

**DISCHARGE SUMMARY**

**TAXED**

PATIENT YOUNG, SUZANNE MARIE		TITLE MS	RESP. FOR PAYMENT	
ADDRESS 695 PLAINS RD E 101 BURLINGTON ON L7T 2E8		BIRTH DATE 1964/10/11	AGE 48Y	SEX F
		TELEPHONE (905)333-2744	MARITAL STATUS S SINGLE	RES. CODE 1021
IN EMERGENCY NOTIFY: YOUNG, CARI-ANN		RELATIONSHIP DAUGHTER	HOME PHONE (905)741-2697	WORK PHONE EXT.
HEALTH NO. 6427-959-512	VERSION YW	EXP. 16/10/11	MEDICAL RECORD # J 0000372533	
DENOMINATION CRC	PLACE OF WORSHIP ST. PATRICK'S			<input type="checkbox"/> SACRITUAL
PHYSICIAN MOST RESPONSIBLE D R SMALL	PHONE (905)572-1122	FAX 905-572-7373	ACCOUNT NUMBER J1-1612512	ADMIT DATE/TIME 12/11/26 08:28
FAMILY DIPAULO, BRUNO L	PHONE (905)575-2888	FAX 905-575-9896	SERVICE GYN	PT TYPE I/P
REFERRING	PHONE	FAX 905-575-9896	PREFERRED ACCOMMODATION 1 WARD	EXPECTED DATE OF DISCHARGE 12/11/27
ADMITTING COMPLAINT OTHER GYNECOLOGICAL DIAGNOSES		PREVIOUS VISIT INFO EMD 12/10/03 DSU 12/10/01	OBG 12/08/29 J2-510	

**MOST RESPONSIBLE DIAGNOSES** (Diagnoses most responsible for length of stay):  
*Ovarian cysts bilateral*

**PRE-ADMIT COMORBIDITY** (Diagnoses coexisting on admission which have a significant influence on length of stay):  
*menstrual  
menstrual disorder (Bun 41)*

**POST-ADMIT COMORBIDITY/ADVERSE DRUG REACTIONS** (Diagnoses arising after admission which have a significant influence on length of stay):

**PROCEDURES/INVESTIGATIONS/COURSE IN HOSPITAL:**  
*Total abdominal hysterectomy; bilateral salpingo-oophorectomy*

**DISCHARGE PLAN AND FOLLOW-UP**  
*Dr Small 6 weeks*

**MEDICATIONS ON DISCHARGE**

<input type="checkbox"/> Please see attached copy of Discharge Prescription Form		

**CIHI**

SIGNATURE OF RESIDENT OR INTERN \_\_\_\_\_ SIGNATURE OF MOST RESPONSIBLE PHYSICIAN \_\_\_\_\_

**RECORD:** Checked by *[Signature]* Coded by \_\_\_\_\_  Dictated Discharge Date: \_\_\_\_\_





Unit # **J 0000372533** I/P  
 YOUNG,SUZANNE MARIE  
 1964/10/11 48Y F  
 6427-959-512 YW 16/10/11  
 D R SMALL  
 Admitted: 12/11/26 08:28

**FACE SHEET**

Admission Date **12/11/26 08:28** Account No. **1-1612512** Pt. Type **I/P** Resp. for Payment **OH MINISTRY OF HE** Patient Unit # **J 0000372533**  
 Patient (Surname, Given name) **YOUNG,SUZANNE MARIE** Birthdate **1964/10/11** Age **48Y** Sex **F**  
 Address **695 PLAINS RD E 101 BURLINGTON ON L7T 2E8** Phone **(905)333-2744** Marital Status **S SINGLE** Language **ENG**  
 Religion **CRC** Church **ST. PATRICK'S** Res. Cd **1021**

Next of Kin - Name & Address **YOUNG,CARI-ANN** Relationship **DAUGHTER** Home Phone **(905)741-2697** Business Phone  Ext   
**101-695 PLAINS RD E BURLINGTON ON L7T 2E8**

Health No. **6427-959-512** Version **YW** Exp **16/10/11** Admitting Clerk Initials **AB**  
 Name on Card **YOUNG,SUZANNE MARIE**  
 Source of Payment **999100 OHIP BASIC PLAN IN-PATIE**

Most Responsible Phys. **D R SMALL** Phone **(905)572-1122 2493** Fax **905-572-7373**  
 Family Physician **DIPAULO,BRUNO L** Phone **(905)575-2888 630** Fax **905-575-9896**  
 Referring Physician Phone  Fax **905-575-9896**

Expected Length of Stay **1** Expected Date of Discharge **12/11/27** Med. Srv. **GYN** Previous Visits **EMD 12/10/03 DSU 12/10/01 OBG 12/08/29**

Admitting Diagnosis **OTHER GYNECOLOGICAL DIAGNOSES** Ambulance  Accommodation **CRT 60T**  
 Allergies **SEE DEFINED DRUG/FOOD/MISC TYPES**  
 Transferred From  Req. **1 WARD** Room **DSU-13** Accomm. **1 WARD**

## BOOKING REQUEST FORM

### Resource Unit

BUJ       COR       END  
 KOR       MPR       PAC

### Admission Venue:

Inpatient     Outpatient     Same Day Admit

### Patient Information

**Name** YOUNG, SUZANNE MARIE    **Gender** F    **MRN** 0000372533    **HCN** 6427959512 YW  
**Address** 695 PLAINS RD E - 101    **Home #** (905)333-2744    **Preferred Contact Number During Business Hours** Home  
 BURLINGTON, ON    **Work #** (905)681-7744  
 L7T-2E8    **Mobile #**    **Language Barrier?**  No  Yes  
**DOB (YYYY/MM/DD)** 1964-10-11    **Age (years):** 48    **Other #**    **Permission to Leave Voicemail?**  No  Yes  
**Preferred Date/Time of PAAU Appointment**    **PAAU Details** Nov 14 @ 0730  
**PAAU Consultation**  Anesthesia Consultation     Acute Pain Service (APS)     To Be Seen By:     Patient Exempt    Reason:  
**Alternate Contact**    **Best Time to Contact Alternate Contact?**

### Case Details

**Practitioner** SMALL, DAVID R    **Requested Date** 2012-11-26    **Requested Time** 10:30  
**Procedure(s)**    **Decision To Treat Date** 2012-10-17  

<b>1. HYSTERECTOMY ABDOMINAL WITH SALPINGOOPHERECTOMY BILATERAL</b> <b>Notes:</b>	<b>Body Site:</b> Bilateral	<b>Responsibility For Payment:</b> OHIP Approved
--	-----------------------------	--

**Special Equipment/Implants:**    **Other Clinical Information:**  
**Estimated Duration** 130 mins    **Increase to Case Duration Required?**  No  Yes    **Reason**  
**Actual Duration** 180 mins  
**Referring Physician** Dr. DiPaolo    **Family Physician** Dr. DiPaolo    **Midwife**  
**Referral Source**    **Surgical Priority** SCHD - Scheduled Procedure  
**Urgent Procedure**    **Indication**  
**Will Surgery/Procedure Involve Brain, Pituitary, Spinal Cord, Retina or Optic Nerves Sites?**  No  Yes  
**Has Creutzfeldt-Jakob Disease (CJD) Pre-Operative Risk Assessment Tool Been Completed?**  No  Yes  
**Diagnostic Imaging: Does the Patient Have Any Relevant Previous Films?**  No  Yes    Location: SJH  
**Diagnostic Imaging: Is Fluoroscopy Required?**  No  Yes

### Additional Information

**Pre-Operative Diagnosis** OTHER GYNECOLOGICAL DIAGNOSES    **Diagnosis Description** ovarian cysts, PCOS,  
**Anesthesia Type** General Anesthetic    **Beds Required** Same Day Admit Surgical    **ELOS** 3  
**Does this procedure qualify for CCO Funding?**  No  Yes  Undetermined

### Additional Obstetrical Information

**Gravida**    **Para**    **Abortus**    **Gestational Age**    **EDB**    **Bishop Score**    **VBAC**  No  Yes

### Additional CIRT Information

**Date of Referral**    **Scheduled Recall Procedure**    **Reason for Colonoscopy**

### Patient Alerts and Allergies


**Mandatory Alerts and Allergies:**

**Non-Mandatory Alerts and Allergies:**

Other Allergies

DOCTOR'S ORDERS

NB: Check Allergies AND Do not use this form to order antimicrobials

 <p>J 0000372533 1-1612512 <b>YOUNG, SUZANNE MARIE</b> 695 PLAINS RD E BURLINGTON ON L7T 2E8 (905) 333-2744 1964/10/11 48Y F I/P GYN 6427-959-512 YW/PY/ MRP: SMALL, DAVID R GP: DIPAOLO, BRUNO L</p>	<p><b>ORDER WRITTEN</b></p> <p>DATE <u>Dec 11/12</u></p> <p>TIME <u>0900</u></p>	<p><i>Stc home</i></p> <p><i>Stc</i></p> <p><i>Flu Dr Small 6 wks</i></p>																			
	<p><b>ORDERS TRANSCRIBED</b></p> <p>DATE _____</p> <p>TIME _____</p> <p>SIGNATURE/DISCIPLINE _____</p>																				
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DOCTOR'S ORDERS

NB: Check Allergies AND Do not use this form to order antimicrobials

1-1612512  
0000372533  
YOUNG, SUZANNE MARIE  
695 PLAINS RD E  
BURLINGTON  
(905) 333-2744  
1964/10/11 48Y F  
I/P GYN  
MRP: SMALL, DAVID R  
GP: DIPALO, BRUNO L

ORDER WRITTEN  
DATE Nov 29/12  
TIME 1500  
ORDERS TRANSCRIBED  
DATE \_\_\_\_\_  
TIME \_\_\_\_\_  
SIGNATURE/DISCIPLINE \_\_\_\_\_  
TRANSCRIPTION CHECKED BY  
DATE Nov 29/12  
TIME 1800  
SIGNATURE/DISCIPLINE A. Ben

P.O. Dr. Dzaja / A. Ben  
Continue CF diet P/A tmro.  
D/C Heparin (Pt. mobilizing well).

WHEN WRITING ORDERS:

DO NOT USE	USE
U	unit
SC	subcut
CC/cc	ml/mL
µg	mcg
MS	morphine morphine sulphate
MgSO4	magnesium sulphate
10.0 mg	10 mg
.1mg	0.1mg

ORDER WRITTEN  
DATE Nov 30/12  
TIME 0940  
ORDERS TRANSCRIBED  
DATE Nov 30/12  
TIME 1000  
SIGNATURE/DISCIPLINE M. Ben  
TRANSCRIPTION CHECKED BY  
DATE \_\_\_\_\_  
TIME \_\_\_\_\_  
SIGNATURE/DISCIPLINE \_\_\_\_\_

P.O. Dr. Dzaja / J. Humphreys RW  
1) Lactulose 15-30 cc BID prn.  
2) Fleet enema x 1 now.

qd/od	daily
qod	every other day
>	greater than
<	less than
@	at
OS/OD/OU	left eye, right eye or both eyes
AS/AD/AU	left ear, right ear or both ears

ORDER WRITTEN  
DATE Nov 30/12  
TIME 1200  
ORDERS TRANSCRIBED  
DATE \_\_\_\_\_  
TIME \_\_\_\_\_  
SIGNATURE/DISCIPLINE \_\_\_\_\_  
TRANSCRIPTION CHECKED BY  
DATE \_\_\_\_\_  
TIME \_\_\_\_\_  
SIGNATURE/DISCIPLINE \_\_\_\_\_

DA7.  
P.O. Dr. Dharmasi  
M. Ben

DOCTOR'S ORDERS

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	DATE			
	TIME			
	ORDERS TRANSCRIBED	DATE	Nov 27	
	TIME	0940		
	SIGNATURE/DISCIPLINE	[Signature]		
	TRANSCRIPTION CHECKED BY	DATE	Nov 27/12	
	TIME	0945		
	SIGNATURE/DISCIPLINE	PRINTED NAME	SIGNATURE/DISCIPLINE	COUNTERSIGNATURE
		Rezac	[Signature]	
<p>WHEN WRITING ORDERS: DO NOT USE USE</p> <p>U unit</p> <p>SC subcut</p> <p>CC/cc ml/mL</p> <p>µg mcg</p> <p>MS morphine morphine sulphate</p> <p>MgSO4 magnesium sulphate</p> <p>10.0 mg 10 mg</p> <p>.1mg 0.1mg</p>	ORDER WRITTEN	Nov 29/12		
	DATE	Nov 29/12		
	TIME	0640		
	ORDERS TRANSCRIBED	DATE	Nov 29/12	
	TIME	1200		
	SIGNATURE/DISCIPLINE	PRINTED NAME	SIGNATURE/DISCIPLINE	COUNTERSIGNATURE
		Dzaja R	[Signature]	
<p>qd/od daily</p> <p>qod every other day</p> <p>&gt; greater than</p> <p>&lt; less than</p> <p>@ at</p> <p>OS/OD/OU left eye, right eye or both eyes</p> <p>AS/AD/AU left ear, right ear or both ears</p>	ORDER WRITTEN	Nov 29/12		
	DATE	Nov 29/12		
	TIME	1100		
	ORDERS TRANSCRIBED	DATE	Nov 29/12	
	TIME	1200		
	SIGNATURE/DISCIPLINE	PRINTED NAME	SIGNATURE/DISCIPLINE	COUNTERSIGNATURE
		A. Dzaja	[Signature]	

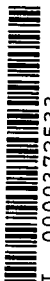
(see A/S order also)  
Clea fluid and until pain  
free.

