Grading [REDACTED]

Test performed at NICL Laboratories, 206 E. Drive, [REDACTED], unless otherwise indicated.

Medication Review Report

<u>Order Summary</u>	<u>Communication Method</u>	<u>Order Status</u>	<u>Order Date</u>	<u>Start Date</u>
Tamsulosin HCl Oral Capsule 0.4 MG (Tamsulosin HCl) Give 1 capsule by mouth one time a day for BPH related to BENIGN PROSTATIC HYPERPLASIA WITH LOWER URINARY TRACT SYMPTOMS (N40.1)	Phone	Active	02/03/2023	02/05/2023
Vitamin B Complex Oral Tablet (B-Complex Vitamins) Phone Give 1 tablet by mouth one time a day for SUPPLEMENT	Phone	Active	02/03/2023	02/04/2023

I have approved these orders. Total pages 7.

Physician: _____

Signature: _____

Date: _____

Medication Review Report

<u>Order Summary</u>	<u>Communication Method</u>	<u>Order Status</u>	<u>Order Date</u>	<u>Start Date</u>
Donepezil HCl Oral Tablet 10 MG (Donepezil Hydrochloride) Give 1 tablet by mouth at bedtime for DEMENTIA	Phone	Active	02/03/2023	02/03/2023
Elilquis Oral Tablet 5 MG (Apixaban) Give 1 tablet by mouth two times a day for AFIB	Phone	Active	02/03/2023	02/04/2023
Furosemide Oral Tablet 40 MG (Furosemide) Give 1 tablet by mouth one time a day for EDEMA	Phone	Active	02/03/2023	02/04/2023
Humalog Injection Solution 100 UNIT/ML (Insulin Lispro) Inject as per sliding scale: if 150 - 199 = 2; 200 - 249 = 4; 250 - 299 = 6; 300 - 349 = 8; 350 - 399 = 10; 400+ = 12 Call MD, subcutaneously four times a day related to TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS (E11.9)	Phone	Active	02/03/2023	02/03/2023
Levermir Subcutaneous Solution 100 UNIT/ML (Insulin Defemir) Inject 18 unit subcutaneously one time a day related to TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS (E11.9)	Phone	Active	02/03/2023	02/04/2023
Levothyroxine Sodium Oral Tablet 100 MCG (Levothyroxine Sodium) Give 1 tablet by mouth one time a day related to HYPOTHYROIDISM, UNSPECIFIED (E03.9)	Phone	Active	02/03/2023	02/04/2023
Magnesium Oxide Oral Tablet 400 MG (Magnesium Oxide) Give 1 tablet by mouth two times a day for SUPPLEMENT	Phone	Active	02/03/2023	02/04/2023
Mirtazapine Oral Tablet 15 MG (Mirtazapine) Give 1 tablet by mouth at bedtime related to MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, UNSPECIFIED (F32.9)	Phone	Active	02/03/2023	02/03/2023
OLANzapine Oral Tablet 2.5 MG (Olanzapine) Give 1 tablet by mouth at bedtime related to MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, UNSPECIFIED (F32.9)	Phone	Active	02/03/2023	02/03/2023