

**ST. JOSEPH'S HEALTHCARE, Hamilton
DEPARTMENT OF NURSING**



J 0000372533 1-1612512
YOUNG, SUZANNE MARIE
 695 PLAINS RD E 101
 BURLINGTON ON L7T 2E8
 (905)333-2744 2012/11/26
 1964/10/11 48Y F 6427-959-512 YW
 I/P GYN
 MRP: SMALL, DAVID R
 GP : DIPAOLO, BRUNO L

- D - DATA:** Subjective or objective information obtained from the patient, family or observation.
- A - ACTION:** Action taken (based on assessment).
- E - EVALUATION:** Patient's response and outcome of actions.

DATE & TIME	NURSING DIAGNOSIS AND/OR FUNCTIONAL STATUS	PROGRESS NOTES
Nov 27/12 1745	Initial	Received pt @ 1630 hrs. VS stable, afebrile. Pt very anxious, very + + complaining. Pt on Oximetry, continuing to desat. Pt is now on 4L NP and pt O ₂ sets are better. 90's - 94's. Pt has no hx A sleep disorder but has been a part of many sleep studies, but inconclusive results. Pt is tolerating oral intake. Bsg to abdomen is dry & intact. Small, scant zero dr Sony drainage noted & cause for concern. Pt is check q 1hr. Will continue to monitor pt for any concerns —————
Nov 27	0430	Pt received at 1900 hrs. Pt alert + oriented x3 VSS. Pt on Oximetry. Pt O ₂ desats on machine is unable read O ₂ at times. Pt having nausea and open emesis with good effect. Pt has serous drainage scant amounts. Care done as per plan ————— C300 PR.
Nov 27/12	Assessment	Pt was initially assessed @ 0730 awake, alert and oriented x3. Vitals are stable and pt is afebrile. Pt denies any chest pain or any respiratory distress. Pt has dilaudid PCA orders @ 0.2 q 7hr. IV fluid infusion @ 125/hr. Site is dry and intact. PCA dilaudid discontinued

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Nov 27/11	Contd	<p>@ 1100 hrs as ordered by APS. Deaudied long Acting & immediate release given also plain tylenol @ good effect. Foley disconnected @ 0800 hrs, as ordered. Pt transferred to bathroom, ambulated well and voided into toilet. Pt has small clots present but has not been having flakes. Pt is now on clear fluid but non-emplial eqol is eating solid foods. Pt has nausea but denies vomiting. Ondansetron given @ good effect. Pt employed a lamp on her posterior scalp with a covered end found a small hematoma in front on back of head. Nurse Resident made aware of hematoma and will come by calls to assess patient. Silent crying on abdominal area during. Case done as per flow sheet. Continue to monitor Mr. Russell to</p>

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DATE & TIME	NURSING DIAGNOSIS AND/OR FUNCTIONAL STATUS	PROGRESS NOTES
Nov 27 2230	initial	(D) Pt initially assessed at 1945 hrs then at 2000 and 2030 hrs. VS stable. IV @ 50 ml/hr infusing well. Site to (D) and satisfactory. IV dressing dry + intact and replaced as pt c/o + itchy and uncomfortable. IV flushing well. Dressing to abdomen dry + intact. Pt c/o pain to lower abdomen and groin and pt up to BR independently and voiding well with noted hematuria. Pt c/o "bump or indent" to back of head; (D) writer palpated bump and only noticeably pink. Pt taking fluids well and only c/o slight nausea. Pt updated for pain with some effect. (E) will continue to monitor. ———— GRACE RN
Nov 28/12 1130	Initial	(D) Pt. initially assessed at 0740. (D) Awake and alert. (D) VS. Stable IV-Incision NS at 50 ml/hr ———— Infusing well. (D) IV-dry + intact and dry. (D) Dress to abdo changed, incision well approximate no redness or blisters. Skin D+T. (D) Pt. up to the BR indep ———— (A) Pain medications given as per order. (A) Ondansetron given for nausea as per order ———— (A) Nursing care done as per flow sheet. (D) Pt. not passing gas/flatus yet, Pt. Burping and has bowel sounds in all 4 quadrants. (D) Some numbness evident in the upper quadrant of Abdo (A) Doctor aware. (D) Pt encouraged

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Nov 25/12 1130	Update	to mobilize. (A) Nursing care done as per flowsheet. (P) CRB in reach, GRX S. (E) will continue to monitor the pt — A. Brown
Nov 25/12 1830	Update	(P) Pt. ++ upset. (D) Family upset not continues to await for Sx. (E) Plastics informed — (E) Plastics to come and speak to patient. (D) Pt. considering leaving AMA if Sx does not happen tonight ————— A. Brown ————— Error charged on wrong patient.
Nov 25/12 1830	Update	(P) Pt. not passing gas status yet. (D) Mobilizing Mobilization encouraged. (D) Abdo distended but soft and non-tender (D) Bowel sounds x 4 quadrants ————— A. Brown —————
2250	Initial	(D) Patient vitally assessed at 1945 awake and alert, VS stable. Abd exam DFF. Pt up independently. Pt fully clear flab well. Pt states she is still not pass gas. IV of NS infusing at 50gt/hr. Pt voiding in PR. Pt no nausea, or chills. (D) Nitroglycerine as pr flushed Dilaudid po given for pain control Ondansetron IV given for nausea (E) Will continue to monitor encourage pt to move. —————

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Nov 29/12 1200	Initial	<p>(D) Pt. initially assessed at 0730. (D) Awake and alert. (D) VSS (D) Awake (D) A + O x 3. (D) DRSG Intact and dry to Abdo. (D) IV - NS at 50 ml/hr. (D) Pt. continues to be on CF. (D) Ab - Wiker found Pt. eating Sunflower seeds (A) Gyne made aware. (A) Supp. given this morning but no effect until now. (D) Prune juice and rolae given as per order. (D) Pt's Abdo distended non-tender. (D) Bowel sounds present in upper Rt and Lt quadrant and lower Rt quadrant (D) Bowel sounds faint in lower left quadrant. (D) Pt. having ++ pain to Abdo (D) Pt. has not passed flatus yet. (D) Mobility encouraged (A) Dilaudid given for pain as per order (D) Gyne informed (A) Abdo X-ray 3 view ordered (A) Nursing care done as per flowsheet. (D) CB in reach, CRXs. (D) Will continue to monitor the pt — A. Dipalo</p>
Nov 29/12 1530	Update	<p>(D) Abdo x-ray done, (A) Gyne made aware, test results negative (D) Gyne suggested to continue CF diet and encourage mobilization A. Dipalo</p>

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DATE & TIME	NURSING DIAGNOSIS AND/OR FUNCTIONAL STATUS	PROGRESS NOTES
Nov 29/12 1830	Update	<p>(D) IV - fall out. (D) Pt - eating and drinking well</p> <p>(D) Mobilization encouraged.</p> <p>(D) Pt - still not passing gas</p> <p>(E) Will continue to monitor for pt. A Santa</p>
Nov 29/12 2355	Subs	<p>(D) Patient vitals good at 1945 and stable. Dem to abd PSI. Pt up independently, voiding in P&P & BM. Pt managed to ambulate. Abd distended but soft.</p> <p>(D) N/A as per flushed. Dilaudid po given for pain control. Pt on NPO for 24hrs.</p> <p>(E) Will continue to monitor.</p>
Nov 30/12 1030	Assessment	<p>Pt was initially assessed @ 0730 hrs, awake alert and oriented x3. Vitals are stable and pt is afebrile. Pt reports still not passing any flatus, no any bowel movement x 5 days. Pt reminded to stay on clear fluid since she is not passing gas however pt went down to low-Hutchins and brought herself solid food. Abdomen is distended, pt states she feels bloated but denies any abdominal pain.</p>

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DATE & TIME	NURSING DIAGNOSIS AND/OR FUNCTIONAL STATUS	PROGRESS NOTES
	const	1 Fleet enema and tachulose 30 mls given. Pt passed small amount of constipated stools in toilet. Abdominal incision is well approximated and is dry and intact. Come alone as per flow sheet. Continue to monitor.
Nov 30/1926	update	Pt had large bowel movement on toilet x2. Pt tolerated food and fluid well no nausea or vomiting. Pt stated that she is passing lots of gas and does not feel distended anymore. Pt well.
Nov 30 2400	initial	@ & initially assessed at 1945 hrs then at 2100 hrs and then at 2400 hrs. VS stable. Incision to abdomen well-healed and open to air. Pt up to Bt independently and voiding well. Pt up eating around unit. Pt taking diet well and fluids tolerated well. Pt voided well.
	initial	Received pt @ 0800 hrs VS stable. Incision to abdomen well-healed and open to air. Pt up to Bt independently and voiding well. Nursing care done as per flow sheet. Pt eating & drinking well. Pt checked off the @ concerns & discharged. Pt was at Nurse satisfied & discharge. Pt apt given. Script. @ issues.

- Charlton Campus
- King Campus
- West 5th Campus



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TRANSFER OF ACCOUNTABILITY SIGN-OFF

Initialling and signing this sheet indicates that the verbal transfer of accountability and the safety assessment
 Bedside safety check must include where applicable:

1. Introduction of incoming nurse
2. Allergies reviewed and allergy band on
3. Monitor alarms on/leads intact
4. Armband on patient
5. IV solution and rate correct
6. Drains/Dressings patent/intact

Date (yyyy/mm/dd)	Time (hh:mm)	Bedside Safety Check (✓)	Incoming (Initials)	Outgoing (Initials)	Date (yyyy/mm/dd)	Time (hh:mm)	Bedside Safety Check (✓)	Incoming (Initials)	Outgoing (Initials)
Nov 27	1900	✓	MS	MS					
Nov 28/10	CTCC	✓	MS	MS					
	1900	✓	MS	MS					
Nov 29	0700	✓	MS	MS					
	1900	✓	MS	MS					
Nov 30	0700	✓	MS	MS					
Nov 30	1900	✓	MS	MS					
Dec 1/12	CTCC		MS	MS					
Dec 11	1900		MS	MS					

Printed Name	Signature	Initials	Discipline
MRussell	<i>MRussell</i>	MS	RN
A. Sun	<i>A. Sun</i>	MS	RN
A. Hill	<i>A. Hill</i>	MS	RN

Printed Name	Signature	Initials	Discipline
S JACK	<i>S JACK</i>	MS	RN
A. Sun	<i>A. Sun</i>	MS	RN

- Charlton Campus
- King Campus
- West 5th Campus

TRANSFER OF ACCOUNTABILITY SIGN-OFF

Initialling and signing this sheet indicates that the verbal transfer of accountability and the safety check has been completed. Bedside safety check must include where applicable:

- | | | |
|---|-----------------------------------|-----------------------------------|
| 1. Introduction of incoming nurse | 3. Monitor alarms on/leads intact | 5. IV solution and rate correct |
| 2. Allergies reviewed and allergy band on | 4. Armband on patient | 6. Drains/Dressings patent/intact |

Date (yyyy/mm/dd)	Time (hh:mm)	Bedside Safety Check (✓)	Incoming (Initials)	Outgoing (Initials)

Date (yyyy/mm/dd)	Time (hh:mm)	Bedside Safety Check (✓)	Incoming (Initials)	Outgoing (Initials)

Printed Name	Signature	Initials	Discipline

Printed Name	Signature	Initials	Discipline

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SHORT STAY FLOWSHEET

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ADMISSION NOTE		
PROCEDURE: <u>Abdominal Hysterectomy.</u>	RECEIVED FROM	ARRIVAL DATE & TIME
ALLERGIES: <u>Penicillin, Nuts, Placenta</u>	PAR <input type="checkbox"/> ER <input type="checkbox"/>	_____
OTHER: _____		
TYPE OF ANESTHETIC: GENERAL <input checked="" type="checkbox"/> LOCAL <input type="checkbox"/> BLOCK <input type="checkbox"/> SPINAL/ EPIDURAL <input type="checkbox"/>		
BED SIDE RAILS UP <input type="checkbox"/> CALL BELL WITHIN REACH <input type="checkbox"/> PT. INSTRUCTED RE: DIET <input type="checkbox"/> AMBULATION <input type="checkbox"/>		
COMMUNICATION BARRIERS: NO <input type="checkbox"/> YES <input type="checkbox"/> SPECIFY: _____		

ADMITTED BY: _____ /REG.N.

VITAL SIGNS		CODE:	Blood Pressure:	SYSTOLIC ▲	DINAMAPP BP *	Pulse: X	Temp: •
				DIASTOLIC ▼			
Date:		Nov					
Time:		1700					
Nurse's Initials:		Mh					
Temp.	240						
	230						
42	220						
	210						
41	200						
	190						
40	180						
	170						
39	160						
	150						
38	140						
	130						
37	120						
	110						
36	100						
	90						
35	80						
	70						
34	60						
	50						
	40						
Respiratory rate:		15	13	13	10	16	15
O ₂ Saturation:		95	100	90	94	95	94

SHORT STAY Assessment Flowsheet

NEURO
PAIN
RESP.
GI
SKIN
IV
GU
DRESSINGS/DRAINS

Date	27	28	29	30	31	1	2	3	4	5	6	7	8	9	10	11	12
Time	0800	1200	1800	0800	1200	1800	0800	1200	1800	0800	1200	1800	0800	1200	1800	0800	1200
Nurses Initial	MM	MM	MM	MM	MM	MM	MM	MM	MM	MM	MM	MM	MM	MM	MM	MM	MM
Awake & Alert	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Drowsy & Arousable																	
Confused																	
unresponsive																	
relaxed		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
upset / agitated (see notes)	✓																
comfortable /no pain	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
mild discomfort		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
moderate discomfort																	
severe discomfort																	
non-laboured respirations	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
dyspnea/SOB		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
lungs clear	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
lungs congested																	
O ₂ on at ___%	2L	2L	2L	2L	2L	2L	2L	2L	2L	2L	2L	2L	2L	2L	2L	2L	2L
O ₂ saturation	96	96	96	96	96	96	96	96	96	96	96	96	96	96	96	96	96
NPO																	
nausea		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
vomiting		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
tolerating fluids well	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
tolerating food well																	
bowel sounds present		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
bowel movement																	
skin warm & dry	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
skin cool & dusky																	
peripheral pulses palpable	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
IV site assessed	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
IV infusion rate	125	125	125	125	125	125	125	125	125	125	125	125	125	125	125	125	125
IV site reddened/painful																	
voiding without difficulty	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
foley catheter insitu	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
incontinent of urine																	
urine colour																	
urine clarity																	
drain #1 intact & patent																	
drain #2 intact & patent																	
dressing #1 drainage																	
dressing #2 drainage																	

