

CASE 7

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Case 07

ALFRED STATE MEDICAL CENTER 100 MAIN ST. ALFRED, NY 14802 (607) 555-1234 HOSPITAL #: 000999				INPATIENT FACE SHEET			
PATIENT NAME AND ADDRESS				GENDER	RACE	MARITAL STATUS	PATIENT NO.
HOOVER, HOLLEY E. 90 Silver Street Alfred, NY 14802				F	W	Married	Case07
				DATE OF BIRTH		MAIDEN NAME	OCCUPATION
				01-16-YYYY		Berry	Florist
ADMISSION DATE	TIME	DISCHARGE DATE	TIME	LENGTH OF STAY		TELEPHONE NUMBER	
04-30-YYYY	15:45	05-02-YYYY	10:10	02 DAYS		(607)555-6688	
GUARANTOR NAME AND ADDRESS				NEXT OF KIN NAME AND ADDRESS			
Hoover, Richard 90 Silver Street Alfred, NY 14802				Hoover, Richard 90 Silver Street Alfred, NY 14802			
GUARANTOR TELEPHONE NO.		RELATIONSHIP TO PATIENT		NEXT OF KIN TELEPHONE NUMBER		RELATIONSHIP TO PATIENT	
(607)555-6688		Husband		(607)555-6688		Husband	
ADMITTING PHYSICIAN		SERVICE		ADMIT TYPE		ROOM NUMBER/BED	
Swann MD, Janice		Medical		2		0320/02	
ATTENDING PHYSICIAN		ATTENDING PHYSICIAN UPI#		ADMITTING DIAGNOSES			
Swann MD, Janice		100V23		Rule out myocardial infarction			
PRIMARY INSURER		POLICY AND GROUP NUMBER		SECONDARY INSURER		POLICY AND GROUP NUMBER	
BCBS		332323202 33190		Empire Plan		549087562	
DIAGNOSES AND PROCEDURES						ICD-9-CM	ICD-10-CM/PCS
PRINCIPAL DIAGNOSIS							
Reflux esophagitis						530.11	K21.0
SECONDARY DIAGNOSES							
Hiatal hernia						553.3	K44.9
PRINCIPAL PROCEDURE							
SECONDARY PROCEDURES							
TOTAL CHARGES: \$ 1,555.95							
ACTIVITY ☐ Bedrest ☒ Light ☐ Usual ☐ Unlimited ☐ Other							
DIET ☒ Regular ☐ Low Cholesterol ☐ Low Salt ☐ ADA ☐ Carome							
FOLLOW-UP ☐ Call for appointment ☒ Office appointment in <u>one week</u> ☐ Other:							
SPECIAL INSTRUCTIONS							
Signature of Attending Physician: J Swann, MD							