Glycerin suppository x 1  
Lorazepam 1mg po qhs prn

P.O. Dr. Dzaja / A. Dzaja  
Abdo x-ray 3 views  
(Abd-distended)

## DOCTOR'S ORDERS

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	<p>PRINTED NAME _____ SIGNATURE/DISCIPLINE _____ COUNTERSIGNATURE _____</p>																		
	<p>SIGNATURE/DISCIPLINE <u>V. O. R. Small</u> / <u>[Signature]</u></p>																		
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<p>PRINTED NAME _____ SIGNATURE/DISCIPLINE _____ COUNTERSIGNATURE _____</p>																			
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<p>PRINTED NAME <u>D. Paolo</u> SIGNATURE/DISCIPLINE <u>[Signature]</u> COUNTERSIGNATURE _____</p>																			
<p>SIGNATURE/DISCIPLINE <u>[Signature]</u></p>																			

- Charlton Campus
- King Campus
- West 5th Campus



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

## POST-OP SURGICAL PATIENT CONTINUOUS OXIMETRY MONITORING

Orders with  or \_\_\_\_\_ must be initialled or filled to be activated.

<p><b>ORDER WRITTEN</b></p> <p>DATE <u>Nov 26 2012</u></p> <p>TIME <u>1550</u></p> <p><b>ORDERS TRANSCRIBED</b></p> <p>DATE _____</p> <p>TIME _____</p> <p>SIGNATURE / DISCIPLINE _____</p> <p><b>TRANSCRIPTION CHECKED BY</b></p> <p>DATE _____</p> <p>TIME _____</p> <p>SIGNATURE / DISCIPLINE _____</p>	<p><input type="checkbox"/> <b>No Known Allergies</b></p> <p><input type="checkbox"/> <b>Allergies / Reactions:</b> <u>Morphine Penicillin Nuts</u></p> <p><input type="checkbox"/> <b>Admit to:</b> _____</p> <p><input checked="" type="checkbox"/> <b>Continuous Oximetry Monitoring Overnight:</b></p> <ul style="list-style-type: none"> <li>• Discontinue in a.m. if SpO<sub>2</sub> greater than 90% on room air and Heart Rate greater than 50 beats per minute</li> </ul> <p><input checked="" type="checkbox"/> <b>Oxygen:</b></p> <ul style="list-style-type: none"> <li>• Administer oxygen at 2-4 litres per minute via nasal prongs <u>or</u> 24% or 28% via mask to maintain saturation between 90% to 96%</li> <li>• Call MRP and RRT if unable to attain SpO<sub>2</sub> greater than 90%</li> </ul> <p><input type="checkbox"/> <b>Patient currently on CPAP at home.</b></p> <ul style="list-style-type: none"> <li>• If available, use patient's personal machine with home settings</li> <li>• RRT or Anesthetist Assistant to confirm CPAP pressure and functionality of machine</li> <li>• Start CPAP treatment immediately post-op</li> <li>• Use CPAP overnight</li> <li>• If necessary RRT to connect oxygen to CPAP to maintain SpO<sub>2</sub> between 90 to 96%</li> </ul> <p><input type="checkbox"/> <b>Patient does not require CPaP</b></p> <p><input type="checkbox"/> <b>Patient not currently on CPaP at home but requires CPAP:.</b></p> <ul style="list-style-type: none"> <li>• Anesthesia to request Acute Respiriology Service Consult</li> <li>• Call RRT</li> <li>• Start Auto-CPAP treatment immediately post-op with pressure between 6 cmH<sub>2</sub>O and 16 cmH<sub>2</sub>O</li> </ul>	
	DATE (yyyy/mm/dd)	TIME (hh:mm)
PRINTED NAME	SIGNATURE / DISCIPLINE	COUNTER SIGNATURE
<u>BAxIR</u>	<u>[Signature]</u>	<u>[Signature]</u>



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

**Acute Pain Service (APS) Orders for  
IV Patient Controlled Analgesia (PCA)  
Page 2 of 2**

**8. RESPIRATORY DEPRESSION or EXCESSIVE SEDATION**

If sedation level is 3 (Refer to Sedation Scale)

- Decrease PCA dose to 0.1 mg; Change Lockout Interval to 10 min.
- Decrease Continuous Dose to \_\_\_\_\_ mg/hr.

If respiratory rate is less than 9/min. or sedation is 4 (Refer to Sedation Scale):

- Stop pump
- Administer oxygen at 100% by non-rebreathing mask
- Administer **Naloxone (NARCAN)** 0.2 mg IV push, **STAT**. Repeat dose Q3 min. prn (up to maximum cumulative total of 2.0 mg)
- Call APS **STAT**

**9. SUPPLEMENTARY ANALGESIA**

**N.B. Do not give suppositories to post-op rectal surgery or radical prostatectomy patients.**

Acetaminophen 975 mg PO/PR Q6hr. x 48 hrs; then \_\_\_\_\_ mg, Q \_\_\_\_\_ hrs prn (Maximum 4000 mg/24hrs)

**NSAIDs Contraindications**

- No  Yes
- History of peptic ulcer/gastrointestinal bleed
- Asthma with ASA intolerance
- Severe renal impairment (check creatinine)
- Significant/active liver disease
- Risk of bleeding/coagulation disorders
- Other: \_\_\_\_\_

Naproxen 500 mg PO/PR Q12hr.

Ketorolac 10 mg IV Q6hr. (Maximum dose 120mg/24 hrs).

If patient able to tolerate PO/PR, give Naproxen if both above medications are ordered.

Other \_\_\_\_\_

**10. TREATMENT OF SIDE EFFECTS**

**NAUSEA AND VOMITING**

Dimenhydrinate 25-50 mg IV/IM/PO Q4hr. prn

If Dimenhydrinate ineffective and nausea/vomiting score greater than 1 give:

Ondansetron 4 mg IV Q8hr. prn (1 post op)

**PRURITIS (ITCHING)**

Diphenhydramine 25-50 mg IV/IM/PO Q4hr. prn

Other: \_\_\_\_\_

**11. All APS orders are valid for 72 hours and must be reordered if required.**

Signed: \_\_\_\_\_ Date: Nov 26 2012  
Print Name: BAK... Time: \_\_\_\_\_

**FOR ANY COMPLICATIONS OR PROBLEMS RE: PAIN MANAGEMENT, CALL ACUTE PAIN SERVICE**

Acute Pain Service (APS) Orders for  
IV Patient Controlled Analgesia (PCA)  
PAGE 1 of 2

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: D R SMALL  
 GP : DIPAOLO, BRUNO L

Allergies:  NKA Penicillin Nuts

Date: Nov 26 2012 Intensiv Unit of Neurology

Initial boxes to activate orders.

1. Do not administer any supplemental opioids or sedatives, unless ordered by APS.
2. Enter APS consult into computer. RC (Initial once entered into computer)

3. SINGLE DOSE EPIDURAL/SPINAL

- Patient has received Hydromorphone 2 mg, at 12:20 hrs., via IV epidural spinal.
- Start PCA in PRN hours. Call APS if pain score is greater than 3 out of 10 prior to initiation of PCA and patient states pain control not satisfactory.

4. Loading Dose in PACU (Recovery Room) only: 0.5 mg, Q 5 min prn, to a maximum of      mg.

5. PCA MODE

- PCA Dose only  Continuous Infusion  PCA Dose with Continuous Infusion

6. PCA DRUG and PUMP SETTINGS

Initial Choice	Medication	PCA Dose	Lockout Interval	Continuous Dose	Maximum 4 hour Limit
	Morphine 125 mg/25 mL (5 mg/mL)	___mg	___min	___mg/hr	___mg/4hrs

Alternatives:

<input checked="" type="checkbox"/>	Hydromorphone <u>25</u> mg/25 mL (1 mg/mL) <u>10 11</u>	<u>0.2</u> mg	<u>7</u> min	___mg/hr	___mg/4hrs
	Fentanyl 1000 mcg/20 mL (50 mcg/mL)	___mcg	___min	___mcg/hr	___mcg/4hrs

7. INADEQUATE PAIN RELIEF

If pain score is greater than 3 out of 10 and patient states pain control not satisfactory:

- Give Bolus dose of 0.5 mg x 1
- Increase PCA dose to 0.3 mg; Change Lockout Interval to 7 min.
- Increase Continuous Dose to      mg/hr.
- Call APS if patient continues to complain of inadequate pain relief.

Signed: [Signature]  
 Print Name: BAXTER


Date: Nov 26 2012  
 Time: 12:30

# DOCTOR'S ORDERS

When writing orders **DO NOT USE:**  
**U** = unit ♦ **SC** = subcut ♦ **CC/cc** = ml/ml ♦ **µg** = mcg ♦ **MS** = morphine/morphine sulphate ♦ **MgSO4** = magnesium sulphate ♦  
**10.0 mg** = 10 mg ♦ **.1mg** = 0.1mg ♦ **qd/od** = daily ♦ **qod** = every other day ♦ **>** = greater than ♦ **<** = less than ♦ **@** = at ♦  
**OS/OD/OU** = left eye, right eye or both eyes ♦ **AS/AD/AU** = left ear, right ear or both ears

## REVIEW ALLERGIES


<b>ORDER WRITTEN</b>	(17) Foley D/C in AM Tues. (18) Please print prescription list. (19) Dilaudid 0.5-1mg q 10 q3h PRN. PCA os per analgesia		
DATE <u>Nov 26/11</u>			
TIME <u>1230</u>			
<b>ORDERS TRANSCRIBED</b>			
DATE _____			
TIME _____			
SIGNATURE/DISCIPLINE _____			
<b>TRANSCRIPTION CHECKED BY</b>			
DATE _____			
TIME _____			
SIGNATURE/DISCIPLINE _____	PRINTED NAME <u>N. [Signature]</u>	SIGNATURE/DISCIPLINE <u>[Signature]</u>	COUNTERSIGNATURE <u>[Signature]</u>
<b>ORDER WRITTEN</b>	<del>_____</del>		
DATE _____			
TIME _____			
<b>ORDERS TRANSCRIBED</b>			
DATE _____			
TIME _____			
SIGNATURE/DISCIPLINE _____			
<b>TRANSCRIPTION CHECKED BY</b>			
DATE _____			
TIME _____			
SIGNATURE/DISCIPLINE _____	PRINTED NAME	SIGNATURE/DISCIPLINE	COUNTERSIGNATURE
<b>ORDER WRITTEN</b>	<del>_____</del>		
DATE _____			
TIME _____			
<b>ORDERS TRANSCRIBED</b>			
DATE _____			
TIME _____			
SIGNATURE/DISCIPLINE _____			
<b>TRANSCRIPTION CHECKED BY</b>			
DATE _____			
TIME _____			
SIGNATURE/DISCIPLINE _____	PRINTED NAME	SIGNATURE/DISCIPLINE	COUNTERSIGNATURE