Urine colour: a = amber, st = straw coloured, p = pink
 drainage: 0 = none, 1 = small, 2 = moderate, 3 = large
 urine clarity: cl = clear, clo = cloudy, b = bloody
 Sa = sanguinous Se = serous P = purulent b = bile

LIMB ASSESSMENT:		limb involved:									
date & time											
initials:											
skin colour of limb											
skin temp. of limb											
limb sensation Y/N											
limb movement Y/N											

skin colour: r = red, p = pink, l = pale, d = dusky, m = mottled skin temp.: w = warm, cl = cool, cd = cold

IV

IV solution:	N/S at 50.	site:	Rt hand.
IV discontinued			
date:	time:	site:	IV cannula intact <input type="checkbox"/> nurses initial:

drain #1:	site: _____	type: _____	
drain #2:	site: _____	type: _____	
dressing #1:	site: _____	type: _____	changed: _____
dressing #2:	site: _____	type: _____	changed: _____

FLUID BALANCE:

Date:	NCV DT											
Intake	Days	3-11	Nights	24hr total	Days	3-11	Nights	24hr total	Days	3-11	Nights	24hr total
oral	DAT		DAT				DAT		DAT			
IV	125/20		125				600		600			
blood												
total in												

Date:	NCV DT											
Output	Days	3-11	Nights	24hr total	Days	3-11	Nights	24hr total	Days	3-11	Nights	24hr total
urine	250								700			
emesis												
drain #1												
total out												

Nurse's Signature	Initials	Nurse's Signature	Initials	Nurse's Signature	Initials
Mosley	AM	WAGE	WJ		
ebw	eb				
JA	JA				

PATIENT ACTIVITY/NURSING CARE:

DATE:		NCV 37		28			
ACTIVITY		DAYS (0700-1900)	NIGHTS (1900-0700)	DAYS (0700-1900)	NIGHTS (1900-0700)	DAYS (0700-1900)	NIGHTS (1900-0700)
BATH		admitted @ 1700 hrs		HS		S/S/A	
Tu-Tub Sh - Shower SI-Sink B-Bed	S-Self Su-Supervised A -Assist C-Complete H-Hairwash						
MOUTH CARE		admitted @ 1700 hrs		S		MC S	
TB-Teethbrushed D-Dentures	S - Self A - Assist (record times done)						
ACTIVITY LEVEL ASSISTS		admitted @ 1700 hrs		LIA/USU		US US	
US-Up by self USu-Up c supervision UA-Up Assisted BR-Bed rest Ch-Up in chair BRP-Bathroom Priv.	Ca-Cane Cr-crutches W-Walker WW-Wheeled Wh-Wheelchair Walker						
SLEEP (2300-0700)		admitted @ 1700 hrs		-		-	
G-Good Int-Interrupted Pr-Poor	PT. CHECKED: (i.e.- q 1h)						
NURSE'S INITIALS:				WALK		APL	

PATIENT/FAMILY TEACHING:

Patient/family learning needs assessed Date: _____ Nurse's Initial: _____

Patient/family teaching provided: _____ Date: _____ Nurse's Initial: _____

Diet Guidelines Ambulation Guidelines Incision/drain Care

Signs/symptoms of Infection Other: _____

Comprehension of teaching assessed Date: _____ Nurse's Initial: _____

DISCHARGE PLANNING:

Referrals Made:(date) _____ Community Care _____ Physiotherapy _____
 Pharmacist _____ Dietitian _____
 Home supplies given Prescription given Post-op Instruction sheet given

Patient given date/time of follow-up appointment with _____

Patient instructed to call _____ for follow-up appointment (phone numbers given)

Other patient specific referral or instructions: _____ Nurse's Initial: _____

PATIENT DISCHARGE:

Patient discharged: _____ Date: _____ Time: _____ by: Walking Wheelchair

Accompanied by: Family member Friend Nurse Other _____

Comments: _____

Nurse's signature: _____

PCA Assessment Flow Sheet

PCA Drug:

Morphine Hydromorphone Fentanyl

Note: At 0600 and 1800 Clear History

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Patient Assessment										Pump Settings			Pump Setting Changes and Bolus Doses must be witnessed by 2 RNs and signed on cMAR			
Date	Time	Pain Scale	Location Surgical Site (S) or Other (O)	Respiratory Rate	O2 SAT	Sedation Scale	Nausea/Vomiting	Pruritus	Urinary Retention	IV Catheter and site checked	Pump Settings checked on transfer and Q shift	Total Cumulative Amount mcg/mg	PCA Bolus # Demands / # Delivered	Initials	Pump Setting Changed	Bolus Dose Given
	1800	7	S	✓								2.4	22 / 12	RS	PCA clear	
	2000	5	S		100	2	2	0	F			1.2	6 / 6	CS		
	2200	2	S	18	98	2	1	0	F			2.4	22 / 22	CS		
	2300	0				2	0	0	F			6.4	33 / 33	CS		
	0700	0			94	2	0	0	F			6.4	33 / 33	CS		
	0800	1	S	18	95	1	0	0	F			8.6	43 / 43	CS	Pump cleared	
	0900	1	S	18	-	1	0	0	F			0.5mg	1 / 1	MR		
	1100					1	AS	AS	AS			1.0mg	9 / 6	MR		

Numeric Pain Scale

No Pain: 0, 1, 2, 3, 4, 5, 6, 7, 8, 9, 10

Moderate Pain: 5, 6, 7, 8, 9, 10

Worst Pain: 10

Sedation Scale

SL = Sleeping

1 = Awake and alert

2 = Slightly drowsy, easily aroused

3 = Frequently drowsy, arousable, drifts off to sleep during conversation

4 = Somnolent, minimal or no response to physical stimulation

Nausea Vomiting/Pruritus

0 = None

1 = Mild

2 = Moderate

3 = Severe

Urinary Retention Scale

F = Foley

V = No retention, voiding well

DNV = Does not void

P = See Clinical Notes for problem

Print Name: Chaxter Initials: CS Print Name: M. J. Russell Initials: MJ

DEPARTMENT OF NURSING

J 0000372533 1-1612512
YOUNG, SUZANNE MARIE
 695 PLAINS RD E 101
 BURLINGTON ON L7T 2E8
 (905)333-2744 2012/11/26
 1964/10/11 48Y F 6427-959-512 YW
 I/P GYN
 MRP: SMALL, DAVID R
 GP : DIPALO, BRUNO L

DATE (0700-2400): *Nov 27* DATE (2400-0700): *Nov 28*

INTAKE

TIME	ORAL or TUBE FEED	INTRAVENOUS		TPN		BLOOD & BLOOD PRODUCTS	TOTAL	URINE	RESIDUAL URINE	N/G TUBE	EMESIS	DIARRHEA	DRAINAGE		TOTAL
		N/S		TRAVI-SOL	LIPID										
0700-0800		125													
0900															
1000															
1100		50													
1200		50													
1300		50													
1400		50													
1500		50													
Subtotal 0700-1500		375					X		750						X
1500-1600		50													
1700		50													
1800		50													
1900		50													
Subtotal 0700-1900		575	1000				(1575)		1050					(1050)	
1900-2000		50													
2100															
2200															
2300															
Subtotal 1900-2300							X								X
2300-2400															
0100															
0200															
0300															
0400															
0500															
0600															
0700															
Subtotal 1900-0700		50													
TOTAL 0700-0700															

NURSES' SIGNATURE & STATUS	DAYS	0700-1500	<i>M. Russell Jr.</i>	24 HOUR INTAKE		ml.
	NIGHTS	0700-1900		24 HOUR OUTPUT		ml.
		1500-2300		BALANCE		ml.
		1900-0700				

24 HOUR FLUID BALANCE FLOW SHEET

DEPARTMENT OF NURSING

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 I/P GYN
 MRP: SMALL, DAVID R
 GP: DIPALO, BRUNO L

DATE (0700-2400): *Nov 28* DATE (2400-0700): *Nov 29*

INTAKE

OUTPUT

TIME	ORAL or TUBE FEED	INTRAVENOUS			TPN		BLOOD & BLOOD PRODUCTS	TOTAL	URINE	RESIDUAL URINE	N/G TUBE	EMESIS	DIARRHEA	DRAINAGE		TOTAL
					TRAVISOL	LIPID										
0700-0800																
0900																
1000																
1100																
1200																
1300																
1400																
1500																
Subtotal 0700-1500								X								X
1500-1600																
1700																
1800																
1900																
Subtotal 0700-1900																
1900-2000																
2100																
2200																
2300																
Subtotal 1900-2300								X								X
2300-2400																
0100																
0200																
0300																
0400																
0500																
0600																
0700																
Subtotal 1900-0700																
TOTAL 0700-0700																

NURSES' SIGNATURE & STATUS	DAYS	0700-1500	24 HOUR INTAKE	ml.
		0700-1900		24 HOUR OUTPUT
	NIGHTS	1500-2300	BALANCE	
		1900-0700		

24 HOUR FLUID BALANCE FLOW SHEET

DEPARTMENT OF NURSING

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 GP : DIPAOLLO, BRUNO L

DATE (0700-2400): *Nov 29/12* DATE (2400-0700):

INTAKE

OUTPUT

TIME	ORAL or TUBE FEED	INTRAVENOUS			TPN		BLOOD & BLOOD PRODUCTS	TOTAL	URINE	RESIDUAL URINE	N/G TUBE	EMESIS	DIARRHEA	DRAINAGE			TOTAL	
					TRAVI-SOL	LIPID												
0700-0800																		
0900																		
1000																		
1100																		
1200																		
1300																		
1400																		
1500																		
Subtotal 0700-1500								X										X
1500-1600																		
1700																		
1800																		
1900																		
Subtotal 0700-1900																		
1900-2000																		
2100																		
2200																		
2300																		
Subtotal 1900-2300								X										X
2300-2400																		
0100																		
0200																		
0300																		
0400																		
0500																		
0600																		
0700																		
Subtotal 1900-0700																		
TOTAL 0700-0700																		

AK
SO
↓

OP to BR

NURSES' SIGNATURE & STATUS	DAYS	0700-1500	<i>A. Bumpal</i>	24 HOUR INTAKE	ml.
		0700-1900		24 HOUR OUTPUT	ml.
	NIGHTS	1500-2300		BALANCE	ml.
		1900-0700			

24 HOUR FLUID BALANCE FLOW SHEET

DEPARTMENT OF NURSING

P — IN RED — PROBLEM IDENTIFIED — DOCUMENT ON NURSING PROGRESS NOTES

ABBREVIATIONS BELOW ARE TO BE USED ON THIS FORM ONLY

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 BURLINGTON
 (905) 333-2744
 1964/10/11 48Y F
 I/P GYN
 MRP: SMALL, DAVID R
 GP: DIPADLO, BRUNO L
 1-1612512
 101
 ON L7T 2E8
 2012/11/26
 6427-959-512 YW
 see 1

DATE:		Nov 29/12		Nov 30/12	
ACTIVITY		DAYS (0700-1900)	NIGHTS (1900-0700)	DAYS (0700-1900)	NIGHTS (1900-0700)
BATH					
Tu-Tub Sh-Shower Si-Sink B-Bed	S-Self Su-Supervised A-Assist C-Complete H-Hairwash	si s/A	hs s	si s	hs s
MOUTH CARE					
N-Normal D-Dentures	S-Self A-Assist - record times done	mc s	mc s	mc s	mc s
SKIN CARE					
Cl-Clear	T&R-Turn & Rub - record times done	us s	cl s	cl s	cl s
SAFETY					
V-Vest M-Mitts An-Ankle W-Wrist L-Lap belt CB-Call bell in reach GC-Gerichair SR-Siderails	Record times restraints checked-Ch and released-Rel	CB s x 3	CB s x 3 gh	CB s x 2 R	CB s x 2 am
ACTIVITY LEVEL					
US-Up by self USu-Up c̄ supervision UA-Up Assisted BR-Bed rest Ch-Up in chair BRP-Bathrm Priv.	Ca-Cane Cr-Crutches W-Walker WW-Wheeled Walker Wh-Wheelchair	us s	us s	us s	us s
NUTRITION — DIET					
T-Total taken P-Partial taken FI-Fluids only NPO-Nothing by mouth NG-Nasogastric feeding	S-Self A-Assist T-Total Feed c̄ N-with nausea E-with emesis	FI s	FI s	FI s	FI s
ELIMINATION-BLADDER					
V-Voiding C-Catheter SP-Suprapubic CC-Condom catheter II-C-ileal Conduit I-Incontinent	Cl-Clear Amb-Amber Con-Concentr Clo-Cloudy Sed-Sediment Sang-Sanguinous	0700-1500 1500-1900 v cl	0700-1500 1500-1900 v cl	0700-1500 1500-1900 v cl	0700-1500 1500-1900 v cl
ELIMINATION - BOWEL					
BM-Bowel movement ØBM-No bowel movement Col-Colostomy II-Ileostomy I-Incontinent	N-Normal Const-Constitipated Di-Diarrhea	0700-1500 1500-1900 BM cl	0700-1500 1500-1900 BM cl	0700-1500 1500-1900 BM cl	0700-1500 1500-1900 BM cl
RESPIRATORY STATUS					
Cl-Clear Con-Congested If Congested state: NP-Non productive Pro-Productive (state amt & colour or sputum)	D.B. & C. -record times done	cl DB & C	cl s	cl s	cl s
NURSE'S SIGNATURE		[Signature]		[Signature]	
SLEEP (2300 - 0700)					
G-Good Int-Interrupted Pr-Poor	CHECKS: example - q ½ h or q 1 h etc.				check
NURSE'S SIGNATURE		[Signature]		[Signature]	



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Please send all clothing home, unless otherwise requested by the Nursing Unit Staff.

All valuables, personal papers and money are to be sent home. If valuables, personal papers and money cannot be sent home, they will be deposited in the hospital vault. A nurse will help you list the items on the Valuables Envelope and make the deposit.

The hospital only assumes responsibility for patient's possessions that are deposited in the hospital vault or in the Nursing Unit's locked cupboard.

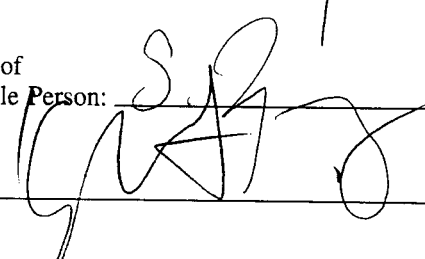
I accept full responsibility for all of my personal possessions that are **not** deposited in the hospital vault or in the Nursing Unit's locked area.