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HOOPER, Holley E		Admission 04-30-YYYY		ADVANCE DIRECTIVE	
Case 07		DOB 01-16-YYYY			
Dr. Swann		ROOM 0320			
Your answers to the following questions will assist your Physician and the Hospital to respect your wishes regarding your medical care. This information will become a part of your medical record.					
		Yes	No	PATIENT'S INITIALS	
1.	Have you been provided with a copy of the information called "Patient Rights Regarding Health Care Decision?"	X		HEH	
2.	Have you prepared a "Living Will?" If yes, please provide the Hospital with a copy for your medical record.		X	HEH	
3.	Have you prepared a Durable Power of Attorney for Health Care? If yes, please provide the Hospital with a copy for your medical record.		X	HEH	
4.	Have you provided this facility with an Advance Directive on a prior admission and is it still in effect? If yes, Admitting Office to contact Medical Records to obtain a copy for the medical record.		X	HEH	
5.	Do you desire to execute a Living Will/Durable Power of Attorney? If yes, refer to in order: a. Physician b. Social Service c. Volunteer Service		X	HEH	
HOSPITAL STAFF DIRECTIONS: Check when each step is completed.					
1.	☒ Verify the above questions where answered and actions taken where required.				
2.	☒ If the "Patient Rights" information was provided to someone other than the patient, state reason: _____				
	Name of Individual Receiving Information	Relationship to Patient			
3.	☒ If information was provided in a language other than English, specify language and method.				
4.	☒ Verify patient was advised on how to obtain additional information on Advance Directives.				
5.	☒ Verify the Patient/Family Member/Legal Representative was asked to provide the Hospital with a copy of the Advance Directive which will be retained in the medical record. File this form in the medical record, and give a copy to the patient.				
Name of Patient (Name of Individual giving information if different from Patient)					
Holley E Hoover		April 30, YYYY			
Signature of Patient		Date			
Andrea McHeman		April 30, YYYY			
Signature of Hospital Representative		Date			
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HOOVER, Kelley E Case 07 Dr. Swann		Admission 04-30-YYYY DOB 01-16-YYYY ROOM 0320		PROGRESS NOTES
Date	(Please skip one line between dates.)			
4/30	CC Chest pain R/O MI			
	Plan of Treatment: Rx as needed to R/O MI			
	Discharge Plan: Home - No services needed J Swann, MD			
05/01	Pt. has no further pain. She feels well but anxious. Results normal so far.			
05/01	MDI w/ 2 puffs Proventil via spacer - pt. tol well on her own F/B MDI w/ 2 puffs Vancoril NPC BS id clear. L Seraphin CPT.			
05/02	MDI w/ 2 puffs Proventil via spacer. F/B MDI w/ 2 puffs Vancoril - pt. tol well on her own P PR RR 20.			
	L Seraphin CPT			
05/04	No pain. Results all normal. Will discharge and see in one week.			
	J Swann MD			
05/02	MDI w/ 2 puffs Proventil via spacer. F/B MDI w/ 2 puffs Vancoril - pt. tol well on her own P PR RR 20.			
	L Seraphin CPT			
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DOOVER, Holley E		Admission: 04-30-YYYY	DOCTORS ORDERS
Case 07		DOB: 01-16-YYYY	
Dr. Swann		ROOM: 0320	
Date	Time	Physician's signature required for each order. (Please skip one line between dates.)	
04/30	1815	1. Heparin lock, insert and flush every shift and PRN	
		2. EKG with chest pain.	
		3. Oxygen - 3 l /min via nasal cannula PRN for chest pain.	
		4. Chest pain: NTG 0.4 mg SL q 5 min. x 3. Call physician if not relieved.	
		5. Bradycardia: Atropine 0.5 mg IV q 5 min up to 2mg for symptomatic heart rate. (Pulse < 50, or > 60 with decreased BP and/or PVC's).	
		6. PVC's: Lidocaine 50mg IV push	
		Start drip 500 cc D5/W Lidocaine 2gm @ 2 mg/min (30 cc/hr) for	
		x six (6) per min or three (3) in a row.	
		7. V-Tach: (If patient hemodynamically stable):	
		Lidocaine 50 mg IV push	
		Start drip of 500 cc D5/W Lidocaine 2 gm @ 2 mg/min (30cc/hr.)	
		(If unstable) Cardiovert @ 50 watt seconds.	
		8. V-Fib: Immediately defibrillate @ 200 watt seconds, if not converted;	
		Immediately defibrillate @ 300 watt seconds, if not converted;	
		Immediately defibrillate @ 360 watt seconds, if not converted;	
		Start CPR	
		Give Epinephrine (1:10,000) 1 mg IV push	
		Give Lidocaine as per V-tach protocol.	
		9. Asystole/EMD: Start CPR	
		Epinephrine (1:10,000) 1mg IV push	
		Atropine 1mg IV push if no response with Epinephrine	
		10. Respiratory Arrest: Intubation with mechanical ventilation	
		RAV T.O. Dr. Swann/M. Weather R.M.	
		J Swann, M.D.	
4/30		MDI w/ reservoir bid and q4 p.m. Albuterol d puffs. Beclomethasone Dipropionate	
		doo neq. Goal of Therapy: Bronchodilation. J Swann, M.D.	

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Date		Time	Physician's signature required for each order. (Please skip one line between dates.)
4/30			MDI with nebulizer b.i.d. Albuterol Sulfate (1 puff q 4h p.r.n.) Becloethasone Dipropionate 200 mcg b.i.d. Goal of Therapy: Bronchodilation. Bronchial Toilet. Relieve Asthenia J Swann, M.D.
04/30	1537		1) Answer to Dr. Swann 2) Telemetry w/ protocol 3) O2 RECORDS 4) TSH, TW 5) OXYGEN 62.5% DO / DAILY 6) TENDOLONE - HOLD 7) DEPENDOL 500 mg DO TID 8) VENCENOL INJECTION 2 INTR. BID 9) VENCENOL INJECTION 1 INTR. QID PRN 10) ZIMTAC 50 mg IV QID J. Swann, M.D. RAV T.O. Dr. Swann/ C. Lott RN
04-30			Restland 30 mg HS. Tylenol tab q 3-4h prn for pain DAT Telemetry. BRP J Swann MD
05/01	1820		Be cardiac profile and I&B now and in AM. May take O2, nit and use p.r.n. May ambulate as tolerated. RAV TD. Dr. Swann/ L. Taylor RN J Swann, M.D.

