

ADMITTING DIAGNOSIS:  
**DEBILITY**  
 ADMIT DATE: 10/28/20 LOS: 5  
 Readmit within 30 Days: Y

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CODED Allergies  
 Sulfa (Sulfonamide Antibiotics)

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CONSULTS:  
 10/28 (PHYS) GUERRA, CARLOS O (ID)  
 10/29 (PHYS) ROBINSON, HANDEL (VS)

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Diet: NPO Nothing By Mouth Diet  
 Diet Modifications:  
 Fluid Restriction: \_\_\_\_\_ ml/day

VITALS:  
 T: 98.2 11/02 0800  
 P: 86 11/02 0800  
 RR: 18 11/02 0800  
 BP: 148/71 11/02 0800  
 Pain: 10 11/02 1148  
 O2: 94 11/02 0800

POSITIVE PAST MED HX:  
 Hx Hypercholesterolemia  
 Hx Heart Failure  
 Hx Hypertension  
 Hx Cardiac Problems  
 Hx Cataracts  
 Hx HEENT Problems  
 Hx Tonsillectomy  
 Hx Hospitalization  
 Hx Skin Problems  
 Hx Osteoarthritis  
 Hx Musculoskeletal Problems  
 Hx Psychosocial Problems  
 Hx Chronic Obstructive Pulmonary Disease  
 Hx Respiratory Problems  
 Hx Surgeries

ORDERS:  
 10/28 Inhaled Meter Dose Tre INP  
 10/28 Admit to Inpatient TRN  
 10/28 Vital Signs INP  
 10/28 Obtain Weight INP  
 10/28 Elevate Heels off Bed INP  
 10/28 Weight Bearing: Full INP  
 10/28 Protocol: Oxygen Titra INP  
 10/28 PT Evaluation and Trea INP  
 10/28 OT Evaluation and Trea INP  
 10/29 Admit Screen Respirato TRN  
 10/29 Palliative Screen TRN  
 10/30 Miscellaneous: Nursing INP

HAND OFF COMMUNICATION:  
 LOC: \_\_\_\_\_  
 Activity: \_\_\_\_\_  
 Precautions: Fall Prevention (11/02 0800)  
 Fall Score: 7 (11/02 0800)  
 Restraint: \_\_\_\_\_  
 Telemetry  
 Rhythm: \_\_\_\_\_  
 Ectopy: \_\_\_\_\_  
 Rate: 86 (11/02 0800)

DVT/VTE Score: 13 (10/28 2236)  
 TEDS/SCD: \_\_\_\_\_  
 Chemical Prophylaxis: N (11/02 0800)  
 O2: O2 Method: Room Air (11/02 0800)  
 Flowrate: \_\_\_\_\_  
 FiO2: \_\_\_\_\_  
 OTHER: \_\_\_\_\_  
 Orders for O2 confirmed: \_\_\_\_\_

LBM: 11/01/20  
 GU Method: \_\_\_\_\_  
 FOLEY: \_\_\_\_\_  
 I/O: \_\_\_\_\_  
 DRAINS: \_\_\_\_\_

IV/CL Fluids  
 Line 1 \_\_\_\_\_  
 Line 2 \_\_\_\_\_

Accucheck: 0700 \_\_\_\_\_ 1600 \_\_\_\_\_  
 1100 \_\_\_\_\_ 2100 \_\_\_\_\_  
 Abnormal Results: \_\_\_\_\_

Wound Care  
 Pressure Ulcer: \_\_\_ Identified: \_\_\_\_\_  
 Braden Scale: 18 (11/02 0800)

Surgery  
 Surgery Date \_\_\_\_\_  
 Surgery End Time \_\_\_\_\_  
 \*\*Check EMR for Complete Surgery Data\*\*  
 Antibiotic Times \_\_\_\_\_  
 Next Dose Due \_\_\_\_\_

Last Pain Med Given:  
 Morphine Sulfate 11/02/20  
 \*\*Check EMR for Up to Date Pain Medication Given\*\*

Pt Education: \_\_\_\_\_

Immunizations  
 Hx Pneumococcal: \_\_\_\_\_  
 Hx Influenzae: \_\_\_\_\_

Pathway: \_\_\_\_\_  
 Expected DC Date: \_\_\_\_\_  
 Discharge Plan \_\_\_\_\_

USER: HCFRANCI

Med/Surg Nursing Shift Worksheet by Patient

676-02

Code Status  
Advance Directive N

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OTHER: \_\_\_\_\_

Orders for O2 confirmed: \_\_\_\_\_

LBM: 11/01/20

GU Method: \_\_\_\_\_

FOLEY: \_\_\_\_\_

I/O: \_\_\_\_\_

DRAINS: \_\_\_\_\_

IV/CL Fluids \_\_\_\_\_

Line 1 \_\_\_\_\_

Line 2 \_\_\_\_\_

Accucheck: 0700 \_\_\_\_\_ 1600 \_\_\_\_\_  
1100 \_\_\_\_\_ 2100 \_\_\_\_\_

Abnormal Results \_\_\_\_\_

Wound Care

Pressure Ulcer: \_\_\_\_\_ Identified: \_\_\_\_\_

Braden Scale: 18 (11/02 0800)