- I understand that
- only medications prescribed for treatment in the hospital should be taken by me
 - I will be advised by either the pharmacist, nursing unit staff or physician, if I should bring any of my medications into the hospital
 - medications I have brought to hospital with me might not be returned to me, if my physician does not think I should take them

Date: Nov 26/12

Patient's Signature: 

or

Signature of Responsible Person: 

(relationship)

Witness: 

PATIENT'S POSSESSION SHEET

J 0000372533
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ARI / ARO ADMISSION SCREEN TOOL

Initial all boxes and entries

SECTION A:

Acute Respiratory Infection (ARI) Surveillance

1) Do you have new/worse cough or shortness of breath? • If NO → Proceed to ARO screening (SECTION B) • If YES → Proceed to Question 2	Yes	No
2) Are you feeling feverish* or have you had shakes or chills in the last 24 hours? • Take temperature; TEMP: _____ • If equal or greater than 38°C continue • If less than 38°C stop questions HERE *Some people, such as the elderly and people who are immuno-compromised, may not develop a fever. Assess patient carefully. ISOLATE IF YES to 1 and 2 • Place a procedure mask on person in waiting room • Place in Droplet/Contact Precautions • If suspected TB, place in Airborne Precautions • Complete Nasopharyngeal swabs • Complete questions 3 and 4	Yes	No
3) Are you a resident of a long-term care facility? If YES, Where: _____ If YES to 1, 2 and 3 → ISOLATE and NOTIFY Infection Prevention and Control	Yes	No
4) Are any of the following true? • Have you travelled in the last 14 days? YES: Where: _____ • Have you had contact in the last 14 days with a sick person who has traveled? YES: Where: _____ If YES to 1, 2 and 4 → ISOLATE and NOTIFY Infection Prevention and Control	Yes	No

SECTION B:

Antibiotic Resistant Organism Screening (ARO)

1) Have you ever tested positive for MRSA, VRE or ESBL? • If YES → SWAB* ◆ • If positive in the last 12 months → ISOLATE, SWAB*◆, and NOTIFY Infection Prevention and Control	Yes	No
2) Prior to this admission have you spent time as a patient for 12 continuous hours in a health care facility, including long-term care, in the past 12 months? • If YES → SWAB* ◆	Yes	No
3) Have you been in a health care facility outside of Canada in the last 12 months? where: _____ • If YES → ISOLATE and SWAB* ◆ MRSA, VRE, ESBL/CPE	Yes	No
*Complete swabs on admitted patient only. Any patient from a facility with an MRSA or VRE outbreak must be placed in Contact Precautions and swabbed.		
◆ • MRSA: nasal swab, rectal swab and any open wound, incisions, ulcers and exit sites of indwelling devices • VRE: fecally-stained rectal swab or stool • ESBL/CPE: rectal swab		

Proceed to ARO screening SECTION B

Date (yyyy/mm/dd): 2012/11/26 Unit: DSU

Printed Name: Kate Porter Signature: KPA Initial: kp Discipline: BSCN 14

Check List for Surgery

✓ Come to the Day Surgery Registration area at _____
Your surgery is scheduled for: _____
date and time

a.m. p.m.
10:30 am

If you are called with a change in date and time for surgery, adjust the time you arrive.

Before your surgery at home:

- Remove make-up, lipstick, artificial nails and nail polish from fingers and toes.
- Remove all jewellery such as earrings, rings, watches and body piercings and leave at home.
- Leave money, wallet, purse and items of value at home.

If you are staying overnight, do not bring your bag or suitcase to the Day Surgery Unit.

Arrange to have your bag brought to you after you are in your hospital room. You may want to pack:

- easy care comfortable clothing
- night gown or pyjamas
- socks and good walking shoes
- toothbrush
- toothpaste
- brush or comb
- hair care products
- box of tissue
- shaving supplies

When you come to the Day Surgery Unit, bring only:

- Provincial Health Card and all health insurance cards
- your medications non-slip slippers short housecoat
- the name and telephone number of the person who is taking you home if you are going home

If you have a cough, cold or flu symptoms, call your surgeon. Your operation may have to be cancelled. You should call even if you are taking medication for your cold or illness.

If you have had a blood transfusion between your clinic visit and the day of surgery, call your surgeon.

The night before surgery:

- Do not eat or drink anything after midnight the night before surgery.
- Follow any other instructions your doctor has given you.

The day of surgery:

- Do not have anything to eat or drink unless you are advised that you can. Do not have candy, gum, throat lozenges or water. You can brush your teeth. You can take any medications as advised with a small amount of water.
- Take a bath or shower before coming to the hospital.
- Wear loose, comfortable clothes and walking shoes with low heels.

If you are going home the same day as your surgery:

You must not drive for 24 hours after surgery. You must arrange for a responsible person to pick you up, take you home from the hospital and stay with you the first night. Please have this person on-call to come to the Day Surgery Unit around: _____ a.m. p.m.

I understand these conditions and agree to follow them: _____

Patient's Signature

Information reviewed by: _____
Name/Discipline

For questions or concerns, call 905-522-1155 ext. 33830, Monday to Friday, 7:00 am to 3:00 pm.

Pre-Admission Assessment Unit

Follow this page unless your doctor gives you other instructions.

✘ Do not eat or drink anything after midnight.

✓ Take these medications at home in the morning on the day of surgery with a sip of water:

<i>Aspirin</i>	
<i>Warfarin</i>	
<i>Insulin</i>	
<i>Statins</i>	
<i>Diuretics</i>	
<i>Anticoagulants</i>	

✘ Do not take:

[Handwritten signature]

**SURGICAL POST-OPERATIVE
INFORMATION**



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I/P GYN
MRP: D R SMALL
GP : DIPAOLO, BRUNO L

Operation Note Dictation: Done Date Nov 26/12

Resident to do Name _____

Dr. Small
(doctor's name)

Patient: Suzanne Young
(print here if Bradma not used)

Family / Friend contact person: (Carrie Ann, Theresa + Call)
(name)
Daughter, Sister, Brother in Law
Contacted

Relationship: relative guardian friend other: _____

The contact person will be available:

- In the Day Surgery Waiting Room 2nd level Surgical Centre
Directed to register with Volunteer Hostess
- Surgical Waiting Room after 5:00pm in the Main Lobby by the Information desk
- At home - telephone #:
- At this telephone #:
- I.C.U. Waiting Room (ext. 33147)
- Other:

O.R. @ 10:30 am -> 3 hrs -> 1 pm in surgical waiting area.

Rm: G702-02

YOUNG, SUZANNE MARIE

Age: 48Y Height: Weight: 0.0kg BSA:
Adm: 12/11/26 DOB: 64/10/11 Dr: 2493 SMALL, DAVID R
Sex: F Unit#: 0000372533 Acct: 1-1612512

Allergies: PENICILLIN ANALOGUES/FISH OIL/MORPHINE/TREE NUT,NUT OIL/COCONUT OIL/OIL BASED DRUGS

Covers Doses from 0600 Monday Nov. 26, 2012 to 0559 Tuesday Nov. 27, 2012

Comments:

Non-Recurring Medications

Initials	Date	Time	Medication	Dose	Route	Initials

Signature Block

Initials	Signature	Title	Initials	Signature	Title
CB	<i>CBae</i>	<i>RU</i>			

Rm: G702-02

YOUNG, SUZANNE MARIE

Age: 48Y Height: Weight: 0.0kg BSA:

Adm: 12/11/26 DOB: 64/10/11 Dr: 2493 SMALL, DAVID R

Sex: F Unit#: 0000372533 Acct: 1-1612512

Allergies: PENICILLIN ANALOGUES/FISH OIL/MORPHINE/TREE NUT,NUT OIL/COCONUT OIL/OIL BASED DRUGS

Covers Doses from 0600 Monday Nov. 26, 2012 to 0559 Tuesday Nov. 27, 2012

Ord #	Init	Drug & Comments	Dose	Route	Freq	Sched	Start	Admin Times,
							Stop	Initials & Comments
*** PRE-OP & PRE-PROCEDURE/TEST ORDERS ***								

ADMINISTRATION KEY:
NPO - nothing by mouth REF - refused P - on pass T - testing
SAM - Self Administration of Med DO - doctor's order O - other (specify)

SITE CODE:
R - right L - Left D - deltoid G - gluteal T - thigh
↓ - lower ↑ - upper M - mid AB - abdomen

MAR VERIFIED BY: _____ / _____ / _____ : _____

Rm: G702-02

YOUNG, SUZANNE MARIE

Age: 48Y Height: Weight: 0.0kg BSA:
 Adm: 12/11/26 DOB: 64/10/11 Dr: 2493 SMALL, DAVID R
 Sex: F Unit#: 0000372533 Acct: 1-1612512

Allergies: PENICILLIN ANALOGUES/FISH OIL/MORPHINE/TREE NUT,NUT OIL/COCONUT OIL/OIL BASED DRUGS

Covers Doses from 0600 Monday Nov. 26, 2012 to 0559 Tuesday Nov. 27, 2012

Ord #	Init	Drug & Comments	Dose	Route	Freq	Sched	Start Stop	Admin Times, Initials & Comments
*** SCHEDULED ORDERS ***								
		N/S	125cc/16	IV			11/26	
		COLACE	100mg	PO	BID		11/26	1100 _____ 2200 CB
		NAPROXEN	250-500mg	PO	BID		11/26	1100 _____ 2200 CB <i>PLA</i>
		HEPARIN	5000u	SUB CUT	BID		11/26	1100 _____ 2200 CB
		FLUTICASONE 250mcg	2puffs	MDI	BID		11/26	1100 _____ 2200 CB
		PANTOLOC	40mg	PO	BID		11/26	1100 _____ 2200 CB

ADMINISTRATION KEY:

NPO - nothing by mouth REF - refused P - on pass T - testing
 SAM - Self Administration of Med DO - doctor's order O - other (specify)

SITE CODE:

R - right L - Left D - deltoid G - gluteal T - thigh
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MAR VERIFIED BY: _____

Printed: 2012/11/26 17:54

Page: 3 (Continued)

Rm: G702-02

YOUNG, SUZANNE MARIE

Age: 48Y Height: Weight: 0.0kg BSA:

Adm: 12/11/26 DOB: 64/10/11 Dr: 2493 SMALL, DAVID R

Sex: F Unit#: 0000372533 Acct: 1-1612512

Allergies: PENICILLIN ANALOGUES/FISH OIL/MORPHINE/TREE NUT, NUT OIL/COCONUT OIL/OIL BASED DRUGS

Covers Doses from 0600 Monday Nov. 26, 2012 to 0559 Tuesday Nov. 27, 2012

Ord #	Init	Drug & Comments	Dose	Route	Freq	Sched	Start Stop	Admin Times, Initials & Comments
*** PRN MEDICATION ORDERS ***								
		TYLENOL #3	1-2 tabs	PO	Q4H	PRN	11/26	HOLD PCA
		GRAVOL	50mg	IV/PO	Q4H	PRN	11/26	HOLD PCA
		DILAUDID	0.5-1mg	IV	Q3H	PRN	11/26	HOLD PCA
		HYDROCORTISONE CREAM 2.5%	TOPICAL			PRN	11/26	
		SALBUTAMOL 100mcg	1-2 puffs	MDI	Q4H	PRN	11/26	

ADMINISTRATION KEY:

NPO - nothing by mouth REF - refused P - on pass T - testing
 SAM - Self Administration of Med DO - doctor's order O - other (specify)

SITE CODE:

R - right L - Left D - deltoid G - gluteal T - thigh
 ↓ - lower ↑ - upper M - mid AB - abdomen

MAR VERIFIED BY: _____

Printed: 2012/11/26 17:54

Page: 4 (End of MAR)



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 GP : DIPAOLO, BRUNO L

APS ORDERS – IV PCA

Allergies: PENICILLIN

Covers Doses from 0600 Mon. Nov 26/12 to 0559 Tues. Nov 27/12

Ord #	Init	Drug & Comments	Dose	Route	Freq	Sched	Start	Admin Times
							Stop	
SCHEDULED APS ORDERS								
		Drug Name: <u>HYDROMORPHONE</u> <u>10mg/10ml (1mg/ml)</u> APS ORDER **IV PCA** Pt PCA dose: <u>0.2</u> mg Lockout: <u>7</u> min Time: _____ Dose: _____ Lockout: _____ Time: _____ Dose: _____ Lockout: _____ Time: _____ Dose: _____ Lockout: _____ Time: _____ Dose: _____ Lockout: _____ *** WITH ***	Dose:	IV	UD	NT	<u>11/26</u>	<u>2145 RL / CB</u>
		Drug Name: <u>HYDROMORPHONE</u> <u>10mg/10ml (1mg/ml)</u> APS ORDER **IV PCA** PCA cont. dose _____ mg/hr Max limit: _____ mg.4hrs Time: _____ Rate: _____ Time: _____ Rate: _____ Time: _____ Rate: _____ ***WITH***	Dose:	IV	UD	NT		
		Drug Name: <u>HYDROMORPHONE</u> <u>10mg/10ml (1mg/ml)</u> APS ORDER **IV PCA** If pain score over 3 out of 10 & Pt. states pain control poor - give bolus <u>0.5</u> mg x 1 - increase PCA dose <u>0.3</u> mg ; lockout <u>7</u> min - increase contin. dose to _____ mg/hr *** WITH ***	Dose:	IV	UD	NT	<u>11/26</u>	
		Resp. Dep. Or Sedation Order APS ORDER **IV PCA** If sedation level is 3: - decrease PCA dose to <u>0.1</u> mg & change lockout to <u>10</u> min - decrease continuous dose to _____ mL/hr.	Dose:	MISC	UD	NT	<u>11/26</u>	

ADMINISTRATION KEY:

NPO- nothing by mouth REF – refused P – on pass T – testing
 SAM – Self Administration of Med DO – doctor’s order O- other (specify)

SITE CODE:

R – right L – left D – deltoid G – gluteal T – thigh
 ↓ - lower ↑ – upper M – mid AB – abdomen

MAR VERIFIED BY: _____ / _____ / _____ :

Initiated: _____ / _____ / _____ at _____ :

Page: _____

APS ORDERS – IV PCA



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 I/P GYN
 MRP: D R SMALL
 GP : DIPAOLO, BRUNO L