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Date	Time	Physician's signature required for each order. (Please skip one line between dates.)
04/14	0155	Continued receiving therapy under treatment 05-15-YYYY J. Swann, M.D. Signed: J. Dr. Swann / T. Taylor
05/02	0910	D/C IV D/C telemetry Δ IV Bactem to 150 mg q.a.B.I.D. KAY MD, Dr. Swann & L. Taylor CPU
05/02	1010	Discharge J. Swann, MD

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HEDDER, Kelley E		Admission: 04-30-YYYY		LABORATORY DATA	
Case 07		DOB: 01-16-YYYY			
Dr. Swann		ROOM: 0320			
SPECIMEN COLLECTED:		04/30/YYYY	SPECIMEN RECEIVED:	04/30/YYYY	
TEST	RESULT	FLAG	REFERENCE		
ROUTINE URINALYSIS					
COLOR	STRAW				
SP GRAVITY	1.015		≤ 1.030		
GLUCOSE	NEG		≤ 125 mg/dl		
BILIRUBIN	NEG		≤ 0.8 mg/dl		
KETONE	NEG		≤ 10 mg/dl		
BLOOD	NEG		0.06 mg/dl hgb		
PH	7.0		5-8		
PROTEIN	NEG		≤ 30 mg/dl		
UROBILINOGEN	NORMAL		≤ -1 mg/dl		
NITRITES	NEG		NEG		
LEUKOCYTES	NEG		≤ 15 WBC/hpf		
EPITH	4-8				
W.B.C.	RARE		≤ 5/hpf		
End of Report					
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HOOVER, Holley E		Admission: 04-30-YYYY		LABORATORY DATA	
Case 07		DOB: 01-15-YYYY			
Dr. Swann		ROOM: 0320			
SPECIMEN COLLECTED:		4/30/YYYY	SPECIMEN RECEIVED:		4/30/YYYY
TEST	RESULT	FLAG	REFERENCE		
Glucose	156	**H**	82-115 mg/dl		
Creatinine	0.9		0.9-1.4 mg/dl		
Sodium	144		136-147 meq/L		
Potassium	3.6	**L**	3.7-5.1 meq/L		
Chloride	105		98-108 meq/L		
Total CO2	29		24-32 meq/L		
Calcium	9.2		8.8-10.5 mg/dl		
WBC	5.0		4.5-10.8 thous/UL		
RBC	4.46		4.2-5.4 mill/UL		
HGB	13.5		12-16 g/dl		
HCT	40.4		37.0-47.0 %		
Platelets	288		130-400 thous/UL		
PTT	22		< 32 seconds		
Prottime	12.3		11.0-13.0 seconds		
End of Report					
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HOOPER, Molly E		Admission: 04-30-YYYY		LABORATORY DATA	
Case 07		DOB: 01-16-YYYY			
Dr. Swann		ROOM: 0320			
SPECIMEN COLLECTED:		4/30/YYYY		SPECIMEN RECEIVED: 4/30/YYYY	
TEST	RESULT	FLAG	REFERENCE		
Urea Nitrogen	17		7-18 mg/dl		
Alkaline Phosphatase	90		50-136 U/L		
SGOT	27		15-37 U/L		
Lactic Dehydrogenase	158		100-190 U/L		
Phosphorus	2.8		2.5-4.9 mg/dl		
Total Bilirubin	0.3		0.0-1.1 mg/dl		
Total Protein	6.7		6.4-8.2 g/dl		
Albumin	3.4		3.4-5.0 g/dl		
Uric Acid	5.7	**H**	2.6-5.6 mg/dl		
Cholesterol	193	***	< 200mg/dl		
CARDIAC PROFILE & MG PANEL					
Creatine Kinase	177		21-215 U/L		
CKMB	5.6		0.0-6.0 ng/ml		
Relative Index	3.2	**H**	0.0-2.5 U/L		
Magnesium	1.8		1.8-2.4 mg/dl		
End of Report					
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HOOVER, Kelley E	Admission 04-30-YYYY	LABORATORY DATA	
Case 07	DOB 01-16-YYYY		
Dr. Swann	ROOM 0320		
SPECIMEN COLLECTED:	05/01/YYYY	SPECIMEN RECEIVED:	05/01/YYYY
TEST	RESULT	FLAG	REFERENCE
Creatine Kinase	86		21-215 U/L
CKMB	2.4		0.0-6.0 ng/ml
End of Report			
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HOOVER, Holley E.		Admission: 04-30-YYYY		LABORATORY DATA	
Case 07		DOB: 01-16-YYYY			
Dr. Swann		ROOM: 0320			
SPECIMEN COLLECTED:		05/02YYYY		SPECIMEN RECEIVED: 05/02YYYY	
TEST	RESULT	FLAG	REFERENCE		
Creatine Kinase	69		21-215 U/L		
CKMB	1.7		0.0-6.0 ng/ml		
End of Report					
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HOOVER, Melley E