Surgery \_\_\_\_\_

Surgery Date \_\_\_\_\_

Surgery End Time \_\_\_\_\_

\*\*Check EMR for Complete Surgery Data\*\*

Antibiotic Times \_\_\_\_\_

Next Dose Due \_\_\_\_\_

Last Pain Med Given:

Morphine Sulfate 11/02/20

\*\*Check EMR for Up to Date Pain Medication Given\*\*

Pt Education: \_\_\_\_\_

Immunizations

Hx Pneumococcal: \_\_\_\_\_

Hx Influenzae: \_\_\_\_\_

Pathway: \_\_\_\_\_

Expected DC Date: \_\_\_\_\_

Discharge Plan \_\_\_\_\_

Current Meds	Dose	Route	Schedule	Last Admin
IV Medication Vancomycin HCl Sodium Chloride 0.9%	257.5 ml @ 128.75 mls/hr 750 mg 250 ml	IV	Q12H	11/1/20 04:58
IV Medication Ampicillin/Sulbactam Na 0.9 % Sodium Chloride	100 ml @ 100 mls/hr 3 g 100 ml	IV	Q8H8	11/2/20 09:24
IV Medication Vancomycin/NS 750 Mg	250 ml @ 125 mls/hr 250 ml	IV	0500,1700	11/2/20 05:15
Amitriptyline HCl	25 mg	PO	BEDTIME	11/1/20 21:23
Lactose	237 ml	PO	D8	11/1/20 09:28
Patient Own Medication	(Biotin 10,000 MCG) TYPE IN DRUG NAME AND STRENGTH	PO	DAILY	
Furosemide	20 mg	PO	DAILY	11/1/20 09:26
Lactobacillus Acidoph/Bulgaricus	460 mg	PO	DAILY	11/1/20 09:25
Levofloxacin	500 mg	PO	DAILY	11/1/20 09:25
Losartan Potassium	100 mg	PO	DAILY	11/1/20 09:25
Multivitamins	1 tab	PO	DAILY	11/1/20 09:26
Atorvastatin Calcium	80 mg	PO	BEDTIME	11/1/20 21:13
Gabapentin	300 mg	PO	TID	11/1/20 21:14
Magnesium Oxide	400 mg	PO	BID	11/1/20 21:13
Pantoprazole Sodium	40 mg	PO	BID	11/1/20 21:14
Sucralfate	1 gm	PO	ACHS	11/1/20 21:13
Collagenase	1 applic	TP	DAILY	11/1/20 09:29
Device	1 dme	INH	Q12H	10/29/20 06:27
Sodium Chloride	10 ml	IV	Q12H9	11/2/20 00:24
Pharmacy Profile Note	1 patch	TP	BEDTIME	
Lidocaine	1 patch	TP	DAILY	11/2/20 09:55
Acetaminophen	650 mg	PO	Q4H PRN	
Bisacodyl	5 mg	PO	DAILY PRN	
Loperamide HCl	2 mg	PO	Q4H PRN	
Al Hydrox/Mg Hydrox/Simethicone	1 tab.chew	PO	Q4H PRN	10/31/20 15:21
Oxycodone/Acetaminophen	1 tablet	PO	Q4H PRN	11/1/20 16:04
Oxycodone/Acetaminophen	1 tablet	PO	Q4H PRN	11/1/20 21:23
Naloxone HCl	0.4 mg	IV	Q2M PRN	
Albuterol Sulfate	2 inh	INH	QID PRN	
Sodium Chloride	10 ml	IV	PRN PRN	
Vancomycin HCl		XX	DAILY PRN	
Morphine Sulfate	1 mg	IV	Q6H PRN	11/2/20 11:48

Lab Results	10/31/20 07:55			
Sodium	(136-145)			
Potassium	4.1 mmol/L (3.5-5.1)			
Chloride	103 mmol/L (98-107)			
Carbon Dioxide	29 mmol/L (21-31)			
Anion Gap	7 (5-15)			
BUN	7 mg/dL (7-25)			
Creatinine	0.62 mg/dL (0.60-1.20)			
Estimated GFR	>60 (See Comment)			
BUN/Creatinine Ratio	11 (6-20)			
Glucose	100 mg/dL (74-109)			
Calcium	8.1 mg/dL (8.6-10.3)			
Magnesium	L 1.5 mg/dL (1.9-2.7) L			

Orders	Date/Time	Procedure	Status
Dietary	Nov 2, 2020	NPO Nothing By Mouth Diet	Transmitted

Allergies/Adverse Reactions	Type	Severity	Date	Verified
Sulfa (Sulfonamide Antibiotics)	Allergy	Unknown	9/29/20	No

Diagnosis	Type	Code	Date
Weakness	ICD10	R53.1	10/28/20
Osteomyelitis, Unspecified	ICD10	M86.9	10/28/20
Hypomagnesemia	ICD10	E83.42	10/28/20
Hyperlipidemia, Unspecified	ICD10	E78.5	10/28/20
Hypertensive Heart Disease With Heart Failure	ICD10	I11.0	10/28/20
Atherosclerotic Heart Disease Of Native Coronary Artery W/O Ang Pctrs	ICD10	I25.10	10/28/20
Heart Failure, Unspecified	ICD10	I50.9	10/28/20
Polyneuropathy, Unspecified	ICD10	G62.9	10/28/20
Venous Insufficiency (Chronic)	ICD10	I87.2	10/28/20