Allergies:								
Covers Doses from 0600 to 0559								
Ord #	Init	Drug & Comments	Dose	Route	Freq	Sched	Start	Admin Times Initials & Comments
							Stop	
SCHEDULED APS ORDERS								
		Acetaminophen APS ORDER X 48hrs Max 4000mg/24hrs	Dose: 975mg	PO/PR	QID		11/26	0600 _____ 1100 _____ 1600 _____ 2200 <u>OB</u>
		Ketorolac APS ORDER Maximum dose 120mg/24hrs.	Dose: 10mg	IV	QID		11/26	0600 _____ 1100 _____ 1600 _____ 2200 <u>OB</u>
OR								
		Naproxen APS ORDER	Dose: 500mg	PO/PR	BID CC		11/26	0800 _____ 1600 _____
*** PRN APS ORDERS ***								
		Acetaminophen APS ORDER Start after 48hrs of QID acetaminophen. Max 4000mg/24hrs	Dose: 975MG	PO/PR	Q_H PRN	PRN		
		Dimenhydrinate APS ORDER	Dose: 25- 50 MG	PO/ IM/IV	Q4H PRN	PRN	11/26	<u>25mg q4 0335</u> _____ _____ _____
ADMINISTRATION KEY: NPO- nothing by mouth REF - refused P - on pass T - testing SAM - Self Administration of Med DO - doctor's order O - other (specify)					SITE CODE: R - right L - left D - deltoid G - gluteal T - thigh ↓ - lower ↑ - upper M - mid AB - abdomen			

MAR VERIFIED BY: _____ / _____ / _____ : _____

Initiated: _____ / _____ / _____ at _____ : _____ **Page:** _____



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 I/P GYN
 MRP: D R SMALL
 GP : DIPAOLO, BRUNO L

APS ORDERS – IV PCA

Allergies:								
Covers Doses from 0600 to 0559								
Ord #	Init	Drug & Comments	Dose	Route	Freq	Sched	Start Stop	Admin Times Initials & Comments
*** PRN APS ORDERS ***								
		Diphenhydramine APS ORDER	Dose: 25-50MG	PO/ IM/IV	Q4H PRN	PRN	11/26	
		Naloxone (0.4MG/ML Injection supplied) APS ORDER If resp. rate <9/min or sedation is 4, then stop pump & give O2 - give naloxone stat IV push & rpt to max cumul. total of 2mg. - call APS STAT	Dose: 0.2MG = 0.5ML	IV	Q3M PRN	PRN	11/26	
		Ondansetron APS ORDER Give if after first line drug, nausea/vomiting score greater than 1.	Dose: 1MG	IV	Q8H	PRN	11/26	CB 2020
ADMINISTRATION KEY: NPO- nothing by mouth REF – refused P – on pass T – testing SAM – Self Administration of Med DO – doctor’s order O- other (specify)								
SITE CODE: R – right L – left D – deltoid G – gluteal T – thigh ↓ - lower ↑ – upper M – mid AB - abdomen								

MAR VERIFIED BY: _____ / _____ / _____ :
Initiated: _____ / _____ / _____ at _____ : **Page:** _____

Rm: G702-02

YOUNG, SUZANNE MARIE

Age: 48Y Height: Weight: 0.0kg BSA:

Adm: 12/11/26 DOB: 64/10/11 Dr: 2493 SMALL, DAVID R

Sex: F Unit#: 0000372533 Acct: 1-1612512

Allergies: PENICILLIN ANALOGUES/FISH OIL/MORPHINE/TREE NUT, NUT OIL/COCONUT OIL/OIL BASED DRUGS

Covers Doses from 0600 Tuesday Nov. 27, 2012 to 0559 Wednesday Nov. 28, 2012

Comments:

Non-Recurring Medications

Initials	Date	Time	Medication	Dose	Route	Initials
MK	NOV 27		NS bolus - over 2 hours	1L	IV	MK

PREVIOUS
CHAMP

Signature Block

Initials	Signature	Title	Initials	Signature	Title
CB	<i>CB</i>	RN	MK	<i>MK</i>	RN
nm	<i>Micwell</i>	RN			

MAR VERIFIED BY:

Printed: 2012/11/26 22:00

Page: 1 (Continued)

Rm: G702-02

YOUNG, SUZANNE MARIE

Age: 48Y Height: Weight: 0.0kg BSA:
 Adm: 12/11/26 DOB: 64/10/11 Dr: 2493 SMALL, DAVID R
 Sex: F Unit#: 0000372533 Acct: 1-1612512

Allergies: PENICILLIN ANALOGUES/FISH OIL/MORPHINE/TREE NUT,NUT OIL/COCONUT OIL/OIL BASED DRUGS

Covers Doses from 0600 Tuesday Nov. 27, 2012 to 0559 Wednesday Nov. 28, 2012

Ord #	Init	Drug & Comments	Dose	Route	Freq	Sched	Start Stop	Admin Times, Initials & Comments
*** SCHEDULED ORDERS ***								
004		Docusate Sodium (100MG Capsule supplied)	Dose: 100 MG = 1 CAPSULE		BID		11/26 1100 2200 12/26 2200 1601	03X M
014		Fluticasone 250mcg/puff Use for: FLOVENT 250 (250MCG/PUFF Inhaler supplied)	Dose: 2 PUFFS		BID	08&20	11/26 0800 2000 12/26 2000 1601	Pts own.
006		Heparin (10000 UNITS/ML Injection supplied)	Dose: 5000 UNIT = 0.5 ML		BID		11/26 1100 2200 12/10 2200 1601	M
016		Pantoprazole Magnesium (Tablet Dr supplied) PT OWN	Dose: 40 MG = 1 TABLET DR		BID 1	/2HR	11/26 0800 1700 12/26 1700 1601	Pts own Pts own.
		Hydromorph. Hydromorph. contin x 4 Doses.	3mg		PO bid		NOV 27 1200 2200	MR 1st dose @
		Tylenol Tylenol	975mg		PO q4h		NOV 27 1200 1800 2400	MR MR W
		Naproxen Naproxen	500mg		PO bid		NOV 27 1700	MR

ADMINISTRATION KEY:

NPO - nothing by mouth REF - refused P - on pass T - testing
 SAM - Self Administration of Med DO - doctor's order O - other (specify)

SITE CODE:

R - right L - Left D - deltoid G - gluteal T - thigh
 ↓ - lower ↑ - upper M - mid AB - abdomen

MAR VERIFIED BY: CB

NOV 27, 2012 01:35

Printed: 2012/11/26 22:00

Page: 2 (Continued)

Rm: G702-02

YOUNG, SUZANNE MARIE

Age: 48Y Height: Weight: 0.0kg BSA:
Adm: 12/11/26 DOB: 64/10/11 Dr: 2493 SMALL, DAVID R
Sex: F Unit#: 0000372533 Acct: 1-1612512

Allergies: PENICILLIN ANALOGUES/FISH OIL/MORPHINE/TREE NUT,NUT OIL/COCONUT OIL/OIL BASED DRUGS

Covers Doses from 0600 Tuesday Nov. 27, 2012 to 0559 Wednesday Nov. 28, 2012

Ord #	Init	Drug & Comments	Dose	Route	Freq	Sched	Start Stop	Admin Times, Initials & Comments
*** SCHEDULED ORDERS ***								

ADMINISTRATION KEY:
NPO - nothing by mouth REF - refused P - on pass T - testing
SAM - Self Administration of Med DO - doctor's order O - other (specify)

SITE CODE:
R - right L - Left D - deltoid G - gluteal T - thigh
↓ - lower ↑ - upper M - mid AB - abdomen

MAR VERIFIED BY: CB (blank) 11/28/12 01:35

Rm: G702-02

YOUNG, SUZANNE MARIE

Age: 48Y Height: Weight: 0.0kg BSA:

Adm: 12/11/26 DOB: 64/10/11 Dr: 2493 SMALL, DAVID R

Sex: F Unit#: 0000372533 Acct: 1-1612512

Allergies: PENICILLIN ANALOGUES/FISH OIL/MORPHINE/TREE NUT,NUT OIL/COCONUT OIL/OIL BASED DRUGS

Covers Doses from 0600 Tuesday Nov. 27, 2012 to 0559 Wednesday Nov. 28, 2012

Ord #	Init	Drug & Comments	Dose	Route	Freq	Sched	Start Stop	Admin Times, Initials & Comments
		*** FLUID REPLACEMENT IV ORDERS	***					
007		Sodium Chloride 0.9% 1000 ML Rate: ud Time: _____ Rate: <u>125</u> Time: _____ Rate: _____ Time: _____ Rate: _____ Time: _____ Rate: _____		IV			11/26 1900 12/26 1601	

ADMINISTRATION KEY:
 NPO - nothing by mouth REF - refused P - on pass T - testing
 SAM - Self Administration of Med DO - doctor's order O - other (specify)

SITE CODE:
 R - right L - Left D - deltoid G - gluteal T - thigh
 ↓ - lower ↑ - upper M - mid AB - abdomen

MAR VERIFIED BY: _____ CB _____ / / _____ 01:35

Printed: 2012/11/26 22:00 Page: 4 (Continued)

Rm: G702-02

YOUNG, SUZANNE MARIE

Age: 48Y Height: Weight: 0.0kg BSA:

Adm: 12/11/26 DOB: 64/10/11 Dr: 2493 SMALL, DAVID R

Sex: F Unit#: 0000372533

Acct: 1-1612512

Allergies: PENICILLIN ANALOGUES/FISH OIL/MORPHINE/TREE NUT,NUT OIL/COCONUT OIL/OIL BASED DRUGS

Covers Doses from 0600 Tuesday Nov. 27, 2012 to 0559 Wednesday Nov. 28, 2012

Ord #	Init	Drug & Comments	Dose	Route	Freq	Sched	Start Stop	Admin Times, Initials & Comments
*** PRN MEDICATION ORDERS ***								
015		Hydrocortisone (2.5% Cream supplied) PT OWN	Dose: 2.5 % = 45 GM		PRN	PRN	11/26 2000 12/26 1601	
019		Hydromorphone (2MG/ML Injection supplied)	Dose: 0.5-1 MG = 0.25-0.5 ML		Q3H PRN	PRN	11/26 2000 12/03 1601	
017		Salbutamol (100 MCG/PUFF Inhaler supplied) SHAKE WELL BEFORE USE	Dose: 1-2 PUFFS		Q4H PRN	PRN	11/26 2000 12/26 1601	
		Hydromorphone	2-4mg		PO	q4h	PRN	1200 2mg MR 1600 2mg MR 3000 (4) (4) 2400 (4) (4) 6000 (4) (4)
		Hydromorphone	0.5-1mg		IV SC	q2h	PRN	1500 1mg IV MR 1730 1mg IV MR
		Ondansetron	1mg		IV	q6-8h	PRN	1200 MR 3000 (4) (4)

ADMINISTRATION KEY:

NPO - nothing by mouth REF - refused P - on pass T - testing
SAM - Self Administration of Med DO - doctor's order O - other (specify)

SITE CODE:

R - right L - Left D - deltoid G - gluteal T - thigh
↓ - lower ↑ - upper M - mid AB - abdomen

MAR VERIFIED BY: CB

NOV 27 2012 01:35

Rm: G702-02

YOUNG, SUZANNE MARIE

Age: 48Y Height: Weight: 0.0kg BSA:
Adm: 12/11/26 DOB: 64/10/11 Dr: 2493 SMALL, DAVID R
Sex: F Unit#: 0000372533 Acct: 1-1612512

Allergies: PENICILLIN ANALOGUES/FISH OIL/MORPHINE/TREE NUT,NUT OIL/COCONUT OIL/OIL BASED DRUGS

Covers Doses from 0600 Tuesday Nov. 27, 2012 to 0559 Wednesday Nov. 28, 2012

Ord #	Init	Drug & Comments	Dose	Route	Freq	Sched	Start Stop	Admin Times, Initials & Comments
*** PRN MEDICATION ORDERS ***								

ADMINISTRATION KEY:
 NPO - nothing by mouth REF - refused P - on pass T - testing
 SAM - Self Administration of Med DO - doctor's order O - other (specify)

SITE CODE:
 R - right L - Left D - deltoid G - gluteal T - thigh
 ↓ - lower ↑ - upper M - mid AB - abdomen

MAR VERIFIED BY: CB (ilank) NOV 27 2012 01:35

Rm: G702-02

YOUNG, SUZANNE MARIE

Age: 48Y Height: Weight: 0.0kg BSA:

Adm: 12/11/26 DOB: 64/10/11 Dr: 2493 SMALL, DAVID R

Sex: F Unit#: 0000372533 Acct: 1-1612512

Allergies: PENICILLIN ANALOGUES/FISH OIL/MORPHINE/TREE NUT, NUT OIL/COCONUT OIL/OIL BASED DRUGS

~~NOV 27 10 00 AM '12~~

Covers Doses from 0600 Tuesday Nov. 27, 2012 to 0559 Wednesday Nov. 28, 2012

Ord #	Init	Drug & Comments	Dose	Route	Freq	Sched	Start Stop	Admin Times, Initials & Comments
*** APS ORDERS ***								
009		Acetaminophen (325MG Tablet supplied) APS ORDER	Dose: 975 MG = 3 TABLET	ORAL	QID		11/26 2200 11/28 2159	0600 <u>CB</u> 1100 1600 2200
--- *** OR *** ---								
009		Acetaminophen (325MG Suppository supplied) APS ORDER	Dose: 975 MG = 3 SUPPOSITORY	RECTAL	QID		11/26 2200 11/28 2159	0600 1100 1600 2200
--- *** OR *** ---								
011		Dimenhydrinate (50MG Tablet supplied) APS ORDER	Dose: 25 MG = 0.5 TABLET	ORAL	Q4H PRN	PRN	11/26 2000 11/29 1601	
--- *** OR *** ---								
011		Dimenhydrinate (50MG/ML Injection supplied) APS ORDER	Dose: 25 MG = 0.5 ML	IM/IV	Q4H PRN	PRN	11/26 2000 11/29 1601	
--- *** OR *** ---								
013		Diphenhydramine Hcl (25MG Tablet supplied) APS ORDER	Dose: 25-50 MG = 1-2 TABLET	ORAL	Q4H PRN	PRN	11/26 2000 11/29 1601	
--- *** OR *** ---								
013		Diphenhydramine (50MG/ML Injection supplied) APS ORDER	Dose: 25-50 MG = 0.5-1 ML	IM/IV	Q4H PRN	PRN	11/26 2000 11/29 1601	

ADMINISTRATION KEY:
 NPO - nothing by mouth REF - refused P - on pass T - testing
 SAM - Self Administration of Med DO - doctor's order O - other (specify)

SITE CODE:
 R - right L - Left D - deltoid G - gluteal T - thigh
 ↓ - lower ↑ - upper M - mid AB - abdomen

MAR VERIFIED BY: CB 11/27/12 01:35

Age: 48Y Height: Weight: 0.0kg BSA:
 Adm: 12/11/26 DOB: 64/10/11 Dr: 2493 SMALL, DAVID R
 Sex: F Unit#: 0000372533 Acct: 1-1612512