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

10243

DOCTOR'S ORDERS

NB: Check Allergies AND Do not use this form to order antimicrobials

 <p>5-6105944 000372533 YOUNG, SUZANNE MARIE 695 PLAINS RD E BURLINGTON (905) 333-2744 1964/10/11 48Y F PRY GYN MRP: SMALL, DAVID R GP: DIPAOLO, BRUNO L</p>	<p>ORDER WRITTEN DATE: <u>Nov 14/12</u> TIME: <u>0945h</u></p>	<p>① famotidine 20mg IV on-call to OR. <span style="float: right;">given Nov 26/12</span></p>		
	<p>ORDERS TRANSCRIBED DATE: _____ TIME: _____</p>	<p>② Dexamethasone 8mg IV on-call to OR</p>		
	<p>SIGNATURE/DISCIPLINE _____ TRANSCRIPTION CHECKED BY DATE: _____ TIME: _____</p>	<p>PRINTED NAME <u>Chun</u></p>	<p>SIGNATURE/DISCIPLINE <u>HORNER</u></p>	<p>COUNTERSIGNATURE _____</p>
	<p>SIGNATURE/DISCIPLINE _____</p>	<p>③ Ventolin 2 puffs on-call to OR <span style="float: right;">5mg</span></p>		
<p>WHEN WRITING ORDERS: DO NOT USE    USE</p> <p>U            unit</p> <p>SC          subcut</p> <p>CC/cc      ml/mL</p> <p>µg          mcg</p> <p>MS          morphine               morphine sulphate</p> <p>MgSO4      magnesium sulphate</p> <p>10.0 mg    10 mg</p> <p>.1mg        0.1mg</p>	<p>ORDER WRITTEN DATE: _____ TIME: _____</p>	<p>④ ORS in OSU <span style="float: right;">glucose 6/2 Nov 26/12 @ 0900</span></p>		
	<p>ORDERS TRANSCRIBED DATE: <u>Nov 26/12</u> TIME: <u>0900</u></p>	<p>PRINTED NAME <u>Chun</u></p>		
	<p>SIGNATURE/DISCIPLINE _____ TRANSCRIPTION CHECKED BY DATE: _____ TIME: _____</p>	<p>SIGNATURE/DISCIPLINE <u>HORNER</u></p>	<p>COUNTERSIGNATURE _____</p>	
	<p>SIGNATURE/DISCIPLINE _____</p>	<p>Post-Op Orders:</p> <p>① Admit to ward under Dr. Small</p> <p>② VSR</p> <p>③ SIPS → DAT</p> <p>④ DAT</p> <p>⑤ NNS @ 125cm; DR when drinking well</p> <p>⑥ <del>Hydralazine 20mg PO BID</del></p> <p>⑦ Tylenol #3 T-ii PO qth PRN</p> <p>⑧ Gravol 50mg IV 100 qth PRN</p> <p>⑨ Colace 100mg PO BID</p> <p>⑩ Naproxen 250-500mg PO BID - Post PCA next page</p> <p>⑪ Heparin 5000u subcut BID</p> <p>⑫ CBC in AM. 1yte BUP cont</p>		
<p>SIGNATURE/DISCIPLINE _____</p>	<p>PRINTED NAME <u>NAPOLCO</u></p>	<p>SIGNATURE/DISCIPLINE <u>NAPOLCO</u></p>	<p>COUNTERSIGNATURE _____</p>	

# DOCTOR'S ORDERS

When writing orders DO NOT USE:

U = unit ♦ SC = subcut ♦ CC/cc = ml/ml ♦ µg = mcg ♦ MS = morphine/morphine sulphate ♦ MgSO4 = magnesium sulphate ♦  
 10.0 mg = 10 mg ♦ .1mg = 0.1mg ♦ qd/od = daily ♦ qod = every other day ♦ > = greater than ♦ < = less than ♦ @ = at ♦  
 OS/OD/OU = left eye, right eye or both eyes ♦ AS/AD/AU = left ear, right ear or both ears

## REVIEW ALLERGIES

**YOUNG, Suzanne Marie 9029**  
 101-695 Plains Road East  
 Burlington, ON L7T 2E8 H:(905) 333-2744  
 ON 6427959512 YW

Ref: DIPAOLLO, B (133454)

J 0000372533  
**YOUNG, SUZANNE MARIE** 5-6105944  
 695 PLAINS RD E  
 BURLINGTON ON L7T 2E8  
 (905) 333-2744 2012/11/09  
 1964/10/11 48Y F 6427-959-512 YW  
 PRY GYN  
 MRP: SMALL, DAVID R  
 GP: DIPAOLLO, BRUNO L

<b>ORDER WRITTEN</b> DATE <u>Oct 17</u> TIME <u>2:12</u>		N NLS Circa CRC, Gp + Suen, byts, BUN, cut. ✓	
<b>ORDERS TRANSCRIBED</b> DATE <u>Nov 14/12</u> TIME <u>OBSS</u>		Circa All - Penicilli Clindamycin 900 mg IV prn op in OR Heparin 1000 units SC. 2 hrs prn PCA prn op given Nov 24/12 091519	
SIGNATURE/DISCIPLINE TRANSCRIPTION CHECKED BY DATE _____ TIME _____		PRINTED NAME <u>[Signature]</u>	SIGNATURE/DISCIPLINE <u>[Signature]</u>
<b>ORDER WRITTEN</b> DATE _____ TIME _____		COUNTERSIGNATURE _____	
<b>ORDERS TRANSCRIBED</b> DATE _____ TIME _____		SIGNATURE/DISCIPLINE TRANSCRIPTION CHECKED BY DATE _____ TIME _____	
SIGNATURE/DISCIPLINE TRANSCRIPTION CHECKED BY DATE _____ TIME _____		PRINTED NAME _____	SIGNATURE/DISCIPLINE _____
<b>ORDER WRITTEN</b> DATE _____ TIME _____		COUNTERSIGNATURE _____	
<b>ORDERS TRANSCRIBED</b> DATE _____ TIME _____		SIGNATURE/DISCIPLINE TRANSCRIPTION CHECKED BY DATE _____ TIME _____	
SIGNATURE/DISCIPLINE TRANSCRIPTION CHECKED BY DATE _____ TIME _____		PRINTED NAME _____	SIGNATURE/DISCIPLINE _____

25700

# PreAdmission Medication History Form-Elective Surgery

## PHYSICIANS ORDERS

### Allergies:

- MORPHINE
- FISH OIL
- OIL BASED DRUGS
- TREE NUT, NUT OIL
- COCONUT OIL
- PENICILLIN ANALOGUES

- CONFIRMED
- CONFIRMED
- CONFIRMED
- CONFIRMED
- CONFIRMED
- CONFIRMED

\*XXXXXXXXXX\*

J 0000372533

YOUNG, SUZANNE

695 PLAINS RD E

BURLINGTON

(905) 333-2744

1964/10/11 48Y

5-6105944

ON

L7T-2E8

6427-959-512 YW

PAAU PATIENT PRE-ADMISSION MEDICATION LIST Medication Name, Dose, Route, Frequency (Include regular prescriptions, over-the-counter, PRN and herbal medications)	DAY SURGERY Have any of your medications changed since your PAAU visit? Date and Time Last Taken (yyyy/mm/dd) / (hh:mm)	PHYSICIAN ORDERS (Check ✓)		
		Continue	D/C	Hold (give reason)
FLUTICASON PROPRIONATE MDI, 250MCG 2 PUFF(S) INHALATION TWICE A DAY ***PT OWN***	Nov 26/12	✓		
HYDROCORTISONE CRM, 2.5% 0 TOPICAL AS NEEDED ***PT OWN***		✓		
PANTOPRAZOLE MAGNESIUM TABS, 40MG 1 TABLET(S) BY MOUTH TWICE A DAY ***PT DOES NOT WANT TO TAKE ALTERNATIVE TO TECTA ** PT OWN***	Nov 26/12	✓		
SALBUTAMOL SULFATE MDI, 100MCG 1-2 PUFF(S) INHALATION EVERY 4 HOURS WHEN NECESSARY ***PT OWN***		✓		

**Note:** The medications listed below are for your information. If you wish for the patient to continue any of the medications listed below, please rewrite on the regular Physician Orders form.

Name: <u>Y. Young</u> Signature: <u>[Signature]</u>	Name: <u>Kate Porter</u> Signature: <u>[Signature]</u>
Discipline: _____ Date: 2012/11/14	Discipline: <u>BSN</u> Date: <u>Nov 26/12</u>
<b>Source of Medication List</b> <input type="checkbox"/> Community Pharmacy (Tel #): _____ <input checked="" type="checkbox"/> Prescription Vials/Bottles <input type="checkbox"/> Patient/Family Recall <input type="checkbox"/> MAR from another facility <input type="checkbox"/> ODB Profile Viewer <input type="checkbox"/> MedsCheck <input type="checkbox"/> Other: _____	Transcribed by: <u>[Signature]</u> Name: _____ Signature: _____ Discipline: _____ Date: _____
Scheduled OR Date: 2012/11/26 10:30 am	Transcription checked by: _____

October 17, 2012

Dr. B.L. DiPaolo,  
755 Concession Street,  
Hamilton, ON

Dear Dr. DiPaolo:

Re; **YOUNG, Suzanne #3821**

This patient was seen with her friend accompanying her on the 17<sup>th</sup> of October, 2012 in follow up of her laparoscopy. She has rather unusual looking ovaries. These do not appear to be typical "polycystic" ovaries. They were a bit worrisome but didn't really have the appearance of a malignancy. Ovarian biopsy showed a simple benign serous cyst. Her washings showed tight clusters of atypical cells of undetermine origin. Her peritoneal biopsy was negative. I wonder if this is a cystadenofibroma?

I think the bottom line is that she should probably have both of her ovaries removed for complete histologic evaluation. That being the case, a hysterectomy will be undertaken concurrently. I have explained this to Suzanne and she understands the rationale and agrees. She is aware that she will experience a surgical menopause. We have briefly talked about hormone replacement therapy and we will address that issue postoperatively. The risks of surgery including bleeding, infection or damage to surrounding structures was part of the informed consent process undertaken today. Surgery is planned for **November 26<sup>th</sup>, 2012.**

Trusting this is helpful.

Yours sincerely,



D. Small, M.D., F.R.C.S.C.

DS:lmw

Dictated but not read

cc. OR Booking, St. Joseph's Healthcare

**Date of Procedure: November 26, 2012**

August 29, 2012

Dr. B.L. DiPaolo,  
755 Concession Street,  
Hamilton, ON

Dear Leo:

Re; **YOUNG, Suzanne #3821**

I saw Suzanne in follow up on the 29<sup>th</sup> of August, 2012, in conjunction with an ultrasound scan. This patient continues to have ultrasound evidence of bilateral ovarian cysts. These continue to be present, with ultrasound scanning today showing enlargement of both ovaries although reduction in size compared to her last ultrasound. Both ovaries contain multiple small cysts. I think that this is a variant of PCOS. I have discussed this case with Dr. Karnis and we have tried to send her ultrasound images for Megan to review but unfortunately we had trouble. The appearance is not entirely typical, however, but the patient does have some physical stigmata consistent with this including hirsutism and acanthosis. She continues to have very minimal withdrawal bleeding with cyclic Provera but continues to have a relatively thick endometrium of 12 to 15 mm as well.

The plan is to do a diagnostic laparoscopy, hysteroscopy and dilatation and curettage. I would like to ensure we are not dealing with anything more serious with her ovaries, and I would like to have a thorough sampling of her endometrial lining in view of her possible PCOS condition and thick endometrial lining. She realizes that if there is something more serious going on that further surgery might be necessary for definitive management and that this is mainly a "fact finding" mission.

Surgery is scheduled for **October 1<sup>st</sup>, 2012 at noon.** Consent was obtained. I will see her after surgery to discuss what follow up is necessary.

Yours sincerely,



D. Small, M.D., F.R.C.S.C.

DS:lmw

Dictated but not read

cc. OR Booking, St. Joseph's Healthcare

**Date of Procedure: October 1, 2012**





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: D R SMALL  
 GP : DIPAOLO, BRUNO L

Note progress of case, complications, change in diagnosis, removal of sutures, drains, etc., condition on discharge and any other data pertinent to the case.

EACH NOTATION MUST BE DATED AND SIGNED.

ACUTE PAIN SERVICE PROGRESS NOTE

Date: - Nov 26/12 Time: 14:10 - Assessed in: PAU

ID: 48 y/o ♀ ♂ P.O.D.# 0:

PMHx:

Allergies:

Medications:

GERD

Hypoglycemic episodes

Asthma

Smoker

Morphine sensitivity

Uentibi

Flavon

Paracetamol

Intra-operative:

anesthetist: Dr. B. B. B.