Case 07

Dr. Seann

Admission 04-30-YYYY

DOB 01-16-YYYY

ROOM 0320

LABORATORY DATA

SPECIMEN COLLECTED: 05/03YYYY

SPECIMEN RECEIVED: 05/03YYYY

TEST	RESULT	FLAG	REFERENCE
T4	6.3		4.9-10.7 UG/DL
TSH	2.57		0.38-6.15 UIU/ML

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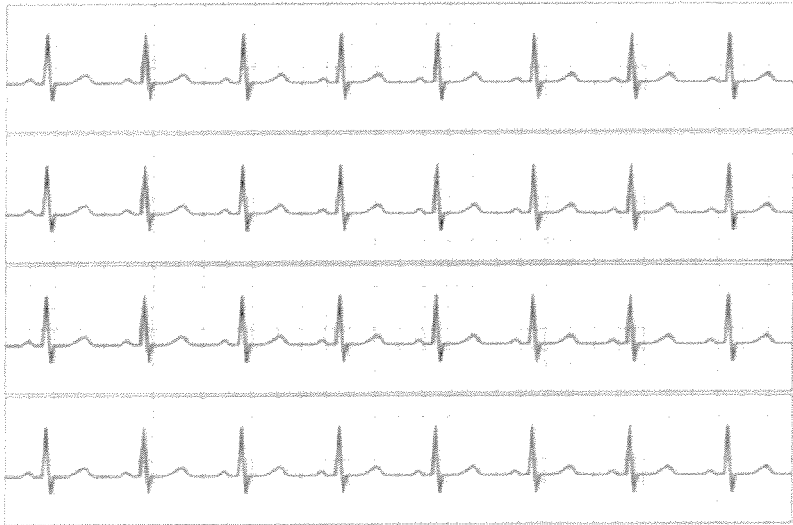
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MOORE, Holley E		Admission: 04-30-YYYY	EKG REPORT
Case 07		DOB: 01-16-YYYY	
Dr. Swann		ROOM: 0320	
		Date of EKG	Time of EKG 14:22:13
Rate	81	04-30-YYYY	
PR	152		
QRSD	72		
QT	35		
QTC	424	Sinus Rhythm Normal	
-- Axis --			
P	46		
QRS	6		
T	-1		

Bella Kaplan, MD

Bella Kaplan, M.D.

Name of Physician



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HOOVER, Holley E		Admission 04-30-YYYY	EKG REPORT
Case 07		DOB 01-16-YYYY	
Dr Swann		ROOM 0320	
		Date of EKG	Time of EKG 17:06:34
Rate	69	05-01-YYYY	
PR	153	Tw ↓ d V3-V4	
QRSD	68	V4	
QT	383	Minor nonspecific + wave lower ins.	
QTC	410	Stable.	
-- Axis --			
P	4	Bella Kaplan, MD	
QRS	1	Bella Kaplan, M.D.	
T	-14	Name of Physician	

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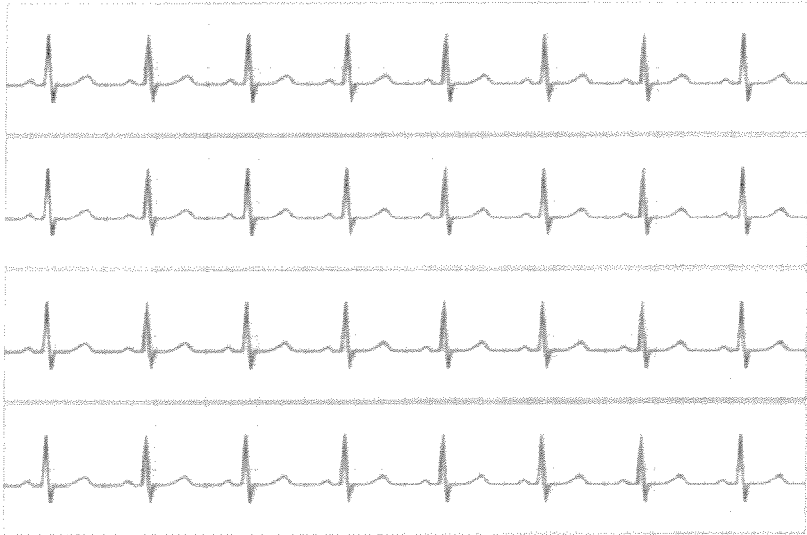
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HOOVER, Holley E		Admission 04-30-YYYY	EKG REPORT
Case 07		DOB: 01-16-YYYY	
Dr Swann		ROOM: 0320	
		Date of EKG	Time of EKG 8:20:35
Rate	66	05-02-YYYY	
PR	151		
QRSD	65		
QT	388		
QTC	406	Normal - twaves back to normal today	
-- Axis --			
P	5		
QRS	13		
T	0		

Bella Kaplan, MD
Bella Kaplan, M.D.
Name of Physician



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