Allergies: PENICILLIN ANALOGUES/FISH OIL/MORPHINE/TREE NUT,NUT OIL/COCONUT OIL/OIL BASED DRUGS

Covers Doses from 0600 Tuesday Nov. 27, 2012 to 0559 Wednesday Nov. 28, 2012

Ord #	Init	Drug & Comments	Dose	Route	Freq	Sched	Start Stop	Admin Times, Initials & Comments
*** APS ORDERS ***								
020		Hydromorphone Pca (1MG/ML Injection supplied) APS ORDER Pt PCA dose <u>0.2</u> mg Lockout: <u>7</u> min Time: _____ Dose: _____ Lockout: _____ Time: _____ Dose: _____ Lockout: _____ Time: _____ Dose: _____ Lockout: _____ Time: _____ Dose: _____ Lockout: _____ *** WITH ***	Dose:	IV	UD	NT	11/26 1943 11/29 1601	
020		Hydromorphone Pca (1MG/ML Injection supplied) APS ORDER PCA cont. dose: _____ mg/hr Max limit: _____ mg/4 hrs. Time: _____ Rate: _____ Time: _____ Rate: _____ Time: _____ Rate: _____ *** WITH ***	Dose:	IV	UD	NT	11/26 1943 11/29 1601	
020		Hydromorphone Pca (1MG/ML Injection supplied) APS ORDER If pain score over 3 out of 10 & Pt. states pain control poor - give bolus <u>0.5</u> mg x 1. Increase PCA dose <u>0.3</u> mg; Lock out <u>7</u> min Increase contin. dose to _____ mg/hr *** WITH ***	Dose:	IV	UD	NT	11/26 1943 11/29 1601	
020		Hydromorphone Pca (1MG/ML Injection supplied) APS ORDER If sedation level is 3: - decrease PCA dose to <u>0.1</u> mg & change lockout to <u>10</u> min. - decrease continuous dose to _____ mg/hr	Dose:	IV	UD	NT	11/26 1943 11/29 1601	
008		Naloxone (0.4MG/ML Injection supplied) APS ORDER If resp. rate <u>8</u> /min or sedation is 4, then STOP pump & give O2 - give naloxone stat iv push & rpt to max cumul. total of 2mg - call APS STAT	Dose: 0.2 MG = 0.5 ML	IV	Q3M PRN	PRN	11/26 2000 11/29 1601	

ADMINISTRATION KEY:
 NPO - nothing by mouth REF - refused P - on pass T - testing
 SAM - Self Administration of Med DO - doctor's order O - other (specify)

SITE CODE:
 R - right L - Left D - deltoid G - gluteal T - thigh
 ↓ - lower ↑ - upper M - mid AB - abdomen

MAR VERIFIED BY: CB NOV 27 2012 01:35

Rm: G702-02

YOUNG, SUZANNE MARIE

Age: 48Y Height: Weight: 0.0kg BSA:

Adm: 12/11/26 DOB: 64/10/11 Dr: 2493 SMALL, DAVID R

Sex: F Unit#: 0000372533 Acct: 1-1612512

Allergies: PENICILLIN ANALOGUES/FISH OIL/MORPHINE/TREE NUT,NUT OIL/COCONUT OIL/OIL BASED DRUGS

Covers Doses from 0600 Tuesday Nov. 27, 2012 to 0559 Wednesday Nov. 28, 2012

Ord #	Init	Drug & Comments	Dose	Route	Freq	Sched	Start Stop	Admin Times, Initials & Comments
*** APS ORDERS ***								
010		Naproxen (250MG Tablet supplied) APS ORDER	Dose: 500 MG = 2 TABLET	ORAL	BID CC		11/26 0800 1700 11/29 1700 1601	_____
*** OR ***								
010		Naproxen (500MG Suppository supplied) APS ORDER	Dose: 500 MG = 1 SUPPOSITORY	RECTAL	BID CC		11/26 0800 1700 11/29 1700 1601	_____
*** OR ***								
010		Ketorolac (10MG/ML Injection supplied) APS ORDER Maximum dose 120mg/24hrs. If patient tolerates PO/PR, give Naproxen if ordered.	Dose: 10 MG = 1 ML	IV	QID		11/26 0600 2200 11/29 1100 1601 1600 2200	_____ <i>CS</i>
012		Ondansetron (1MG/0.5ML Inj Syringe supplied) APS ORDER If Dimenhydrinate ineffective and nausea/vomiting score is greater than 1 give Ondansetron	Dose: 1 MG = 0.5 ML	IV	Q8H PRN	PRN	11/26 2000 11/29 1601	_____

ADMINISTRATION KEY:
 NPO - nothing by mouth REF - refused P - on pass T - testing
 SAM - Self Administration of Med DO - doctor's order O - other (specify)

SITE CODE:
 R - right L - Left D - deltoid G - gluteal T - thigh
 ↓ - lower ↑ - upper M - mid AB - abdomen

MAR VERIFIED BY: _____ *CS* _____ *NOV 27 2012 01:35*

Rm: G702-02

YOUNG, SUZANNE MARIE

Age: 48Y Height: Weight: 0.0kg BSA:

Adm: 12/11/26 DOB: 64/10/11 Dr: 2493 SMALL, DAVID R

Sex: F Unit#: 0000372533

Acct: 1-1612512

Allergies: PENICILLIN ANALOGUES/FISH OIL/MORPHINE/TREE NUT,NUT OIL/COCONUT OIL/OIL BASED DRUGS

Covers Doses from 0600 Tuesday Nov. 27, 2012 to 0559 Wednesday Nov. 28, 2012

Ord #	Init	Drug & Comments	Dose Route	Freq	Sched	Start Stop	Admin Times, Initials & Comments
*** HELD ORDERS ***							
018		Acetaminophen-caf-cod 30mg (30MG Tablet supplied) Maximum of 4000mg (4g) = 12 tabs acetaminophen-containing drug per 24hours.	Dose: 1-2 TABLET ORAL <i>mh</i>	Q4H PRN	PRN	11/26 2000 12/03 1601	Order On Hold
003		Dimenhydrinate (50MG Tablet supplied)	Dose: 50 MG = 1 TABLET ORAL	Q4H PRN	PRN	11/26 1900 12/26 1601	Order On Hold
--- *** OR *** ---							
003		Dimenhydrinate (50MG/ML Injection supplied)	Dose: 50 MG = 1 ML IV	Q4H PRN	PRN	11/26 1900 12/26 1601	Order On Hold
005		Naproxen (250MG Tablet supplied)	Dose: 500 MG = 2 TABLET ORAL	BID CC		11/26 1700 12/26 1601	Order On Hold

ADMINISTRATION KEY: NPO - nothing by mouth REF - refused P - on pass T - testing SAM - Self Administration of Med DO - doctor's order O - other (specify)

SITE CODE: R - right L - Left D - deltoid G - gluteal T - thigh ↓ - lower ↑ - upper M - mid AB - abdomen

MAR VERIFIED BY: CB 11/27/12 01:35

Rm: G702-02

YOUNG, SUZANNE MARIE

Age: 48Y Height: Weight: 0.0kg BSA:
 Adm: 12/11/26 DOB: 64/10/11 Dr: 2493 SMALL, DAVID R
 Sex: F Unit#: 0000372533 Acct: 1-1612512

Allergies: PENICILLIN ANALOGUES/FISH OIL/MORPHINE/TREE NUT, NUT OIL/COCONUT OIL/OIL BASED DRUGS

Covers Doses from 0600 Wednesday Nov. 28, 2012 to 0559 Thursday Nov. 29, 2012

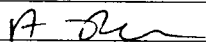
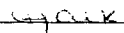
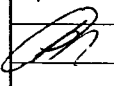
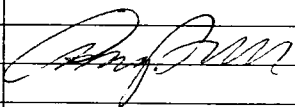

Comments:

* ADD HR MEDS *
 0610, 17, 18, 24

Non-Recurring Medications

Initials	Date	Time	Medication	Dose	Route	Initials

Signature Block

Initials	Signature	Title	Initials	Signature	Title
MS		RN	MY		RN
					

MAR VERIFIED BY: _____

Printed: 2012/11/27 22:00

12 / 11 / 28 08:15

Rm: G702-02

YOUNG, SUZANNE MARIE

Age: 48Y Height: Weight: 0.0kg BSA:

Adm: 12/11/26 DOB: 64/10/11 Dr: 2493 SMALL, DAVID R

Sex: F Unit#: 0000372533

Acct: 1-1612512

Allergies: PENICILLIN ANALOGUES/FISH OIL/MORPHINE/TREE NUT, NUT OIL/COCONUT OIL/OIL BASED DRUGS

Covers Doses from 0600 Wednesday Nov. 28, 2012 to 0559 Thursday Nov. 29, 2012

Ord #	Init	Drug & Comments	Dose	Route	Freq	Sched	Start	Admin Times,	
							Stop	Initials & Comments	
*** SCHEDULED ORDERS ***									
025		Acetaminophen (325MG Tablet supplied) Maximum of 4000mg(4g) = 12 tabs acetaminophen-containing drug per 24hours. <i>x 72 hours</i>	Dose: 975 MG = 3 TABLET	ORAL	Q6H		11/27 1100 11/30 1059	0600 1200 1800 0000	<i>MS</i> <i>MS</i> <i>MS</i>
004		Docosate Sodium (100MG Capsule supplied)	Dose: 100 MG = 1 CAPSULE	ORAL	BID		11/26 2200 12/26 1601	1100 2200	<i>MS</i> <i>MS</i>
014		Fluticasone 250mcg/puff Use for: FLOVENT 250 (250MCG/PUFF Inhaler supplied)	Dose: 2 PUFFS	INHALATION	BID 08&20		11/26 2000 12/26 1601	0800 2000	<i>MS</i> <i>MS</i>
006		Heparin (10000 UNITS/ML Injection supplied)	Dose: 5000 UNIT = 0.5 ML	SUBCUTANEOUS	BID		11/26 2200 12/10 1601	1100 2200	<i>MS</i> <i>MS</i>
021		Hydromorphone Cr Use for: HYDROMORPH CONTIN (3MG Capsule Cr 12hr supplied) <i>x 4 doses</i>	Dose: 3 MG = 1 CAPSULE CR 12HR	ORAL	BID		11/27 1500 11/28 2200	1100 2200	<i>MS</i> <i>MS</i>
026		Naproxen (250MG Tablet supplied) <i>x 72 hours</i>	Dose: 500 MG = 2 TABLET	ORAL	BID CC		11/27 0800 11/30 0759	0800 1700	<i>MS</i> <i>MS</i>
016		Pantoprazole Magnesium (Tecta) (Tablet Dr supplied) PT OWN	Dose: 40 MG = 1 TABLET DR	ORAL	BID 1 /2HR		11/26 1700 12/26 1601	0800 1700	<i>MS</i> <i>MS</i>

ADMINISTRATION KEY:

NPO - nothing by mouth REF - refused P - on pass T - testing
SAM - Self Administration of Med DO - doctor's order O - other (specify)

SITE CODE:

R - right L - Left D - deltoid G - gluteal T - thigh
↓ - lower ↑ - upper M - mid AB - abdomen

MAR VERIFIED BY: _____

Printed: 2012/11/27 22:00

Page: 2 (Continued)

Rm: G702-02

YOUNG, SUZANNE MARIE

Age: 48Y Height: Weight: 0.0kg BSA:
 Adm: 12/11/26 DOB: 64/10/11 Dr: 2493 SMALL, DAVID R
 Sex: F Unit#: 0000372533 Acct: 1-1612512

Allergies: ~~PENICILLIN ANALOGUES/FISH OIL/MORPHINE/TREE NUT,NUT OIL/COCONUT OIL/OIL BASED DRUGS~~

Covers Doses from 0600 Wednesday Nov. 28, 2012 to 0559 Thursday Nov. 29, 2012

Ord #	Init	Drug & Comments	Dose	Route	Freq	Sched	Start Stop	Admin Times, Initials & Comments
		*** SCHEDULED ORDERS ***						

ADMINISTRATION KEY:
 NPO - nothing by mouth REF - refused P - on pass T - testing
 SAM - Self Administration of Med DO - doctor's order O - other (specify)

SITE CODE:
 R - right L - Left D - deltoid G - gluteal T - thigh
 ↓ - lower ↑ - upper M - mid AB - abdomen

MAR VERIFIED BY: (Signature) 12/11/28 01:00

Rm: G702-02

YOUNG, SUZANNE MARIE

Age: 48Y Height: Weight: 0.0kg BSA:

Adm: 12/11/26 DOB: 64/10/11 Dr: 2493 SMALL, DAVID R

Sex: F Unit#: 0000372533 Acct: 1-1612512

Allergies: PENICILLIN ANALOGUES/FISH OIL/MORPHINE/TREE NUT, NUT OIL/COCONUT OIL/OIL BASED DRUGS

Covers Doses from 0600 Wednesday Nov. 28, 2012 to 0559 Thursday Nov. 29, 2012

Ord #	Init	Drug & Comments	Dose	Route	Freq	Sched	Start Stop	Admin Times, Initials & Comments
*** FLUID REPLACEMENT IV ORDERS ***								
007		Sodium Chloride 0.9% 1000 ML		IV			11/26 1900 12/26 1601	
		Rate: ud Time: _____ Rate: 50 ml/hr Time: _____ Rate: _____ Time: _____ Rate: _____ Time: _____ Rate: _____						

ADMINISTRATION KEY: NPO - nothing by mouth REF - refused P - on pass T - testing SAM - Self Administration of Med DO - doctor's order O - other (specify)

SITE CODE: R - right L - Left D - deltoid G - gluteal T - thigh ↓ - lower ↑ - upper M - mid AB - abdomen

MAR VERIFIED BY: _____ 12 / 11 / 2012 01:20

Rm: G702-02

YOUNG, SUZANNE MARIE

Age: 48Y Height: Weight: 0.0kg BSA:

Adm: 12/11/26 DOB: 64/10/11 Dr: 2493 SMALL, DAVID R

Sex: F Unit#: 0000372533

Acct: 1-1612512

Allergies: **PENICILLIN ANALOGUES/FISH OIL/MORPHINE/TREE NUT, NUT OIL/COCONUT OIL/OIL BASED DRUGS**

Covers Doses from 0600 Wednesday Nov. 28, 2012 to 0559 Thursday Nov. 29, 2012

Ord #	Init	Drug & Comments	Dose	Route	Freq	Sched	Start Stop	Admin Times, Initials & Comments
*** PRN MEDICATION ORDERS ***								
027		Dimenhydrinate (50MG Tablet supplied)	Dose: 50 MG = 1 TABLET	ORAL	Q4H PRN	PRN	11/27 1000 12/27 1601	
015		Hydrocortisone (2.5% Cream supplied) PT OWN	Dose: 2.5 % = 45 GM	TOPICAL	PRN	PRN	11/26 2000 12/26 1601	
019		Hydromorphone (2MG/ML Injection supplied)	Dose: 0.5-1 MG = 0.25-0.5 ML	IV	Q3H PRN	PRN	11/26 2000 12/03 1601	D/C NOV 27 w sent variance
022		Hydromorphone (2MG Tablet supplied)	Dose: 2-4 MG = 1-2 TABLET	ORAL	Q4H PRN	PRN	11/27 1000 12/04 1601	0815 4mg po 1320 4mg po 1730 4mg po 2130 4mg po 0130 4mg po
023		Hydromorphone (2MG/ML Injection supplied) FOR ACUTE PAIN BREAKTHRU	Dose: 0.5-1 MG = 0.25-0.5 ML	SUBCUTANEOUS	Q2H PRN	PRN	11/27 1000 12/04 1601	
024		Ondansetron (1MG/0.5ML Inj Syringe supplied)	Dose: 1 MG = 0.5 ML	IV	Q6-8H PRN	PRN	11/27 1000 12/27 1601	0810 1mg IV po 1400 1mg IV po 2200 1mg

ADMINISTRATION KEY:

NPO - nothing by mouth REF - refused P - on pass T - testing
SAM - Self Administration of Med DO - doctor's order O - other (specify)

SITE CODE:

R - right L - Left D - deltoid G - gluteal T - thigh
↓ - lower ↑ - upper M - mid AB - abdomen

MAR VERIFIED BY: _____

Printed: 2012/11/27 22:00

Page: 5 (Continued)

Rm: G702-02

YOUNG, SUZANNE MARIE

Age: 48Y Height: Weight: 0.0kg BSA:
 Adm: 12/11/26 DOB: 64/10/11 Dr: 2493 SMALL, DAVID R
 Sex: F Unit#: 0000372533 Acct: 1-1612512

Allergies: PENICILLIN ANALOGUES / FISH OIL / MORPHINE / TREE NUT / NUT OIL / COCONUT OIL / OIL BASED DRUGS

Covers Doses from 0600 Wednesday Nov. 28, 2012 to 0559 Thursday Nov. 29, 2012

Ord #	Init	Drug & Comments	Dose	Route	Freq	Sched	Start Stop	Admin Times, Initials & Comments
*** PRN MEDICATION ORDERS ***								
017		Salbutamol (100 MCG/PUFF Inhaler supplied) SHAKE WELL BEFORE USE	Dose: 1-2 PUFFS		Q4H PRN	PRN	11/26 2000 12/26 1601	

ADMINISTRATION KEY:
 NPO - nothing by mouth REF - refused P - on pass T - testing
 SAM - Self Administration of Med DO - doctor's order O - other (specify)

SITE CODE:
 R - right L - Left D - deltoid G - gluteal T - thigh
 ↓ - lower ↑ - upper M - mid AB - abdomen

MAR VERIFIED BY: _____

Printed: 2012/11/27 22:00 Page: 6 (Continued)

Rm: G702-02

YOUNG, SUZANNE MARIE

Age: 48Y Height: Weight: 0.0kg BSA:

Adm: 12/11/26 DOB: 64/10/11 Dr: 2493 SMALL, DAVID R

Sex: F Unit#: 0000372533 Acct: 1-1612512

Allergies: PENICILLIN ANALOGUES/FISH OIL/MORPHINE/TREE NUT,NUT OIL/COCONUT OIL/OIL BASED DRUGS

Covers Doses from 0600 Thursday Nov. 29, 2012 to 0559 Friday Nov. 30, 2012

Comments:

odd hr med

Non-Recurring Medications

Initials	Date	Time	Medication	Dose	Route	Initials
<i>MO</i>	<i>Nov 29 12</i>	<i>0800</i>	<i>GLYCERIN SUPPOSITORY X1</i>	<i>1</i>	<i>Rectal</i>	<i>MO</i>

Signature Block

Initials	Signature	Title	Initials	Signature	Title
<i>MO</i>	<i>[Signature]</i>	<i>RN</i>			
<i>SP</i>	<i>[Signature]</i>	<i>RN</i>			
<i>SA</i>	<i>[Signature]</i>	<i>RN</i>			

MAR VERIFIED BY: *[Signature]* *11/29/12 23:15*
 Printed: 2012/11/28 22:00 Page: 1 (Continued)

Rm: G702-02

YOUNG, SUZANNE MARIE

Age: 48Y Height: Weight: 0.0kg BSA:

Adm: 12/11/26 DOB: 64/10/11 Dr: 2493 SMALL, DAVID R

Sex: F Unit#: 0000372533

Acct: 1-1612512

Allergies: PENICILLIN ANALOGUES/FISH OIL/MORPHINE/TREE NUT, NUT OIL/COCONUT OIL/OIL BASED DRUGS

Covers Doses from 0600 Thursday Nov. 29, 2012 to 0559 Friday Nov. 30, 2012

Ord #	Init	Drug & Comments	Dose	Route	Freq	Sched	Start Stop	Admin Times, Initials & Comments
*** SCHEDULED ORDERS ***								
025		Acetaminophen (325MG Tablet supplied) Maximum of 4000mg(4g) = 12 tabs acetaminophen-containing drug per 24hours.	Dose: 975 MG = 3 TABLET	ORAL	Q6H		11/27 0600 1100 11/30 1200 1059 1800 0000	<i>MS</i> <i>MS</i> <i>MS</i>
004		Docusate Sodium (100MG Capsule supplied)	Dose: 100 MG = 1 CAPSULE	ORAL	BID		11/26 1100 2200 12/26 2200 1601	<i>MS</i> <i>MS</i>
014		Fluticasone 250mcg/puff Use for: FLOVENT 250 (250MCG/PUFF Inhaler supplied)	Dose: 2 PUFFS	INHALATION	BID 08&20		11/26 0800 2000 12/26 2000 1601	<i>MS</i> <i>MS</i>
006		Heparin (10000 UNITS/ML Injection supplied)	Dose: 5000 UNITS 0.5 ML	SUBCUTANEOUS	BID		11/26 1100 2200 12/10 2200 1601	<i>MS (hold)</i>
026		Naproxen (250MG Tablet supplied)	Dose: 500 MG = 2 TABLET	ORAL	BID CC		11/27 0800 0800 11/30 1700 0759	<i>MS</i> <i>MS</i>
016		Pantoprazole Magnesium (Tablet Dr supplied) PT OWN	Dose: 40 MG = 1 TABLET DR	ORAL	BID 1 /2HR		11/26 0800 1700 12/26 1700 1601	<i>MS</i> <i>MS (own)</i>

ADMINISTRATION KEY:

NPO - nothing by mouth REF - refused P - on pass T - testing
SAM - Self Administration of Med DO - doctor's order O - other (specify)

SITE CODE:

R - right L - Left D - deltoid G - gluteal T - thigh
↓ - lower ↑ - upper M - mid AB - abdomen

MAR VERIFIED BY: *[Signature]*

11/29/12 23:15

Printed: 2012/11/28 22:00

Page: 2 (Continued)

Rm: G702-02

YOUNG, SUZANNE MARIE

Age: 48Y Height: Weight: 0.0kg BSA:

Adm: 12/11/26 DOB: 64/10/11 Dr: 2493 SMALL, DAVID R

Sex: F Unit#: 0000372533

Acct: 1-1612512

Allergies: PENICILLIN ANALOGUES/FISH OIL/MORPHINE/TREE NUT,NUT OIL/COCONUT OIL/OIL BASED DRUGS

Covers Doses from 0600 Thursday Nov. 29, 2012 to 0559 Friday Nov. 30, 2012

Ord #	Init	Drug & Comments	Dose	Route	Freq	Sched	Start Stop	Admin Times, Initials & Comments
*** SCHEDULED ORDERS ***								

ADMINISTRATION KEY:
 NPO - nothing by mouth REF - refused P - on pass T - testing
 SAM - Self Administration of Med DO - doctor's order O - other (specify)

SITE CODE:
 R - right L - Left D - deltoid G - gluteal T - thigh
 ↓ - lower ↑ - upper M - mid AB - abdomen

MAR VERIFIED BY: [Signature] 11/28/2012 23:15

Printed: 2012/11/28 22:00

Page: 3 (Continued)

Rm: G702-02

YOUNG, SUZANNE MARIE

Age: 48Y Height: Weight: 0.0kg BSA:

Adm: 12/11/26 DOB: 64/10/11 Dr: 2493 SMALL, DAVID R

Sex: F Unit#: 0000372533

Acct: 1-1612512

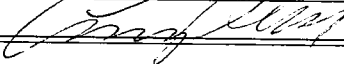
Allergies: PENICILLIN ANALOGUES/FISH OIL/MORPHINE/TREE NUT,NUT OIL/COCONUT OIL/OIL BASED DRUGS

Covers Doses from 0600 Thursday Nov. 29, 2012 to 0559 Friday Nov. 30, 2012

Ord #	Init	Drug & Comments	Dose	Route	Freq	Sched	Start Stop	Admin Times, Initials & Comments
*** FLUID REPLACEMENT IV ORDERS			***					
007		Sodium Chloride 0.9% 1000 ML Rate: ud Time: _____ Time: _____ Time: _____ Time: _____ Time: _____		IV			11/26 1900 12/26 1601	

ADMINISTRATION KEY:
 NPO - nothing by mouth REF - refused P - on pass T - testing
 SAM - Self Administration of Med DO - doctor's order O - other (specify)

SITE CODE:
 R - right L - Left D - deltoid G - gluteal T - thigh
 ↓ - lower ↑ - upper M - mid AB - abdomen

MAR VERIFIED BY:  11/28/12 23:15

Printed: 2012/11/28 22:00

Page: 4 (Continued)

Rm: G702-02

YOUNG, SUZANNE MARIE

Age: 48Y Height: Weight: 0.0kg BSA:

Adm: 12/11/26 DOB: 64/10/11 Dr: 2493 SMALL, DAVID R

Sex: F Unit#: 0000372533

Acct: 1-1612512

Allergies: PENICILLIN ANALOGUES/FISH OIL/MORPHINE/TREE NUT, NUT OIL/COCONUT OIL/OIL BASED DRUGS

Covers Doses from 0600 Thursday Nov. 29, 2012 to 0559 Friday Nov. 30, 2012

Ord #	Init	Drug & Comments	Dose	Route	Freq	Sched	Start Stop	Admin Times, Initials & Comments
*** PRN MEDICATION ORDERS ***								
027		Dimenhydrinate (50MG Tablet supplied)	Dose: 50 MG = 1 TABLET	ORAL	Q4H PRN	PRN	11/27 1000 12/27 1601	
015		Hydrocortisone (2.5% Cream supplied) PT OWN	Dose: 2.5 % = 45 GM	TOPICAL	PRN	PRN	11/26 2000 12/26 1601	
022		Hydromorphone (2MG Tablet supplied)	Dose: 2-4 MG = 1-2 TABLET	ORAL	Q4H PRN	PRN	11/27 1000 12/04 1601	0620 (9) [initials] 1100 (2) no PO 1630 (2) no PO 2150 (9) [initials]
023		Hydromorphone (2MG/ML Injection supplied) FOR ACUTE PAIN BREAKTHRU	Dose: 0.5-1 MG = 0.25-0.5 ML	SUBCUTANEOUS	Q2H PRN	PRN	11/27 1000 12/04 1601	
024		Ondansetron (1MG/0.5ML Inj Syringe supplied)	Dose: 1 MG = 0.5 ML	IV	Q6-8H PRN	PRN	11/27 1000 12/27 1601	1340 (5) [initials] ↳ Inj IV no
017		Salbutamol (100 MCG/PUFF Inhaler supplied) SHAKE WELL BEFORE USE	Dose: 1-2 PUFFS	INHALATION	Q4H PRN	PRN	11/26 2000 12/26 1601	

ADMINISTRATION KEY:
 NPO - nothing by mouth REF - refused P - on pass T - testing
 SAM - Self Administration of Med DO - doctor's order O - other (specify)

SITE CODE:
 R - right L - Left D - deltoid G - gluteal T - thigh
 ↓ - lower ↑ - upper M - mid AB - abdomen

MAR VERIFIED BY: *[Signature]* 11/28/12 23:15

Rm: G702-02

YOUNG, SUZANNE MARIE

Age: 48Y Height: Weight: 0.0kg BSA:

Adm: 12/11/26 DOB: 64/10/11 Dr: 2493 SMALL, DAVID R

Sex: F Unit#: 0000372533

Acct: 1-1612512

Allergies: PENICILLIN ANALOGUES/FISH OIL/MORPHINE/TREE NUT,NUT OIL/COCONUT OIL/OIL BASED DRUGS

Covers Doses from 0600 Thursday Nov. 29, 2012 to 0559 Friday Nov. 30, 2012

Ord #	Init	Drug & Comments	Dose	Route	Freq	Sched	Start	Admin Times,
							Stop	Initials & Comments
		*** PRN MEDICATION ORDERS ***						
	POB	LORAZEPAM	1mg	PO	QHS PRN		1129	2150 <i>AM</i>

ADMINISTRATION KEY:
 NPO - nothing by mouth REF - refused P - on pass T - testing
 SAM - Self Administration of Med DO - doctor's order O - other (specify)

SITE CODE:
 R - right L - Left D - deltoid G - gluteal T - thigh
 ↓ - lower ↑ - upper M - mid AB - abdomen

MAR VERIFIED BY: *[Signature]* 11/28/12 23:15

Rm: G702-02

YOUNG, SUZANNE MARIE

Age: 48Y Height: Weight: 0.0kg BSA:

Adm: 12/11/26 DOB: 64/10/11 Dr: 2493 SMALL, DAVID R

Sex: F Unit#: 0000372533 Acct: 1-1612512

Allergies: PENICILLIN ANALOGUES/FISH OIL/MORPHINE/TREE NUT,NUT OIL/COCONUT OIL/OIL BASED DRUGS

Covers Doses from 0600 Friday Nov. 30, 2012 to 0559 Saturday Dec. 1, 2012

Comments:

**add to meds.*

Non-Recurring Medications

Initials	Date	Time	Medication	Dose	Route	Initials
<i>MP</i>	<i>Nov 30</i>	<i>0945</i>	<i>Enema Fleet X1000</i>	<i>1</i>	<i>Rectal</i>	<i>MP</i>

Signature Block

Initials	Signature	Title	Initials	Signature	Title
<i>MP</i>	<i>[Signature]</i>	<i>MP</i>			
<i>MA</i>	<i>[Signature]</i>	<i>MA</i>			

MAR VERIFIED BY: *[Signature]* 11/29/12 22:35
Printed: 2012/11/29 22:00 Page: 1 (Continued)