ASA: 1 2 (3) 4 5

TFL: 1 L

EBL:

- GA:

Regional:  spinal:

epidural:

peripheral block(s)

O/E:

Pain: 1/10 - RUU

Nausea: 0/3

Pruritis: 0/3

Sedation: 1/3

- Vital signs: VSS

PCA: Hydromorphone 0.2 mg, Q 7 minutes (\_\_\_ mg/4hr Max)

Epidural: Fentanyl \_\_\_ mcg/ml, Bupivacaine \_\_\_ %, @ \_\_\_ ml/hr (\_\_\_ ml/4hr Max)

Site:

Motor block: 1/3

Sensory block:

INR

Heparin

PIT

LMWH

PLT

Urea

Acetaminophen

Creatinine

NSAIDs

Issues/Plan:  reviewed with Dr. B. B. B.

Asst of pain

Pct detail + follow up x 24-48 hrs

*[Signature]*

PROGRESS RECORD

# Acute Pain Service Progress Note

Date: Nov 23/11 Time: 1:00 PM Assessed: 3:00 PM  
ID: 44770 @ ♂ P.O.D.#: 1 TAH, ASD

O/E:

Vital signs: V/S

Pain: Mod (3/10) rest severe / 10 activity

lumbar (severe) back pain

Nausea: 1/10 - resolved  
Pruritis: 0/10  
Sedation: 1/10

Hx: High  
Hemorrhage

- sitting
- up with physiotherapist
- walking
- ambulation pending

PCA: Hydromorphone 0.2 mg Q 7 min Total: PCA past 24 hrs 13.2 mg  
PCA past 4 hrs 0.2 mg

Epidural: Fentanyl 1 mcg/ml Bupivacaine 0.25% @ 10 ml/hr (ml/4hr Max)

Site:

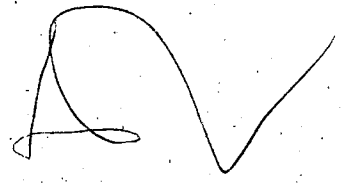
Motor block: 1/3  
Sensory block: 1/3

INR  
PTT  
PLT  
Urea  
Creatinine

- Heparin
- LMWH
- Acetaminophen
- NSAIDs

Issues/Plan:  reviewed with Dr. [signature]

- Lu - back T1D
- Hydromorphone 3mg PO BID
- Hydromorphone 2mg PO q 4hrs
- Eis Tyndal -
- Naproxen BID





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: D R SMALL  
 GP : DIPALO, BRUNO L

Note progress of case, complications, change in diagnosis, removal of sutures, drains, etc., condition on discharge and any other data pertinent to the case.

EACH NOTATION MUST BE DATED AND SIGNED.

Post-Op Note

ⓐ ID: Young, Suzanne; 48 y.o. ♀

Prc-Op Dx: ovarian cysts

Post-Op Dx: Same.

Procedure: TAH + BSO -

Surgeon: Dr. Small

Anesthetic: G.A.

ASSIST: Dr. Dzyga (RS), N. Afayk (CCJ)

Findings: cystic appearing ovaries bilaterally → frozen section benign epithelial cysts

EBL: 300 cc

Disposition: Stable & exhibited to PACU.

Complications: none.

Nov 27/12  
0650

Cygn

POD 1 TAH BSO

Having a lot of pain - PCA not working well

↓ N/V / cramps

Some PV3 - settled

↓ Flatus

Afb, vss

Abdo soft. Dressing dry  
minimal blood on pad

uric = 250 cc since OR  
1H pending

A/P - stable

- AOS to adjust PCA

**PROGRESS RECORD**

Gyne Resident

2012/11/27

Gyne Resident

17:00

POD # 1 TA# BSO

Called to assess RE "bump" on head.

PT ⊕ ⊕ angry, states ⊕ bump prior to OR and now has large one. Headache c/pain behind bilateral eyes, c/o of blurry vision, ⊕ nausea. Ambulating today

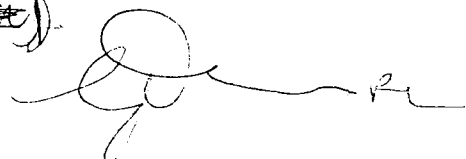
o/e VSS

3-4 cm mass palpated on occiput, pink in color. ⊕ bruising noted. tender to palpation

CN intact. ⊕ visual fields, some pain c/oculomotor movement but able to move eyes normally.

ambulating, moving all 4 limbs.

/ PT ⊕ ⊕ upset i discussion. Counsellor that currently ⊕ indication for scan but will discuss options i chief and staff. Upset, claims someone hit her head while asleep during surgery. Reassured that although possible, incident reports are usually completed for such events. Nothing abnormal was noted by chief during surgery, but will discuss i Dr Small further. Will discuss i Dr Small RE further ix. ~~PT ⊕ ⊕ angry~~



Note progress of case, complications, change in diagnosis, removal of sutures, drains, etc., condition on discharge and any other data pertinent to the case.

EACH NOTATION MUST BE DATED AND SIGNED.

Nov 28/12  
0700

Cyrene

POB 2 TAH ISSO  
 Still having pain but better  
 Voiding well  
 No flatulence yet  
 Hta still present but better.  
 Afebrile, vs's  
 Abdo soft  
 Incision well  
 Mx - stable  
 - R ambulation

*[Signature]* D20/12 RJ

Nov 28/2012

Visited + 2 yehnd + this a.  
 Had a headache yehnd (not mentioned in an  
 record)  
 Not sure related to surgery - Reexam.  
 Spiked to eat too soon pls - has Δ'd to CR of  
 his BS off-lake  
 Afebrile  
 Inc ✓ Abdo soft  
 No help @ home - Defers till Thursday for discharge.

*[Signature]*

**PROGRESS RECORD**

Nov 29/12  
0645

Cygnus

POD 3 TAIT BSO

SHIL & Platus

& NIV

Voicing well

Pain ok but sore from bleeding

<sup>AUSS</sup>  
Also mild distension

BS+

MP - clycein supp  
- continue platus

 D2012

Nov 30/12  
0640

Cygnus

POD 4 TAIT BSO

SHIL & Platus. feels bloated

& NIV

T37-6 this m. vs

Also desinced

BS+ - noisier well

MP - stress

- continue CF + bowel rest

 D2012

Dec 1/12  
0900

POD 5 TAIT BSO

+ Platus

+ BM


Voicing well

Pain ok

Also + distension

Pln - dlc home

- Pln Dr Small 6 abs

 D2012 R5



J 0000372533 5-6105944  
**YOUNG, SUZANNE MARIE**  
 695 PLAINS RD E 101  
 BURLINGTON ON L7T 2E8  
 (905) 333-2744 2012/11/09  
 1964/10/11 48Y F 6427-959-512 YW  
 PRY GYN  
 MRP: SMALL, DAVID R  
 GP : DIPAOLO, BRUNO L

**YOUNG, Suzanne Marie** 9029  
 101-695 Plains Road East 10/11/1964 F  
 Burlington, ON L7T 2E8 H:(905) 333-2744  
 ON 6427959512 YW  
 Ref.:DIPAOLO, B (133454)

MENT

I, Suzanne Young hereby consent to the following treatment, investigative procedure or operation:

Total abdominal hysterectomy  
Bilateral salpingo-oophorectomy

\_\_\_\_\_ to be performed by \_\_\_\_\_ their delegate and by other physicians and health practitioners whose assistance he/she requires. If there are any unexpected conditions or problems during treatment, I consent to such additional treatments which in the opinion of the Health Practitioner performing the procedure(s) may be necessary to maintain my life.

I consent to the administration of anesthetic medication by or under the supervision of a member of the medical staff who has privileges at St. Joseph's Healthcare Hamilton.

I acknowledge that the Health Practitioner has explained the nature of the above treatment or procedure, its expected benefits, material risks and side-effects, alternative courses of action and the likely consequences of not having this treatment.

I understand that St. Joseph's Healthcare Hamilton (SJHH) is a teaching hospital and agree to have supervised health practitioners-in-training participate in my treatment and care.

I give consent to the videotaping, photography and use of other images for teaching and research purposes. I understand that if any such images can identify me, my expressed consent will be obtained prior to using such images for external teaching or research purposes. yes \_\_\_\_\_ (initials) / no \_\_\_\_\_ (initials)

I have had the opportunity to ask questions about the proposed treatment and have had my questions answered to my satisfaction. I declare that I have read this form and understand it.

Suzanne Young  
 Signature of Patient

\_\_\_\_\_  
 Print Name of Patient

\_\_\_\_\_  
 Signature of Substitute Decision Maker

\_\_\_\_\_  
 Print Name of Substitute Decision Maker

\_\_\_\_\_  
 Relationship to Patient

\_\_\_\_\_  
 Date (yyyy/mm/dd)

**STATEMENT BY HEALTH PRACTITIONER**

I declare that I have explained the nature of the treatment, procedure or operation, its expected benefits, material risks and side effects, alternative courses of action, the likely consequences of not having the treatment and answered all related questions to the Patient and/or Patient's Substitute Decision Maker.

\_\_\_\_\_  
 Signature of Health Practitioner

\_\_\_\_\_  
 Print Name of Health Practitioner

\_\_\_\_\_  
 Date (yyyy/mm/dd)

**ADMINISTRATION OF BLOOD/BLOOD PRODUCTS**

I acknowledge that the Health Practitioner has explained the nature of a blood transfusion(s) and/or administration of blood/blood products, the expected benefits, material risks and side-effects, alternative courses of action and the likely consequences of not having this treatment. I understand that information provided to me and the answers I received to my questions.

**CONSENT FOR BLOOD or BLOOD PRODUCTS**

I agree to the administration of blood or blood products during the course of my treatment.

Suzanne Young  
 Signature of Patient/Substitute Decision Maker

\_\_\_\_\_  
 Date (yyyy/mm/dd)

**REFUSAL OF BLOOD or BLOOD PRODUCTS**

I hereby refuse consent to the administration of blood or blood products and release and hold harmless the Health Practitioner(s), Hospital and its employees from any liability resulting from the failure to administer or continue to administer blood or blood products(s).

\_\_\_\_\_  
 Signature of Patient/Substitute Decision Maker

\_\_\_\_\_  
 Date (yyyy/mm/dd)

### REFUSAL/WITHDRAWAL OF CONSENT

I acknowledge that the nature of the above treatment, procedure or operation, its expected benefits, material risks and side effects, alternative courses of action and the likely consequences of not having the treatment, procedure or operation has been explained to me. I refuse/withdraw my consent to the above treatment, procedure or operation including the administration of blood/blood products and release and hold harmless the Health Practitioner(s), Hospital and its employees from any liability resulting from the failure to register or continue to administer the treatment.

Signature of Patient/Substitute Decision Maker \_\_\_\_\_

Date (yyyy/mm/dd) \_\_\_\_\_

### STATEMENT OF WITNESS TO CONSENT OBTAINED BY TELEPHONE

I have witnessed over the telephone the consent given to \_\_\_\_\_ (name of Health Practitioner) by \_\_\_\_\_ (Name of Patient/Substitute Decision Maker) acting as a substitute decision maker for \_\_\_\_\_ (Name of Patient) to the above mentioned treatment, investigation procedure, operation or administration of blood or blood product(s).

Signature of Witness \_\_\_\_\_

Print Name of Witness \_\_\_\_\_

Date (yyyy/mm/dd) \_\_\_\_\_

Phone number of Substitute Decision Maker including area code: \_\_\_\_\_

### STATEMENT BY INTERPRETER

I declare that I have accurately translated this form for the Patient/Substitute Decision Maker referred to below and translated the relation between \_\_\_\_\_ (Name of Health Practitioner) and \_\_\_\_\_ (Name of patient/substitute decision maker). I believe that the patient/substitute decision maker understands the information given.

Signature of Interpreter \_\_\_\_\_

Print Name of Interpreter \_\_\_\_\_

Date (yyyy/mm/dd) \_\_\_\_\_

Phone Number: \_\_\_\_\_

### HEALTH PRACTITIONER STATEMENT FOR EMERGENCY TREATMENT WITHOUT CONSENT

I am proceeding with the emergency treatment(s), investigative procedure, operation identified on this consent because the patient is apparently experiencing severe suffering and is at risk of sustaining serious bodily harm or prolonged severe suffering if the treatment is not administered promptly. The patient is not mentally capable of giving consent/or there is an insurmountable communication barrier. There is no reason to believe that the patient does not want the treatment. The Substitute Decision Maker cannot be located in reasonable time and there is no knowledge that the patient, when mentally capable, expressed a wish not to have the proposed treatment.