Rm: G702-02

YOUNG, SUZANNE MARIE

Age: 48Y Height: Weight: 0.0kg BSA:
 Adm: 12/11/26 DOB: 64/10/11 Dr: 2493 SMALL, DAVID R
 Sex: F Unit#: 0000372533 Acct: 1-1612512

Allergies: PENICILLIN ANALOGUES/FISH OIL/MORPHINE/TREE NUT,NUT OIL/COCONUT OIL/OIL BASED DRUGS

Covers Doses from 0600 Friday Nov. 30, 2012 to 0559 Saturday Dec. 1, 2012

Ord #	Init	Drug & Comments	Dose	Route	Freq	Sched	Start Stop	Admin Times, Initials & Comments
*** SCHEDULED ORDERS ***								
025		Acetaminophen (325MG Tablet supplied) Maximum of 4000mg(4g) = 12 tabs acetaminophen-containing drug per 24hours.	Dose: 975 MG = 3 TABLET	ORAL	Q6H		11/27 1100 11/30 1059	0600 <i>[Signature]</i>
004		Docusate Sodium (100MG Capsule supplied)	Dose: 100 MG = 1 CAPSULE	ORAL	BID		11/26 2200 12/26 1601	1100 <i>[Signature]</i> 2200 <i>[Signature]</i>
014		Fluticasone 250mcg/puff Use for: FLOVENT 250 (250MCG/PUFF Inhaler supplied)	Dose: 2 PUFFS	INHALATION	BID 08&20		11/26 2000 12/26 1601	0800 <i>[Signature]</i> 2000 <i>[Signature]</i>
026		Naproxen (250MG Tablet supplied)	Dose: 500 MG = 2 TABLET	ORAL	BID CC		11/27 0800 11/30 0759	0800 <i>[Signature]</i> 1700 <i>[Signature]</i>
016		Pantoprazole Magnesium (Tablet Dr supplied) PT OWN	Dose: 40 MG = 1 TABLET DR	ORAL	BID 1 /2HR		11/26 1700 12/26 1601	0800 <i>[Signature]</i> 1700 <i>[Signature]</i>

ADMINISTRATION KEY:
 NPO - nothing by mouth REF - refused P - on pass T - testing
 SAM - Self Administration of Med DO - doctor's order O - other (specify)

SITE CODE:
 R - right L - Left D - deltoid G - gluteal T - thigh
 ↓ - lower ↑ - upper M - mid AB - abdomen

MAR VERIFIED BY: *[Signature]* 11/29/12 2:35

Rm: G702-02

YOUNG, SUZANNE MARIE

Age: 48Y Height: Weight: 0.0kg BSA:
Adm: 12/11/26 DOB: 64/10/11 Dr: 2493 SMALL, DAVID R
Sex: F Unit#: 0000372533 Acct: 1-1612512

Allergies: PENICILLIN ANALOGUES/FISH OIL/MORPHINE/TREE NUT,NUT OIL/COCONUT OIL/OIL BASED DRUGS

Covers Doses from 0600 Friday Nov. 30, 2012 to 0559 Saturday Dec. 1, 2012

Ord #	Init	Drug & Comments	Dose	Route	Freq	Sched	Start		Admin Times, Initials & Comments
							Stop		
*** SCHEDULED ORDERS ***									

ADMINISTRATION KEY:
NPO - nothing by mouth REF - refused P - on pass T - testing
SAM - Self Administration of Med DO - doctor's order O - other (specify)

SITE CODE:
R - right L - Left D - deltoid G - gluteal T - thigh
↓ - lower ↑ - upper M - mid AB - abdomen

MAR VERIFIED BY: *[Signature]* 11/29/12 22:35
Printed: 2012/11/29 22:00 Page: 3 (Continued)

Rm: G702-02

YOUNG, SUZANNE MARIE

Age: 48Y Height: Weight: 0.0kg BSA:
 Adm: 12/11/26 DOB: 64/10/11 Dr: 2493 SMALL, DAVID R
 Sex: F Unit#: 0000372533 Acct: 1-1612512

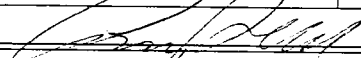
Allergies: PENICILLIN ANALOGUES/FISH OIL/MORPHINE/TREE NUT,NUT OIL/COCONUT OIL/OIL BASED DRUGS

Covers Doses from 0600 Friday Nov. 30, 2012 to 0559 Saturday Dec. 1, 2012

Ord #	Init	Drug & Comments	Dose	Route	Freq	Sched	Start Stop	Admin Times, Initials & Comments
		*** FLUID REPLACEMENT IV ORDERS	***					
007		Sodium Chloride 0.9% 1000 ML Rate: ud Time: _____ Rate: _____ Time: _____ Rate: _____ Time: _____ Rate: _____ Time: _____ Rate: _____		IV			11/26 1900 12/26 1601	

ADMINISTRATION KEY:
 NPO - nothing by mouth REF - refused P - on pass T - testing
 SAM - Self Administration of Med DO - doctor's order O - other (specify)

SITE CODE:
 R - right L - Left D - deltoid G - gluteal T - thigh
 ↓ - lower ↑ - upper M - mid AB - abdomen

MAR VERIFIED BY:  11/25/12 22:35

Printed: 2012/11/29 22:00

Page: 4 (Continued)

Rm: G702-02

YOUNG, SUZANNE MARIE

Age: 48Y Height: Weight: 0.0kg BSA:
 Adm: 12/11/26 DOB: 64/10/11 Dr: 2493 SMALL, DAVID R
 Sex: F Unit#: 0000372533 Acct: 1-1612512

Allergies: PENICILLIN ANALOGUES/FISH OIL/MORPHINE/TREE NUT,NUT OIL/COCONUT OIL/OIL BASED DRUGS

Covers Doses from 0600 Friday Nov. 30, 2012 to 0559 Saturday Dec. 1, 2012

Ord #	Init	Drug & Comments	Dose	Route	Freq	Sched	Start Stop	Admin Times, Initials & Comments
*** PRN MEDICATION ORDERS ***								
027		Dimenhydrinate (50MG Tablet supplied)	Dose: 50 MG = 1 TABLET	ORAL	Q4H PRN	PRN	11/27 1000 12/27 1601	
015		Hydrocortisone (2.5% Cream supplied) PT OWN	Dose: 2.5 % = 45 GM	TOPICAL	PRN	PRN	11/26 2000 12/26 1601	
022		Hydromorphone (2MG Tablet supplied)	Dose: 2-4 MG = 1-2 TABLET	ORAL	Q4H PRN	PRN	11/27 1000 12/04 1601	06/0 (49) 1000 4mg ML KSW 4mg M 26.0 (4) 41 3342 (1) 41
023		Hydromorphone (2MG/ML Injection supplied) FOR ACUTE PAIN BREAKTHRU	Dose: 0.5-1 MG = 0.25-0.5 ML	SUBCUTANEOUS	Q2H PRN	PRN	11/27 1000 12/04 1601	
029		Lorazepam (1MG Tablet supplied)	Dose: 1 MG = 1 TABLET	ORAL	HS PRN	PRN	11/29 2200 12/06 1601	0340 (1) 61
024		Ondansetron (1MG/0.5ML Inj Syringe supplied)	Dose: 1 MG = 0.5 ML	IV	Q6-8H PRN	PRN	11/27 1000 12/27 1601	

ADMINISTRATION KEY:

NPO - nothing by mouth REF - refused P - on pass T - testing
 SAM - Self Administration of Med DO - doctor's order O - other (specify)

SITE CODE:

R - right L - Left D - deltoid G - gluteal T - thigh
 ↓ - lower ↑ - upper M - mid AB - abdomen

MAR VERIFIED BY: 

Printed: 2012/11/29 22:00

Page: 5 (Continued)

Rm: G702-02

YOUNG, SUZANNE MARIE

Age: 48Y Height: Weight: 0.0kg BSA:

Adm: 12/11/26 DOB: 64/10/11 Dr: 2493 SMALL, DAVID R

Sex: F Unit#: 0000372533 Acct: 1-1612512

Allergies: PENICILLIN ANALOGUES/FISH OIL/MORPHINE/TREE NUT,NUT OIL/COCONUT OIL/OIL BASED DRUGS

Covers Doses from 0600 Friday Nov. 30, 2012 to 0559 Saturday Dec. 1, 2012

Ord #	Init	Drug & Comments	Dose	Route	Freq	Sched	Start Stop	Admin Times, Initials & Comments
*** PRN MEDICATION ORDERS ***								
017		Salbutamol (100 MCG/PUFF Inhaler supplied) SHAKE WELL BEFORE USE	Dose: 1-2 PUFFS		Q4H PRN	PRN	11/26 2000 12/26 1601	
		<i>lactulose</i>	15-30 cc		BID	PRN	<i>Nov 30/12</i>	<i>0945 MA</i>

ADMINISTRATION KEY:

NPO - nothing by mouth REF - refused P - on pass T - testing
SAM - Self Administration of Med DO - doctor's order O - other (specify)

SITE CODE:

R - right L - Left D - deltoid G - gluteal T - thigh
↓ - lower ↑ - upper M - mid AB - abdomen

MAR VERIFIED BY: *[Signature]*

Printed: 2012/11/29 22:00

Page: 6 (Continued)

Rm: G702-02

YOUNG, SUZANNE MARIE

Age: 48Y Height: Weight: 0.0kg BSA:

Adm: 12/11/26 DOB: 64/10/11 Dr: 2493 SMALL, DAVID R

Sex: F Unit#: 0000372533 Acct: 1-1612512

Allergies: PENICILLIN ANALOGUES/FISH OIL/MORPHINE/TREE NUT,NUT OIL/COCONUT OIL/OIL BASED DRUGS

Covers Doses from 0600 Friday Nov. 30, 2012 to 0559 Saturday Dec. 1, 2012

Ord #	Init	Drug & Comments	Dose	Route	Freq	Sched	Start Stop	Admin Times, Initials & Comments
*** PRN MEDICATION ORDERS ***								

ADMINISTRATION KEY:
 NPO - nothing by mouth REF - refused P - on pass T - testing
 SAM - Self Administration of Med DO - doctor's order O - other (specify)

SITE CODE:
 R - right L - Left D - deltoid G - gluteal T - thigh
 ↓ - lower ↑ - upper M - mid AB - abdomen

MAR VERIFIED BY: *[Signature]* *11.29.12 22:40*
 Printed: 2012/11/29 22:00 Page: 7 (End of MAR)

Rm: G702-02

YOUNG, SUZANNE MARIE

Age: 48Y Height: Weight: 0.0kg BSA:
 Adm: 12/11/26 DOB: 64/10/11 Dr: 2493 SMALL, DAVID R
 Sex: F Unit#: 0000372533 Acct: 1-1612512

Allergies: PENICILLIN ANALOGUES/FISH OIL/MORPHINE/TREE NUT,NUT OIL/COCONUT OIL/OIL BASED DRUGS

Covers Doses from 0600 Saturday Dec. 1, 2012 to 0559 Sunday Dec. 2, 2012

Ord #	Init	Drug & Comments	Dose Route	Freq	Sched	Start Stop	Admin Times, Initials & Comments
		*** SCHEDULED ORDERS ***					
004		Docusate Sodium (100MG Capsule supplied)	Dose: 100 MG = 1 CAPSULE ORAL	BID		11/26 2200 12/26 1601	1100 <u> </u> 2200 <u> </u>
014		Fluticasone 250mcg/puff Use for: FLOVENT 250 (250MCG/PUFF Inhaler supplied)	Dose: 2 PUFFS INHALATION	BID 08&20		11/26 2000 12/26 1601	0800 <u> </u> 2000 <u> </u>
030		Naproxen (250MG Tablet supplied)	Dose: 500 MG = 2 TABLET ORAL	BID CC		11/30 1700 12/01 0600	0800 <u> </u> 0600 <u> </u>
016		Pantoprazole Magnesium (Tablet Dr supplied) PT OWN	Dose: 40 MG = 1 TABLET DR ORAL	BID 1 /2HR		11/26 1700 12/26 1601	0800 <u> </u> 0700 <u> </u>

ADMINISTRATION KEY:

NPO - nothing by mouth REF - refused P - on pass T - testing
 SAM - Self Administration of Med DO - doctor's order O - other (specify)

SITE CODE:

R - right L - Left D - deltoid G - gluteal T - thigh
 ↓ - lower ↑ - upper M - mid AB - abdomen

MAR VERIFIED BY: _____

Rm: G702-02

YOUNG, SUZANNE MARIE

Age: 48Y Height: Weight: 0.0kg BSA:
 Adm: 12/11/26 DOB: 64/10/11 Dr: 2493 SMALL, DAVID R
 Sex: F Unit#: 0000372533 Acct: 1-1612512

Allergies: PENICILLIN ANALOGUES/FISH OIL/MORPHINE/TREE NUT,NUT OIL/COCONUT OIL/OIL BASED DRUGS

Covers Doses from 0600 Saturday Dec. 1, 2012 to 0559 Sunday Dec. 2, 2012

Ord #	Init	Drug & Comments	Dose	Route	Freq	Sched	Start Stop	Admin Times, Initials & Comments
*** PRN MEDICATION ORDERS ***								
027		Dimenhydrinate (50MG Tablet supplied)	Dose: 50 MG = 1 TABLET	ORAL	Q4H PRN	PRN	11/27 1000 12/27 1601	
015		Hydrocortisone (2.5% Cream supplied) PTX OWN	Dose: 2.5 % = 45 GM	TOPICAL	PRN	PRN	11/26 2000 12/26 1601	
022		Hydromorphone (2MG Tablet supplied)	Dose: 2-4 MG = 1-2 TABLET	ORAL	Q4H PRN	PRN	11/27 1000 12/04 1601	0550 (2) WJ 145 (4) AL
023		Hydromorphone (2MG/ML Injection supplied) FOR ACUTE PAIN BREAKTHRU	Dose: 0.5-1 MG = 0.25-0.5 ML	SUBCUTANEOUS	Q2H PRN	PRN	11/27 1000 12/04 1601	
031		Lactulose (667MG/ML Syrup supplied)	Dose: 10-20 G = 15-30 ML	ORAL	BID PRN	PRN	11/30 1900 12/30 1601	
029		Lorazepam (1MG Tablet supplied)	Dose: 1 MG = 1 TABLET	ORAL	HS PRN	PRN	11/29 2200 12/06 1601	

ADMINISTRATION KEY:

NPO - nothing by mouth REF - refused P - on pass T - testing
 SAM - Self Administration of Med DO - doctor's order O - other (specify)

SITE CODE:

R - right L - Left D - deltoid G - gluteal T - thigh
 ↓ - lower ↑ - upper M - mid AB - abdomen

MAR VERIFIED BY:

Printed: 2012/11/30 22:00

Rm: G702-02

YOUNG, SUZANNE MARIE

Age: 48Y

Height:

Weight: 0.0kg

BSA:

Adm: 12/11/26

DOB: 64/10/11

Dr: 2493 SMALL, DAVID R

Sex: F

Unit#: 0000372533

Acct: 1-1612512

Allergies: PENICILLIN ANALOGUES/FISH OIL/MORPHINE/TREE NUT,NUT OIL/COCONUT OIL/OIL BASED DRUGS

Covers Doses from 0600 Saturday Dec. 1, 2012 to 0559 Sunday Dec. 2, 2012

Ord #	Init	Drug & Comments	Dose	Route	Freq	Sched	Start	Admin Times, Initials & Comments
							Stop	
*** PRN MEDICATION ORDERS ***								
024		Ondansetron (1MG/0.5ML Inj Syringe supplied)	Dose: 1 MG = 0.5 ML	IV	Q6-8H PRN	PRN	11/27 1000 12/27 1601	
017		Salbutamol (100 MCG/PUFF Inhaler supplied) SHAKE WELL BEFORE USE	Dose: 1-2 PUFFS	INHALATION	Q4H PRN	PRN	11/26 2000 12/26 1601	

ADMINISTRATION KEY:

NPO - nothing by mouth REF - refused P - on pass T - testing
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MAR VERIFIED BY:

Printed: 2012/11/30 22:00

12/11/11 11:20

Rm: G702-02

YOUNG, SUZANNE MARIE

Age: 48Y Height: Weight: 0.0kg BSA:
Adm: 12/11/26 DOB: 64/10/11 Dr: 2493 SMALL, DAVID R
Sex: F Unit#: 0000372533 Acct: 1-1612512

Allergies: PENICILLIN ANALOGUES/FISH OIL/MORPHINE/TREE NUT,NUT OIL/COCONUT OIL/OIL BASED DRUGS
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MAR VERIFIED BY: _____

Patient: Please complete this section. Bring this to your Pre-admission Assessment visit.

In case of emergency call: CARI-ANN YOUNG name
BAUGENTER relationship 905-741-2697 telephone number

Write in your own words why you are being admitted. Include your symptoms such as nausea, shortness of breath, where your pain is, or your diagnosis if you know it.

Full hysterectomy - Pain - multiple cysts
extreme bleeding

Do you have Allergies? foods: _____ drugs: _____
 others: _____

Have you ever had a reaction to a blood transfusion? Yes No
 List any medications you take at home: N/A

Name of medications	Dosage	How often you take it
<u>Ventolin</u>	<u>2 Puffs - 800 Dose</u>	<u>4x day</u>
<u>Flo-Vent</u>	<u>2 Puffs - 250 Dose</u>	<u>2x day</u>
<u>Tecta</u>	<u>1 Pill</u>	<u>2x day</u>

Do you have a history of diabetes? cancer? epilepsy?
 heart disease? bleeding problems? breathing problems?
 Have you been in the hospital before? _____
 Why? _____ Where? _____ What year? _____

HAS hypo glycemia - Uses blood monitor

Lifestyle Habits (amount, how long?)
 alcohol _____ tobacco 12 yrs
 drugs _____ other _____

List any treatments you have at home such as: physiotherapy
 dialysis foot care other _____
 Do you use: eye glasses contact lenses
 hearing aid: right ear left ear both ears none
 dentures: upper lower partial none
 walker crutches wheelchair anything else?

Do you have any problems breathing? No Yes
 Explain breached Asthmatic

Are you on a special diet? No Yes Type ?

Have you lost or gained weight recently? No Yes
 Explain _____

Do you have problems with your bowels? No Yes
 Explain Constipation + diarrhea

How often do you have a bowel movement?
 Explain 2 x day

Do you have problems with urination? No Yes
 Explain _____

Do you have any problems with your skin? No Yes
 Explain _____

Do you have any problems sleeping? No Yes
 Explain _____

Do you have any physical limitations? No Yes Describe these please: (e.g.: cataract right eye, can't move left arm, arthritis both hips)

What is your current occupation? _____
 Do you have any religious or cultural practices you would like us to know about? No Yes Explain _____

Are you using any community services now such as CCAC, Meals on Wheels? No Yes: explain: _____

St. Joseph's Healthcare, Hamilton
St. Joseph's Hospital
50 Charlton Avenue East
Hamilton, Ontario L8N 4A6

(905) 522-1155

EDS - Ext. 36082

UNIT NO.0000372533 PRE

Patient Name YOUNG,SUZANNE MARIE
695 PLAINS RD E

BURLINGTON, ON L7T2E8

ONTARIO HEALTH NO. 6427-959-512 YW

DOB: 64/10/11 SEX F

EXAM DATE 13/06/07 0937 Check-in No. 3752915 Account # 56403233

ORDERED BY	KUMBHARE, DINESH	Fax# (905)777-9399
ATTENDING PHYS.	KUMBHARE, DINESH	Fax# (905)777-9399
FAMILY PHYS.	DIPAULO, BRUNO L	Fax# (905)575-9896
REFERRING PHYS.	RATHBONE, MICHEL P	Fax# 905-383-3958

Chk-in #	Exam
3752915	US-EXTREMITIES-PER LIMB*L

TARGETED ULTRASOUND POSTERIOR NECK

INDICATION: 48-year-old female with headache after concussion in November 2012 with large contusion of the upper cervical spine. Bilateral occipital neuralgia. Assess for hematoma. Assess occipital nerves.

COMPARISON: None.

FINDINGS:

No hematoma is demonstrated. No mass or cyst.
The occipital nerves were too small to be accurately assessed by ultrasound.

- DR SRINIVASAN HARISH
Reading Physician- DR SRINIVASAN HARISH
Releasing Physician- DR SRINIVASAN HARISH
Released Date Time- 13/06/09 1030
Reading Resident- DR KATAYOUN RICHARD

THE ULTRASOUND FACILITY OF ST. JOSEPH'S HEALTHCARE HAMILTON IS ACCREDITED
BY THE AMERICAN INSTITUTE OF ULTRASOUND IN MEDICINE (AIUM)

COMPLETE DUPLICATE

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St. Joseph's Healthcare, Hamilton
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Patient Name YOUNG,SUZANNE MARIE
695 PLAINS RD E

BURLINGTON, ON L7T2E8

ONTARIO HEALTH NO. 6427-959-512 YW

DOB: 64/10/11 SEX F

EXAM DATE 13/03/07 1030 Check-in No. 3681191 Account # 56261486

ORDERED BY	RODRIGUEZ, AMADEO RAUL	Fax# 905-573-4858
ATTENDING PHYS.	RODRIGUEZ, AMADEO RAUL	Fax# 905-573-4858
FAMILY PHYS.	DIPAOLLO, BRUNO L	Fax# (905)575-9896
REFERRING PHYS.		Fax#

Chk-in #	Exam
3681191	NEURO-VISUAL EVOKED RESPONSE

EVP REPORT

CLINICAL HISTORY: Visual acuity loss.

VISUAL EVOKED RESPONSES: Stimulating both eyes with pattern reversal stimuli produces a P100 at 98.0 msec on the right and 99.4 msec on the left. Amplitude is 8.5 on the right and 8.8 on the left.

CONCLUSION: This is a normal study.

Susan Goodwin, MD

Dictated BUT NOT READ

This document will be reviewed by the attending physician/staff, as per Hospital Policy 009-MED, and any corrections will be forwarded.

D. D/T: 03/08/2013 12:56:45,SG

T. D/T: 03/11/2013 09:17:34,bc

Doc #: 1533971

Job #: 924178

c.c.: Amadeo Raul Rodriguez, MD
Susan Goodwin, MD
Bruno Dipaolo, MD

COMPLETE DUPLICATE

Page 1

ELECTRO DIAGNOSTIC SERVICES (EDS)

St. Joseph's Healthcare, Hamilton
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UNIT NO.0000372533 PRE

Patient Name YOUNG,SUZANNE MARIE
695 PLAINS RD E

BURLINGTON, ON L7T2E8

ONTARIO HEALTH NO. 6427-959-512 YW

DOB: 64/10/11 SEX F

EXAM DATE 13/03/07 1030 Check-in No. 3681191 Account # 56261486

ORDERED BY	RODRIGUEZ, AMADEO RAUL	Fax# 905-573-4858
ATTENDING PHYS.	RODRIGUEZ, AMADEO RAUL	Fax# 905-573-4858
FAMILY PHYS.	DIPAOLLO, BRUNO L	Fax# (905)575-9896
REFERRING PHYS.		Fax#

Checkin-Exam Code Summary
3681191-10008

Name: YOUNG, SUZANNE M MR#: 372533
Electrodiagnostic Services - Charlton Page 1 of 2 JDoc #:
1533971

- 96425
Reading Physician- SUSAN GOODWIN
Releasing Physician- SUSAN GOODWIN
Released Date Time- 13/03/11 1442

COMPLETE DUPLICATE

Page 2

ELECTRO DIAGNOSTIC SERVICES (EDS)

St. Joseph's Healthcare, Hamilton
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UNIT NO.0000372533 PRE

Patient Name YOUNG,SUZANNE MARIE
695 PLAINS RD E

BURLINGTON, ON L7T2E8

ONTARIO HEALTH NO. 6427-959-512 YW

DOB: 64/10/11 SEX F

EXAM DATE 13/01/29 0705 Check-in No. 3644768 Account # 56209409

ORDERED BY	DIPAULO, BRUNO L	Fax# (905) 575-9896
ATTENDING PHYS.	DIPAULO, BRUNO L	Fax# (905) 575-9896
FAMILY PHYS.	DIPAULO, BRUNO L	Fax# (905) 575-9896
REFERRING PHYS.		Fax#

Chk-in #	Exam
3644768	MR-MINOR ASSESSMENT

MRI MINOR ASSESSMENT.

The patient was booked for an MRI, but was unable to tolerate the examination due to claustrophobia. The patient is interested in re-booking. The patient has been notified to contact their referring physician to obtain a prescription for oral sedation. Once the patient has received this, they can contact our booking office for rescheduling of their MRI appointment. No images were obtained.

- DR NARRY MUHN
Reading Physician- DR NARRY MUHN
Releasing Physician- DR NARRY MUHN
Released Date Time- 13/01/29 0824

THE MRI FACILITY OF ST. JOSEPH'S HEALTHCARE HAMILTON IS ACCREDITED BY
THE AMERICAN COLLEGE OF RADIOLOGY

COMPLETE DUPLICATE

Page 1 HO

ELECTRO DIAGNOSTIC SERVICES (EDS)

St. Joseph's Healthcare, Hamilton
St. Joseph's Hospital
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(905) 522-1155

EDS - Ext. 36082

UNIT NO.0000372533 PRE

Patient Name YOUNG,SUZANNE MARIE
695 PLAINS RD E

BURLINGTON, ON L7T2E8
ONTARIO HEALTH NO. 6427-959-512 YW
DOB: 64/10/11 SEX F

EXAM DATE 13/01/10 1452 Check-in No. 3633234 Account # 56189403

ORDERED BY	SMALL, DAVID R	Fax# 905-572-7373
ATTENDING PHYS.	SMALL, DAVID R	Fax# 905-572-7373
FAMILY PHYS.	DIPAULO, BRUNO L	Fax# (905) 575-9896
REFERRING PHYS.		Fax#

Chk-in #	Exam
3633234	GR-ABD 2-3 V & CHEST 1 V PANEL

GR-ABDOMEN 3 VIEWS + CHEST 1 PANE

INDICATIONS: 6WKS POST-OP WITH WOUND INFECTION ONGOING ABDO PAIN ?
CONSTIPATION

Comparison: November 29, 2012

Findings: Heart and mediastinum are within normal limits. Lung aeration is normal. Pleural spaces are clear. No aggressive bony changes. No free intra-abdominal air. No evidence of bowel obstruction. No fecal loading. No concerning calcifications.

Summary: No acute abnormality. No interval change.

- DR JUDITH CORET-SIMON
Reading Physician- DR JUDITH CORET-SIMON
Releasing Physician- DR JUDITH CORET-SIMON
Released Date Time- 13/01/10 1554

COMPLETE DUPLICATE

Page 1

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UNIT NO.0000372533 PRE

Patient Name YOUNG,SUZANNE MARIE
695 PLAINS RD E

BURLINGTON, ON L7T2E8
ONTARIO HEALTH NO. 6427-959-512 YW
DOB: 64/10/11 SEX F

EXAM DATE 12/11/29 1115 Check-in No. 3601904 Account # 11612512

ORDERED BY	SMALL,DAVID R	Fax# 905-572-7373
ATTENDING PHYS.	SMALL,DAVID R	Fax# 905-572-7373
FAMILY PHYS.	DIPAULO,BRUNO L	Fax# (905)575-9896
REFERRING PHYS.		Fax#

Chk-in #	Exam
3601904	GR-ABD 2-3 V & CHEST 1 V PANEL

Chest:

Normal examination.

Abdomen:

No free intraperitoneal air. No surgical clips and no radiopaque calculus.

Bowel gas pattern is unremarkable.

Incidental note of degenerative disc and facet disease at L4-L5.

Summary:

No abnormality in the chest or abdomen.

- DR DAVID WOODS
Reading Physician- DR DAVID WOODS
Releasing Physician- DR DAVID WOODS
Released Date Time- 12/11/29 1424

COMPLETE DUPLICATE

Page 1

ELECTRO DIAGNOSTIC SERVICES (EDS)

St. Joseph's Healthcare, Hamilton
Charlton Campus
50 Charlton Avenue East
Hamilton, Ontario L8N 4A6

Date Format is MM/DD/YYYY

Patient Name: YOUNG, SUZANNE M
DOB: 10/11/1964
Admission Date: 03/07/2013

MRN: 372533
Account #: 56261486
Document Accession Number:
3681191
Patient Type/Svc: ODM/NGY
Location:
Room/ Bed: /
Visit Date:

Discharge Date:
Dictated By: SUSAN GOODWIN
Dictating For:
Attending Physician: AMADEO RODRIGUEZ

Electrodiagnostic Services - Charlton

EVP REPORT

CLINICAL HISTORY: Visual acuity loss.

VISUAL EVOKED RESPONSES: Stimulating both eyes with pattern reversal stimuli produces a P100 at 98.0 msec on the right and 99.4 msec on the left. Amplitude is 8.5 on the right and 8.8 on the left.

CONCLUSION: This is a normal study.

Susan Goodwin, MD

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c.c.: Amadeo Raul Rodriguez, MD
Susan Goodwin, MD
Bruno Dipaolo, MD