Signature of Physician/Health Practitioner \_\_\_\_\_

Print Name of Physician/Health Practitioner \_\_\_\_\_

Date (yyyy/mm/dd) \_\_\_\_\_

### SUBSTITUTE PHYSICIAN OR SURGEON OR HEALTH PRACTITIONER

I know that \_\_\_\_\_ may ask another health practitioner to replace him or her to do my operation, test or treatment so it may be done in a timely manner. I understand that this person would be affiliated with St. Joseph's Healthcare Hamilton. I agree to this substitution:  Yes  No

Signature of Patient or Substitute Decision Maker: \_\_\_\_\_

Date (yyyy/mm/dd) \_\_\_\_\_

### SUBSTITUTE DECISION MAKER IDENTIFICATION

Print Name: \_\_\_\_\_

Relationship to Patient: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

I am at least 16 years old or I am under 16 years and the parent of the incapable patient.  Yes  No

I believe that there is no one ranking higher than me, or the same rank as me, who is available and willing to provide consent to treatment.  Yes  No

Choose one of the following:

a.  Court Appointed Guardian

b.  Power of Attorney for Personal Care

c.  Representative appointed by the Consent and Capacity Board

d.  Spouse or Partner

e.  Parent or Child

f.  Parent with a right of access

g.  Brother or sister

h.  Any other relative related by blood, marriage or adoption

j.  Public Guardian and Trustee

Signature of Substitute Decision Maker \_\_\_\_\_

Date (yyyy/mm/dd) \_\_\_\_\_



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: 11/26/2012

Discharge Date:

Dictated By: DAVID R SMALL

Dictating For:

Attending Physician: DAVID SMALL

MRN: 372533

Account #: 11612512

Patient Type/Svc: I/P/GYN

Location: 7MS

Room / Bed: G702/02

Procedure Date: 11/26/2012

### Operative Report - Charlton Campus

**SURGEON(S):** Dr. D. Small

**ASSISTANT(S):**

**ANESTHETIST:** Dr. F. Baxter

**ANESTHESIA:** General

**PREOPERATIVE DIAGNOSIS:** Bilateral ovarian cysts.

**POSTOPERATIVE DIAGNOSIS:** Same.

**OPERATION:** TOTAL ABDOMINAL HYSTERECTOMY AND BILATERAL SALPINGO-OOPHORECTOMY.

**PROCEDURE:** Surgical pause was undertaken. Prophylactic antibiotics were administered as well as thromboprophylaxis. General anesthesia was administered by Dr. Baxter with endotracheal intubation.

The patient's body mass index was 41.

Her pannus was retracted cephalad and a Pfannenstiel incision made above her skin fold. This was opened transversely using cautery, cauterizing bleeding points when encountered. Fascia was then freed up from the rectus muscle, opened transversely, and the rectus was then divided and the parietal peritoneum was opened. Peritoneal washings were taken and submitted for cytology. The patient had palpably normal upper abdomen. She was placed in Trendelenburg. A deep Balfour retractor was placed. The bowel was packed with a moist sponge.

The ovaries had bilateral cysts on them, multiple. There were probably 20-30 in all, rather unusual in appearance. The patient had requested photographs and this was undertaken.

We decided to remove her ovaries separately and submit one for frozen section as we proceeded with the rest of the surgery. We started on the left side. The round ligament was opened. The broad ligament was then skeletonized and a hole was placed in the broad ligament to isolate the infundibulopelvic ligament. This was then clamped, cut and doubly ligated. The ureter was well below where we were operating. We then amputated the specimen from the uterus with a clamp medially and submitted this for frozen section. This ultimately came back benign sometime later.

We then removed the right adnexa in a similar fashion, although on the right side we first secured the uteroovarian pedicle and then isolated, clamped, cut and doubly ligated the infundibulopelvic. Again, ureter on the right was identified well below where we were operating.

ORIGINAL

Note is made of the fact that exposure throughout the procedure was exceedingly difficult due to the patient's body mass index.

The vesicouterine fold was then incised. There was a large fibroid on the left side of the uterus at the level of the isthmus. This made things a little bit more difficult to see. We made sure the bladder was reflected as inferiorly as we could, and then secured the uterine artery below the fibroid. On the right side, the anatomy was normal. The uterine arteries were secured. In order to aid in visualization of the cervix, we elected to remove the fibroid separately. An incision was made along the length of the fibroid and it was shelled out from the surrounding cervical stroma.

We then pushed the bladder further down. The cervix was quite long - probably about 6 cm in length. We took multiple bites on either side and still were not at the level of the vagina. We then circumscribed the cervix using cautery to enter the anterior and posterior fornices of the vagina. We then shelled out the cervix from the vagina. The vault apex was then closed with interrupted figure-of-eight sutures.

There were a couple of bleeding areas on the right uterosacral ligament which were then oversewn. We thought that we had good hemostasis at that point, but after removal of the pack, we reinspected things and there was some bleeding from the left uterine pedicle. This was clamped again and the pedicle was oversewn.

At that point, there did not appear to be any bleeding.

The pelvis was lavaged with warm water again and reinspected with no bleeding noted.

Again, exposure and visualization was quite challenging. The bladder was falling into the surgical space despite the deep Balfour and retraction and the bowel posteriorly was likewise obscuring things. Nevertheless, we were happy with hemostasis at this point.

We then rechecked the infundibulopelvic pedicles bilaterally and they were dry.

Ureters were palpably normal.

The packs and retractor was removed. The bowel was tucked into the pelvis. Parietal peritoneum was closed with 0 Vicryl suture. #1 Vicryl was used for fascia. Interrupted 3-0 plain was used for fat and subcuticular 3-0 Vicryl for skin. All counts were correct. The patient was stable through the course of the procedure. She was awakened, extubated and transported to Recovery in good condition.

David Small, MD

**Dictated but not read**

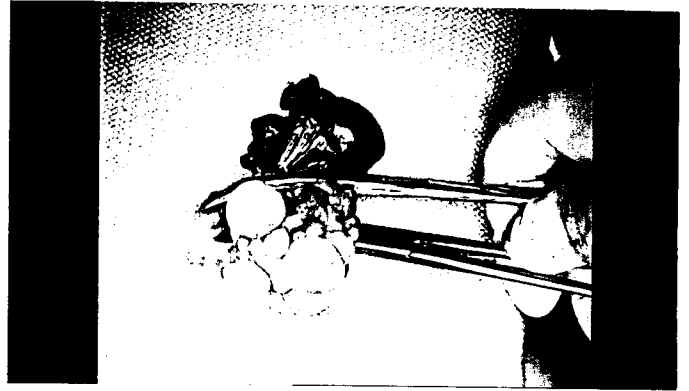
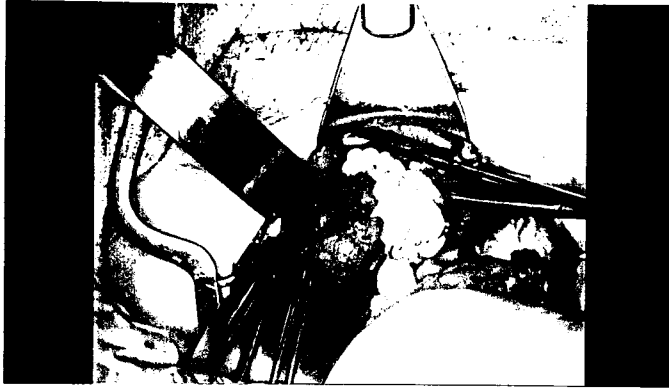
*This document will be reviewed by the attending physician/staff,  
as per Hospital Policy 009-MED, and any corrections will be forwarded.*

D. D/T: 11/26/2012 12:56:24,DS; T. D/T: 11/27/2012 02:46:03,se  
Doc #: 1487106; Job #: 879704

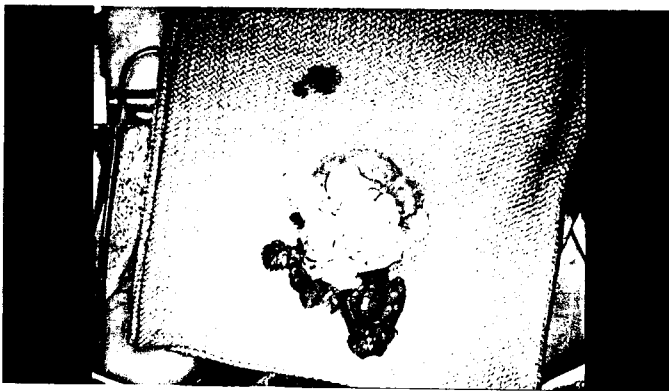
c.c.: David Small, MD  
Bruno Dipaolo, MD



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: D R SMALL  
GP : DIPALO, BRUNO L



*Left ovary + tube*



*Right ovary + tube*

HAMILTON REGIONAL LABORATORY MEDICINE PROGRAM  
ST. JOSEPH'S HOSPITAL - SERVICE OF ANATOMICAL PATHOLOGY

50 Charlton Avenue E. Hamilton, Ontario L8N 4A6  
(905) 521-6012

Run Date: 30/11/12

Chart Copy

CYTOPATHOLOGY REPORT

Specimen No.: 12:CJ5577	Procedure Date: 26/11/12 Status: SOUT
Name: YOUNG, SUZANNE MARIE	Date Received: 27/11/12 Time: 1136
Sex: F Age: 48 D.O.B.: 11/10/64	Status: ADM IN Location: JI-7MS
Patient's Home Phone: (905)333-2744	Account #: J0011612512
	Medical Record #: J000372533
	Health Card #: 6427959512-YW
	Requesting Physician: Small, David Richard Joh

COPIES TO

Chart Copy  
Di Paolo, Bruno Livio  
Small, David Richard Johnson

SOURCE OF SPECIMEN

PERITONEAL WASH

SPECIMEN DESCRIPTION

10 mL of bloody, red specimen received.

CLINICAL HISTORY

Ovarian cyst.

DIAGNOSIS

Rare cluster of atypical cells of undetermined origin in a background of mesothelial cells and histiocytes. Please note that there are additional specimens on this patient, 12:SJ17444.

Preliminary Electronically Authenticated

WEN-YU LEE (Cytotech) 28/11/12

Final Electronically Signed

Dr. A. Abdel-Mesih (PATHOLOGIST) 29/11/12

** END OF REPORT **	CYTOPATHOLOGY REPORT
Date fields on this report in the format DD/MM/YY	P.DOC/CA

**HAMILTON REGIONAL LABORATORY MEDICINE PROGRAM  
ST. JOSEPH'S HOSPITAL - SERVICE OF ANATOMICAL PATHOLOGY**

50 Charlton Avenue E. Hamilton, Ontario L8N 4A6  
(905) 521-6012

Run Date: 30/11/12

Chart Copy

**SURGICAL PATHOLOGY REPORT**

<b>Specimen No.:</b> 12: SJ17444	<b>Procedure Date:</b> 26/11/12	<b>Status:</b> SOUT
<b>Name:</b> YOUNG, SUZANNE MARIE	<b>Date Received:</b> 26/11/12	<b>Time:</b> 1256
<b>Sex:</b> F <b>Age:</b> 48 <b>D.O.B.:</b> 11/10/64	<b>Status:</b> ADM IN	<b>Location:</b> JI-7MS
<b>Patient's Home Phone:</b> (905)333-2744	<b>Account #:</b> J0011612512	<b>Medical Record #:</b> J000372533
	<b>Health Card #:</b> 6427959512-YW	<b>Requesting Physician:</b> Small, David Richard Joh

**COPIES TO**

Chart Copy  
Di Paolo, Bruno Livio  
Small, David Richard Johnson

**SOURCE OF SPECIMEN**

- A. Fallopian tube - Left and ovary
- B. Uterus and Cervix - Right fallopian tube and ovary and fibroid

**CLINICAL HISTORY**

Ovarian cyst

**FROZEN SECTION**

BENIGN SMALL SIMPLE EPITHELIAL CYSTS

Pathologist: Dr. S. Salama

**GROSS DESCRIPTION**

The patient demographics and specimen identification on the requisition correspond to that on the specimen container.

A. The specimen consists of a fallopian tube with attached ovary together weighing 40 gm. The fallopian tube measures 5 cm. in length x 0.7 cm. diameter and at one end there is a metal clip. There are two paratubal cysts present each 1 cm. in diameter. The attached ovary has multiple multilocular cysts on the outer and inner surface. These measure up to 2 cm. in diameter and are filled with clear fluid. Also present is a corpus luteum. A section from the cyst were submitted for frozen section and now submitted in block 1.

Further representative sections are submitted as follows;

Block 2 fallopian tube and fimbriated end.

**\*\* CONTINUED ON NEXT PAGE \*\* ANATOMIC PATHOLOGY REPORT**  
Date fields on this report in the format DD/MM/YY

P.DOCA

HAMILTON REGIONAL LABORATORY MEDICINE PROGRAM  
ST. JOSEPH'S HOSPITAL - SERVICE OF ANATOMICAL PATHOLOGY

Pg.2

Run Date: 30/11/12

50 Charlton Avenue E. Hamilton, Ontario L8N 4A6  
(905) 521-6012

Specimen No.: 12: SJ17444

Name: YOUNG, SUZANNE MARIE

**GROSS DESCRIPTION**

(Continued)

Block 3 fallopian tube with peritubal cyst.  
Block 4-7 ovary with cyst.

B. The specimen consists of a uterus with attached cervix weighing 216 gm. and measuring 13 x 8 x 5 cm. On the anterior serosal surface there is a serosal nodule 0.5 cm. in diameter present. The ectocervix measures 4.8 x 4.5 cm. and has a round os 1 x 0.5 cm. The endocervical canal measures 5.5 cm. in length. The endometrial cavity is lined by tan endometrium 0.5 cm. in thickness. The myometrium measures 3 cm. in thickness and there are some small intramural nodules up to 0.3 cm. and some adenomyosis.

Representative sections are submitted as follows;

Block 1 serosal nodule.  
Block 2 anterior cervix.  
Block 3 posterior cervix.  
Block 4,5 anterior uterus.  
Block 6-8 posterior uterus.

Also included in the specimen container is a nodular portion of pink tan tissue weighing 12 gm. and measuring 3.5 x 2.5 x 2.2 cm. Cut section has a white whorled appearance. Representative section submitted in blocks 9 and 10.

Also included in the specimen container is a fallopian tube with attached cystic ovary weighing 43 gm. The fallopian tube measures 7 cm. in length x 0.5 cm. diameter and there are multiple peritubal cysts present measuring up to 3 cm. and two fimbrial-like adhesions 2 x 0.2 cm. and 3 x 0.5 cm. The attached multicystic ovary measures 5 x 4.5 x 3.5 cm. Cut section reveals multiple clear fluid filled cysts with smooth inner linings. Representative sections from the fallopian tube are submitted in blocks 11 and 12 and representative sections from the cystic ovary in blocks 13-16.

Grossed By: BROWNE, LEANNE  
Transcribed: ALMEIDAA

**DIAGNOSIS**

- A. Left Fallopian Tube And Ovary:
- Multiple serous cysts or cystadenomas of the ovary.
  - Focal fibrous serosal adhesions of the ovarian surface.
  - Unremarkable fallopian tube.
- B. Uterus And Cervix, Right Fallopian Tube And Ovary, Fibroid:
- Small leiomyomata uteri/fibroids.
  - Focal adenomyosis of the uterine wall.

\*\* CONTINUED ON NEXT PAGE \*\* ANATOMIC PATHOLOGY REPORT  
Date fields on this report in the format DD/MM/YY

P.DOCA

HAMILTON REGIONAL LABORATORY MEDICINE PROGRAM  
ST. JOSEPH'S HOSPITAL - SERVICE OF ANATOMICAL PATHOLOGY

Pg. 3

50 Charlton Avenue E. Hamilton, Ontario L8N 4A6  
(905) 521-6012

Run Date: 30/11/12

Specimen No.: 12: SJ17444

Name: YOUNG, SUZANNE MARIE

**DIAGNOSIS**

(Continued)

- Benign secretory endometrium.
- Mild chronic cervicitis.
- Unremarkable fallopian tube with simple paratubal Hydatid.
- Multiple serous cysts or cystadenomas of the ovary.

SS/aa

Preliminary Electronically Signed

Dr. S. Salama (Pathologist) 29/11/12

Final Electronically Signed

Dr. S. Salama (Pathologist) 29/11/12

\*\* END OF REPORT \*\*  
Date fields on this report in the format DD/MM/YY

ANATOMIC PATHOLOGY REPORT

P.DOCA



PREADMIT TESTING RECORD  
PAAU

PATIENT INFORMATION

PATIENT IDENTIFICATION: VERIFIED WITH PATIENT  
PATIENT IDENTIFICATION LABEL  
PATIENT IDENTIFIED BY: RASZEWSKI, IRENE

PREADMIT TESTING NURSE

NURSE NAME: RASZEWSKI, IRENE  
ASSESSMENT INFO OBTAINED FROM: PATIENT OTHER: sister present  
MODE INFO OBTAINED: INTERPRETER

GENERAL PREADMIT TESTING INFORMATION

ACTUAL PAT START: 2012/11/14 08:20 ACTUAL PAT STOP: 2012/11/14 09:02  
KARDEX: Yes OLD CHART: Yes  
ACTUAL PAT: ANESTHESIA VISIT

PATIENT ALLERGIES

ALLERGEN: MORPHINE

SURGICAL MANAGER VALIDATED

STATUS: VERIFIED

ALLERGEN TYPE: DRUG ALLERGY

REPORTED DATE/TIME: 2012/09/17 09:20

ALLERGEN: FISH OIL

SURGICAL MANAGER VALIDATED

STATUS: VERIFIED

ALLERGEN TYPE: DRUG ALLERGY

REPORTED DATE/TIME: 2012/09/17 09:21

ALLERGEN: OIL BASED DRUGS

SURGICAL MANAGER VALIDATED

STATUS: VERIFIED

ALLERGEN TYPE: MISC ALLERGY

REPORTED DATE/TIME: 2012/09/17 09:25

ALLERGEN: TREE NUT, NUT OIL

SURGICAL MANAGER VALIDATED

STATUS: VERIFIED

ALLERGEN TYPE: FOOD ALLERGY

REPORTED DATE/TIME: 2012/09/17 09:26

COMMENT:

PT WILL GO INTO ANAPHYLACTIC SHOCK IF EVEN TOUCHED WITH PEANUT BUTTER OR  
EVEN THE SMELL OF IT. SHE CARRIES AN EPI PEN

ALLERGEN: COCONUT OIL

SURGICAL MANAGER VALIDATED

STATUS: VERIFIED

ALLERGEN TYPE: FOOD ALLERGY

REPORTED DATE/TIME: 2012/09/17 09:26

PREADMIT TESTING RECORD  
PAAU

ALLERGEN: PENICILLIN ANALOGUES  
 SURGICAL MANAGER VALIDATED  
 STATUS: VERIFIED  
 ALLERGEN TYPE: DRUG ALLERGY  
 REPORTED DATE/TIME: 2010/01/06 19:56

CURRENT MEDICATIONS

MEDICATION: FLUTICASONE PROPIONATE MDI, 250MCG  
 CONFIRMED DATE: 2012/11/14 09:14  
 DOSE: 2 UNITS: PUFF(S)  
 ROUTE: INHALATION FREQUENCY: TWICE A DAY  
 STATUS: Active  
 COMMENT: PT OWN

MEDICATION: HYDROCORTISONE CRM, 2.5%  
 CONFIRMED DATE: 2012/11/14 09:24  
 ROUTE: TOPICAL FREQUENCY: AS NEEDED  
 STATUS: Active  
 COMMENT: PT OWN

MEDICATION: PANTOPRAZOLE MAGNESIUM TABS, 40MG  
 CONFIRMED DATE: 2012/11/14 09:15  
 DOSE: 1 UNITS: TABLET(S)  
 ROUTE: BY MOUTH FREQUENCY: TWICE A DAY  
 STATUS: Active  
 COMMENT: PT DOES NOT WANT TO TAKE ALTERNATIVE TO TECTA \*\* PT OWN

MEDICATION: SALBUTAMOL SULFATE MDI, 100MCG 1 -  
 CONFIRMED DATE: 2012/11/14 09:14  
 DOSE: 2 UNITS: PUFF(S)  
 ROUTE: INHALATION FREQUENCY: EVERY 4 HOURS WHEN NECESSARY  
 STATUS: Active  
 COMMENT: PT OWN

COMMENT:  
 Community Pharmacy (Tel #): \_\_\_\_\_  [ x ]  
 Prescription Vials/Bottles  Patient/Family Recall  MAR from another  
 facility  ODB Profile Viewer  MedsCheck  Other:

CASE VITAL SIGNS

TIME	TEMPERATURE	PULSE	RESP	B/P	SAO2	O2% / LITRES
08:27		73		156/90 Left	97	

MEDICAL HISTORY

PATIENT CONDITION: ASTHMA  CURRENT CONDITION

PATIENT CONDITION: BRONCHITIS  CURRENT CONDITION

PATIENT CONDITION: UTERINE FIBROIDS  CURRENT CONDITION

PREADMIT TESTING RECORD  
PAAU

PATIENT CONDITION: HIATUS HERNIA

CURRENT CONDITION

PATIENT CONDITION: REFLUX

CURRENT CONDITION

ARE YOU PREGNANT? No

LAST MENSTRUAL CYCLE: NOV 6/12

SURGICAL HISTORY

ANESTHESIA CONCERNS: Yes

SURGICAL HISTORY COMMENT:

D+C , BIOPSY

HEALTH ASSESSMENT

HEIGHT: 5 FT 6 IN 168 CM

WEIGHT: 250 LB 7 OZ 113.6 KG

BODY MASS INDEX: 40.2

RESPIRATORY

WITHIN NORMAL LIMITS

REGULAR

CLEAR

WHEEZE

CRACKLES

COUGH

SHORTNESS OF BREATH

DO YOU SNORE OR HAVE YOU BEEN TOLD YOU SNORE? Yes

ARE YOU STILL TIRED AFTER SLEEPING? Yes

HAVE YOU EVER HAD A SLEEP STUDY? Yes

CPAP / BIPAP: No

CARDIAC

WITHIN NORMAL LIMITS

REGULAR

IRREGULAR

CHEST PAIN

VASCULAR

WITHIN NORMAL LIMITS

EDEMA

HYPERTENSION

HYPOTENSION

FAINTING

NEURO/MUSCULAR

WITHIN NORMAL LIMITS

ORIENTED

CONFUSED

RECENT FALLS

PATIENT LIMITATION: GLASSES

GU/GI

WITHIN NORMAL LIMITS

INCONTINENCE

DOES NOT VOID

DIALYSIS

NAUSEA

HEARTBURN

OSTOMY

PEDIATRIC ASSESSMENT

NA, PATIENT 16 YEARS OF AGE OR OLDER

IMMUNIZATION INSTRUCTIONS PROVIDED

PSYCHO/SOCIAL ASSESSMENT

CURRENT TOBACCO USE: Yes

PREADMIT TESTING RECORD  
PAAU

TYPE / AMOUNT: 10 CIGARETTES FOR 12 YRS

PAST TOBACCO USE: Yes

ALCOHOL USE: Yes  
TYPE: 1-2

RECREATIONAL DRUG USE: No  
CULTURAL / SPIRITUAL

SIGNS / SYMPTOMS OF ABUSE / NEGLECT  
BECAUSE VIOLENCE IN THE HOME IS A SERIOUS ISSUE, WE ASK EVERYONE:

CURRENT LIVING CONDITIONS: LIVES WITH FAMILY

FALL RISK ASSESSMENT

PATIENT HAS FALLEN IN THE PAST 90 DAYS: No  
PATIENT HAS COGNITIVE IMPAIRMENT OR CHANGE IN MENTAL STATUS (DELIRIUM): No  
NURSING ASSESSMENT: PATIENT IS AT RISK FOR FALLS: No

PATIENT INSTRUCTIONS

PREP INSTRUCTIONS GIVEN: DISCHARGE PLANNING PAMPHLET  
PREP INSTRUCTIONS GIVEN: PREOP INSTRUCTION  
PREP INSTRUCTIONS GIVEN: PROCEDURE SPECIFIC INFORMATION  
PREP INSTRUCTIONS GIVEN: SURGICAL SAFETY NOTE  
PREP INSTRUCTIONS GIVEN: WELCOME BOOK

SIGNATURE

<u>USER</u>	<u>FIRST SAVE</u>	<u>LAST SAVE</u>
IRENE RASZEWSKI	2012/11/14 08:23	2012/11/14 09:03
WALID ELAKRAT	2012/11/14 09:14	2012/11/14 09:25

PREOPERATIVE RECORD  
OPERATING ROOM CHARLTON  
ANTICIPATED START: 2012/11/26 10:30

PATIENT INFORMATION

BAY: BAY 41  
PATIENT CONTACT: CARRIE ANNE, THERESA AND CAL  
LOCATION: SURGICAL WAITING AREA  
 FAMILY WISHES TO SPEAK TO PHYSICIAN  
FAMILY MAY COME IN: YES  
PT IDENTIFICATION METHOD: IDENTIFICATION BAND  
VERIFIED WITH PATIENT  
PATIENT IDENTIFIED BY: GARDINER, DIANE  
ATTENDING PHYSICIAN: SMALL, DAVID R

PATIENT ALLERGIES

ALLERGEN: MORPHINE  
 SURGICAL MANAGER VALIDATED  
STATUS: VERIFIED  
ALLERGEN TYPE: DRUG ALLERGY  
REPORTED DATE/TIME: 2012/09/17 09:20

ALLERGEN: FISH OIL  
 SURGICAL MANAGER VALIDATED  
STATUS: VERIFIED  
ALLERGEN TYPE: DRUG ALLERGY  
REPORTED DATE/TIME: 2012/09/17 09:21

ALLERGEN: OIL BASED DRUGS  
 SURGICAL MANAGER VALIDATED  
STATUS: VERIFIED  
ALLERGEN TYPE: MISC ALLERGY  
REPORTED DATE/TIME: 2012/09/17 09:25

ALLERGEN: TREE NUT, NUT OIL  
 SURGICAL MANAGER VALIDATED  
STATUS: VERIFIED  
ALLERGEN TYPE: FOOD ALLERGY  
REPORTED DATE/TIME: 2012/09/17 09:26  
COMMENT:  
PT WILL GO INTO ANAPHYLACTIC SHOCK IF EVEN TOUCHED WITH PEANUT BUTTER OR  
EVEN THE SMELL OF IT. SHE CARRIES AN EPI PEN

ALLERGEN: COCONUT OIL  
 SURGICAL MANAGER VALIDATED  
STATUS: VERIFIED  
ALLERGEN TYPE: FOOD ALLERGY  
REPORTED DATE/TIME: 2012/09/17 09:26

ALLERGEN: PENICILLIN ANALOGUES  
 SURGICAL MANAGER VALIDATED  
STATUS: VERIFIED  
ALLERGEN TYPE: DRUG ALLERGY  
REPORTED DATE/TIME: 2010/01/06 19:56

ALLERGY BAND: Yes

PREOPERATIVE RECORD  
OPERATING ROOM CHARLTON  
ANTICIPATED START: 2012/11/26 10:30

CASE INFORMATION

PREOP DIAGNOSIS:  
OTHER GYNECOLOGICAL DIAGNOSES

SCHEDULING / PREADMIT TESTING  
PREADMISSION SCREENING COMPLETED? Yes

PROCEDURES

PRIMARY PROCEDURE: HYSTERECTOMY ABDOMINAL WITH SALPINGOOPHERECTOMY BILATERAL  
PRIMARY SURGEON: SMALL, DAVID R

PREOP CHECKLIST

PROCEDURE CONSENT SIGNED: Yes  
BLOCK PATIENT: No  
OLD CHART AVAILABLE: Yes

CASE VITAL SIGNS

<u>TIME</u>	<u>TEMPERATURE</u>	<u>PULSE</u>	<u>RESP</u>	<u>B/P</u>	<u>SAO2</u>	<u>O2% / LITRES</u>
08:51	36.4 ORAL	79	18	113/75 Right	79	

COMMENT:  
-

PATIENT ASSESSMENT

NURSING ASSESSMENT: 2012/11/26 08:40  
[X]PATIENT NPO  
NPO SOLIDS: 2012/11/26 06:00                      NPO CLEAR LIQUIDS: 2012/11/26 00:01  
NPO COMMENT:  
SIP OF WATER TAKEN WITH MEDS AT 0600  
LEVEL OF CONSCIOUSNESS:   ALERT

BOWEL PREP COMPLETED: No  
BLOOD TRANSFUSION SINCE PAAU: No  
HEIGHT: 5 FT 6 IN 168 CM  
WEIGHT: 250 LB 7 OZ 113.6 KG  
BODY MASS INDEX: 40.2

URINARY CATHETER IN PLACE ON ARRIVAL: No  
LAST VOID: 2012/11/26 08:30  
EXISTING IMPLANTS: No

MEDICAL CONDITIONS / HISTORY

ARE YOU PREGNANT? No  
LAST MENSTRUAL CYCLE: NOV 6/12

PREOPERATIVE RECORD  
OPERATING ROOM CHARLTON  
ANTICIPATED START: 2012/11/26 10:30

CURRENT MEDICATIONS

MEDICATION: FLUTICASONE PROPIONATE MDI, 250MCG

CONFIRMED DATE: 2012/11/14 09:14

DOSE: 2 PUFF(S)

ROUTE: INHALATION

STATUS: Active

COMMENT:

PT OWN

FREQUENCY: TWICE A DAY

LAST TAKEN: 0600

MEDICATION: HYDROCORTISONE CRM, 2.5%

CONFIRMED DATE: 2012/11/14 09:24

ROUTE: TOPICAL

STATUS: Active

COMMENT:

PT OWN

FREQUENCY: AS NEEDED

MEDICATION: PANTOPRAZOLE MAGNESIUM TABS, 40MG

CONFIRMED DATE: 2012/11/14 09:15

DOSE: 1 TABLET(S)

ROUTE: BY MOUTH

STATUS: Active

COMMENT:

PT DOES NOT WANT TO TAKE ALTERNATIVE TO TECTA \*\* PT OWN

FREQUENCY: TWICE A DAY

LAST TAKEN: 0600

MEDICATION: SALBUTAMOL SULFATE MDI, 100MCG 1 -

CONFIRMED DATE: 2012/11/14 09:14

DOSE: 2 PUFF(S)

ROUTE: INHALATION

STATUS: Active

COMMENT:

PT OWN

FREQUENCY: EVERY 4 HOURS WHEN NECESSARY

COMMENT:

Community Pharmacy (Tel #): \_\_\_\_\_   
Prescription Vials/Bottles  Patient/Family Recall  MAR from another  
facility  ODB Profile Viewer  MedsCheck  Other:

CLOPIDOGREL (PLAVIX): No

WARFARIN (COUMADIN): No

ASA / ANTI-INFLAMMATORY: No

GARLIC, VITAMIN E, OTHER: No

LOW MOLECULAR WEIGHT HEPARIN: No

STEROIDS: Yes

PATIENT BELONGINGS/DISPOSITION

BELONGING: CLOTHES

DISPOSITION: FAMILY

BELONGING: POSSESSION SHEET SIGNED  
PATIENT/FAMILY

CASE MEDICATIONS

PREOPERATIVE RECORD  
OPERATING ROOM CHARLTON  
ANTICIPATED START: 2012/11/26 10:30

SALBUTAMOL 100 MCG/PUFF - 1EA 200 DOSES - INHALER (VENTOLIN) [SPRAY]  
TIME GIVEN: 2012/11/26 10:09 DOSE: 2 SPRAY  
ROUTE: INHALATION

PATIENT IDENTIFICATION: IDENTIFICATION BAND  
PATIENT IDENTIFICATION LABEL

2 SPRAY Total for SALBUTAMOL 100 MCG/PUFF - 1EA 200 DOSES - INHALER (VENTOLIN)  
[SPRAY] in SPRAY

HEPARIN 10000 UNITS/ML - 1ML EA - INJECTION (HEPARIN LEO) [UNIT]  
TIME GIVEN: 2012/11/26 09:12 DOSE: 5000 UNIT  
ROUTE: SUBCUT

SITE: THIGH LEFT

PATIENT IDENTIFICATION: IDENTIFICATION BAND  
VERIFIED WITH PATIENT

ADMINISTERED BY: PORTER, KATIE

5000 UNIT Total for HEPARIN 10000 UNITS/ML - 1ML EA - INJECTION (HEPARIN LEO)  
[UNIT] in UNIT

FAMOTIDINE 10MG/ML - 2ML VIAL - INJECTION (PEPCID IV) [MG]  
TIME GIVEN: 2012/11/26 09:08 DOSE: 20 MG  
ROUTE: IV

SITE: WRIST LEFT

PATIENT IDENTIFICATION: IDENTIFICATION BAND  
VERIFIED WITH PATIENT

ADMINISTERED BY: PORTER, KATIE

20 MG Total for FAMOTIDINE 10MG/ML - 2ML VIAL - INJECTION (PEPCID IV) [MG] in  
MG

CASE SOLUTIONS

SOLN SOD CHL 1000ML: SOLN SOD CHL 1000ML  
INTAKE TYPE: IV FLUID

BAG STARTED: 09:04 START VOLUME: 1000 ml CURRENT VOLUME: 1000 ml

SITE: WRIST LEFT

PRE INTAKE SITE CONDITION: DRY AND INTACT

IV IN PLACE ON ARRIVAL

DISCONTINUED

TRANSFERRED TO ANES/FLOOR

INTAKE TIME	INTAKE AMT (ML)	REMAINING VOLUME	FLOW RATE
INTAKE BY		DOSE ADMIN	
2012/11/26 09:04		1000 ml	125 ml/hr
PORTER, KATIE			

SOLUTION: SOLN SOD CHL 1000ML  
Sub-Total Intake: 0 ml

CASE TUBES, DRAINS, CATHETERS



J 0000372533 11612512  
YOUNG, SUZANNE MARIE  
695 PLAINS RD E 101  
BURLINGTON ON L7T-2E8  
(905) 333-2744  
1964/10/11 48 Years F  
GYNECOLOGY  
MRP: SMALL, DAVID R

PREOPERATIVE RECORD  
OPERATING ROOM CHARLTON  
ANTICIPATED START: 2012/11/26 10:30

TUBE, DRAIN, CATHETER: CATH INSYTE STR 18G X 1.16"

SITE: WRIST LEFT

INSERTED DATE/TIME: 2012/11/26 09:05

INSERTED BY: GARDINER, DIANE

TDC IN PLACE ON ARRIVAL

ASSESSMENT COMPLETED

RECORDED TIME: 2012/11/26 09:05

RECORDED BY: PORTER, KATIE

DISCONTINUED

LABS/DIAGNOSTIC TESTS

DATE/TIME: 2012/11/26 08:55

LAB / TEST: GLUCOSE FASTING

RESULTS / COMMENTS: 6.2

CASE TIMES

PREOP IN: 2012/11/26 08:40

PREOP OUT: 2012/11/26 10:09

READY FOR PROCEDURE: Yes

TRANSFER PER POLICY: 2012/11/26 10:09

TRANSFERRED BY: LEO, RUSSELL

SIGNATURE

<u>USER</u>	<u>FIRST SAVE</u>	<u>LAST SAVE</u>
AIDA BALAGIC	2012/11/26 08:29	2012/11/26 08:29
KATIE PORTER	2012/11/26 08:52	2012/11/26 09:13
STEFANIE	2012/11/26 10:08	2012/11/26 10:09
PRONESTI		

J C000372533 11612512  
YOUNG, SUZANNE MARIE  
695 PLAINS RD E 101  
BURLINGTON ON L7T-2E8  
(905) 333-2744  
1964/10/11 48 Years F  
GYNECOLOGY  
MRP: SMALL, DAVID R

INTRAOPERATIVE RECORD  
OPERATING ROOM CHARLTON  
ACTUAL CASE START: 2012/11/26 10:41

PATIENT INFORMATION

PT IDENTIFICATION METHOD: IDENTIFICATION BAND  
VERIFIED WITH PATIENT

CASE GENERAL INFORMATION

ACTUAL OR: OR-RM06 COR-J  
[X] CONSENT SIGNED  
PREOP ANTIBIOTIC INFUSED AT: 2012/11/26 10:21  
STERILE INDICATORS CHECKED: YES  
CASE SERVICE: GYNECOLOGY  
SURGICAL PRIORITY: SCHEDULED  
CASE WOUND CLASS: CLEAN CONTAMINATED  
CCO QUALIFYING?: NO  
CASE CLASS: SCHEDULED  
PREOP CHECKLIST REVIEWED: YES  
PREOP DIAGNOSIS:  
OTHER GYNECOLOGICAL DIAGNOSES, OVARIAN CYSTS, MENORRHAGIA

PATIENT ALLERGIES

ALLERGEN: MORPHINE  
[X] SURGICAL MANAGER VALIDATED  
STATUS: VERIFIED  
ALLERGEN TYPE: DRUG ALLERGY  
REPORTED DATE/TIME: 2012/09/17 09:20

ALLERGEN: FISH OIL  
[X] SURGICAL MANAGER VALIDATED  
STATUS: VERIFIED  
ALLERGEN TYPE: DRUG ALLERGY  
REPORTED DATE/TIME: 2012/09/17 09:21

ALLERGEN: OIL BASED DRUGS  
[X] SURGICAL MANAGER VALIDATED  
STATUS: VERIFIED  
ALLERGEN TYPE: MISC ALLERGY  
REPORTED DATE/TIME: 2012/09/17 09:25

ALLERGEN: TREE NUT, NUT OIL  
[X] SURGICAL MANAGER VALIDATED  
STATUS: VERIFIED  
ALLERGEN TYPE: FOOD ALLERGY  
REPORTED DATE/TIME: 2012/09/17 09:26  
COMMENT:

PT WILL GO INTO ANAPHYLACTIC SHOCK IF EVEN TOUCHED WITH PEANUT BUTTER OR  
EVEN THE SMELL OF IT. SHE CARRIES AN EPI PEN

ALLERGEN: COCONUT OIL  
[X] SURGICAL MANAGER VALIDATED  
STATUS: VERIFIED  
ALLERGEN TYPE: FOOD ALLERGY  
REPORTED DATE/TIME: 2012/09/17 09:26

INTRAOPERATIVE RECORD  
OPERATING ROOM CHARLTON  
ACTUAL CASE START: 2012/11/26 10:41

ALLERGEN: PENICILLIN ANALOGUES  
[X]SURGICAL MANAGER VALIDATED  
STATUS: VERIFIED  
ALLERGEN TYPE: DRUG ALLERGY  
REPORTED DATE/TIME: 2010/01/06 19:56

ALLERGY BAND: Yes

PATIENT ASSESSMENT

NURSING ASSESSMENT: 2012/11/26 10:02 STACEY, JOSIELYN  
HEIGHT: 5 FT 6 IN 168 CM  
WEIGHT: 250 LB 7 OZ 113.6 KG  
BODY MASS INDEX: 40.2

NPO COMMENT:

SIP OF WATER TAKEN WITH MEDS AT 0600

SKIN CONDITION: INTACT/NO REDNESS/NO OPEN AREAS

CASE STAFF

NAME: STACEY, JOSIELYN  
ROLE: CIRCULATOR PRIMARY

NAME: WALTERS, ANNA MARIE  
ROLE: CIRCULATOR RELIEF

TIME IN

2012/11/26 11:55

TIME OUT

2012/11/26 11:00

2012/11/26 12:48

NAME: KELL, CATHERINE  
ROLE: RN PRIMARY SCRUB

NAME: DZAJA, NANCY  
ROLE: RESIDENT PHYSICIAN

NAME: AFAGH, NICK  
ROLE: CLINICAL CLERK

NAME: BAXTER, FREDERICK J  
ROLE: ANESTHESIOLOGIST

NAME: CORNELIUS, BREANNA  
ROLE: RPN RELIEF SCRUB

TIME IN

TIME OUT

2012/11/26 10:20

CASE ANESTHESIA INFORMATION

ANESTHESIA TYPE: GENERAL ANESTHETIC

ASA CLASSIFICATION: ASA 3

TIMES

J 0000372533 11612512  
YOUNG, SUZANNE MARIE  
695 PLAINS RD E 101  
BURLINGTON ON L7T-2E8  
(905) 333-2744  
1964/10/11 48 Years F  
GYNECOLOGY  
MRP: SMALL, DAVID R

INTRAOPERATIVE RECORD  
OPERATING ROOM CHARLTON  
ACTUAL CASE START: 2012/11/26 10:41

PATIENT OR IN: 2012/11/26 10:15  
PATIENT OR OUT: 2012/11/26 13:25  
ANESTHESIA READY: 2012/11/26 10:34  
ANESTHESIA START: 2012/11/26 10:18  
ACTUAL CASE START: 2012/11/26 10:41  
ACTUAL CASE STOP: 2012/11/26 13:16

PROCEDURE GENERAL INFORMATION

ACTUAL PROCEDURE: HYSTERECTOMY ABDOMINAL WITH SALPINGOOPHERECTOMY BILATERAL  
ACTUAL PROCEDURE START: 2012/11/26 10:41  
ACTUAL PROCEDURE STOP: 2012/11/26 13:16  
PRIMARY SURGEON: SMALL, DAVID R  
PROCEDURE SERVICE: GYNECOLOGY

SURGICAL SAFETY CHECKLIST

PERFORMED ACCORDING TO POLICY: 2012/11/26 10:20  
VERIFIED ACCORDING TO POLICY: BRIEFING BEFORE INDUCTION OF ANESTHESIA  
PERFORMED ACCORDING TO POLICY: 2012/11/26 10:41  
VERIFIED ACCORDING TO POLICY: TIME OUT BEFORE SKIN INCISION

PROCEDURE POSITIONAL DEVICES

<u>POSITIONED BY</u>	<u>POSITION FOR SURGERY</u>
BAXTER, FREDERICK J	SUPINE
SMALL, DAVID R	
STACEY, JOSIELYN	
WALTERS, ANNA MARIE	

TABLE: OR 6 - STERIS BED 5085

POSITIONAL DEVICES: ARMBORD BILATERAL WITH SAFETY STRAP

POSITIONAL DEVICES: BATH BLANKET  
ANATOMICAL SITE: BACK

POSITIONAL DEVICES: WRIST PADS

POSITIONAL DEVICES: PAD ELBOW

POSITIONAL DEVICES: HEEL PADS

POSITIONAL DEVICES: PILLOW UNDER HEAD

POSITIONAL DEVICES: SAFETY STRAP ACROSS UPPER THIGHS

PROCEDURE PREP

<u>SKIN ASSESSMENT</u>	<u>SITE</u>
DRY AND INTACT	ABDOMEN

PREP

SKIN PREP: Yes

HAIR REMOVAL: Yes

INTRAOPERATIVE RECORD  
OPERATING ROOM CHARLTON  
ACTUAL CASE START: 2012/11/26 10:41

SITE: PERINEUM  
PREP SOLUTION: SPONGE 4 0.05% CLEAR SOLUPREP  
PREP BY: SMALL, DAVID R

SITE: ABDOMEN  
PREP SOLUTION: SPONGE SOLU IV 4 TINTED 2/70  
PREP BY: WALTERS, ANNA MARIE

SITE: VAGINA  
PREP SOLUTION: SPONGE 4 0.05% CLEAR SOLUPREP  
PREP BY: SMALL, DAVID R

PROCEDURE COUNTS

COUNT TYPE: INITIAL COUNT  
 SPONGES  SHARPS  INSTRUMENTS COUNT CORRECT: Not Applicable  
CIRCULATOR: KELL, CATHERINE  
SCRUB: CORNELIUS, BREANNA

COUNT TYPE: FIRST COUNT  
 SPONGES  SHARPS  INSTRUMENTS COUNT CORRECT: Yes  
CIRCULATOR: STACEY, JOSIELYN  
SCRUB: KELL, CATHERINE

COUNT TYPE: FINAL COUNT  
 SPONGES  SHARPS  INSTRUMENTS COUNT CORRECT: Yes  
CIRCULATOR: STACEY, JOSIELYN  
SCRUB: KELL, CATHERINE

X-RAY TAKEN

PHYSICIAN NOTIFIED

PROCEDURE EQUIPMENT

DESCRIPTION: BAIR HUGGER

PROCEDURE CARE APPARATUS

CARE APPARATUS: WARMING UNIT  
SITE: UPPER BODY  
SETTING: HI  
TIME ON: 2012/11/26 10:40  
TIME OFF: 2012/11/26 13:15

PREOP SKIN ASSESSMENT DONE  
STAFF: STACEY, JOSIELYN  
 POSTOP SKIN ASSESSMENT DONE  
STAFF: STACEY, JOSIELYN  
COMMENT:  
#10227

PROCEDURE CAUTERY / ESU

CAUTERY / ESU: COR TRIAD  
GROUNDING PAD: YES  
PAD LOCATION: MEGASOFT 23389022  
CUT: 40 MODE: PURE  
COAG: 40 MODE: FULGURATE-MEDIUM  
CAUTERY INSTRUMENTS: EZ CLEAN 2 1/2 INCH

INTRAOPERATIVE RECORD  
OPERATING ROOM CHARLTON  
ACTUAL CASE START: 2012/11/26 10:41

SMOKE EVACUATOR USED: YES  
SITE CLEAR PREOP: YES  
STAFF: STACEY, JOSIELYN  
SITE CLEAR POST-OP: YES  
STAFF: STACEY, JOSIELYN

PROCEDURE DEBRIEF

DEBRIEF ACCORDING TO POLICY: 2012/11/26 12:51  
REVIEWED WITH TEAM: CHECKLIST

CASE SOLUTIONS

SOLN D-W POUR 1000ML: SOLN D-W POUR 1000ML  
INTAKE TYPE: IRRIGATION  
BAG STARTED: 11:56                      START VOLUME: 1000 ml                      CURRENT VOLUME: 500 ml  
SITE: ABDOMEN  
[ ] IV IN PLACE ON ARRIVAL  
[X] DISCONTINUED                      TIME: 12:50  
DISCONTINUED BY: KELL, CATHERINE  
[ ] TRANSFERRED TO ANES/FLOOR

INTAKE TIME	INTAKE AMT (ML)	REMAINING VOLUME	FLOW RATE
INTAKE BY		DOSE ADMIN	
2012/11/26 12:50	500	500 ml	555.6 ml/hr
SMALL, DAVID R			

SOLUTION: SOLN D-W POUR 1000ML  
Sub-Total Intake: 500 ml

CASE TUBES, DRAINS, CATHETERS

TUBE, DRAIN, CATHETER: CATH 5CC 18FR 2WAY 0165SI18 (CS/12)  
SITE: BLADDER  
INSERTED DATE/TIME: 2012/11/26 10:35  
INSERTED BY: SMALL, DAVID R  
[ ] TDC IN PLACE ON ARRIVAL  
[X] ASSESSMENT COMPLETED  
RECORDED TIME: 2012/11/26 11:51  
RECORDED BY: STACEY, JOSIELYN  
[ ] DISCONTINUED

CASE VITAL SIGNS

Right

CASE SPECIMENS

SPECIMEN: PERITONEAL WASHINGS  
TYPE: CYTOLOGY  
SITE: PERITONEUM  
DISPOSITION: CYTOLOGY  
TRANSPORTED BY: KELL, CATHERINE  
SPECIMEN: LEFT OVARY AND FALLOPIAN TUBE

J 0000372533 11612512  
YOUNG, SUZANNE MARIE  
695 PLAINS RD E 101  
BURLINGTON ON L7T-2E8  
(905) 333-2744  
1964/10/11 48 Years F  
GYNECOLOGY  
MRP: SMALL, DAVID R

INTRAOPERATIVE RECORD  
OPERATING ROOM CHARLTON  
ACTUAL CASE START: 2012/11/26 10:41

TYPE: FROZEN SECTION  
SITE: ABDOMEN  
DISPOSITION: PATHOLOGY  
TRANSPORTED BY: STACEY, JOSIELYN

RANK: 2

SPECIMEN: UTERUS, CERVIX, RIGHT FALLOPIAN TUBE AND RIGH OVARY, FIBROID  
TYPE: PATHOLOGY  
SITE: ABDOMEN  
DISPOSITION: PATHOLOGY  
TRANSPORTED BY: KELL, CATHERINE

RANK: 3

CASE DRESSING/PACKING

DRESSING/PACKING: MEOPORE  
SITE: ABDOMEN

DRESSING/PACKING: PERIPAD

[ ] REMOVED DRESSING/PACKING

CASE OUTCOME/DISCHARGE

LEVEL OF CONSCIOUSNESS: AROUSABLE

TRANSFER REPORT TIME: 2012/11/26 13:25

REPORT GIVEN BY: STACEY, JOSIELYN

TRANSFERRED TO: PACU

ROOM NUMBER: 8

TRANSFERRED BY: SMALL, DAVID R  
BAXTER, FREDERICK J

TRANSFER MODE: BED

DISCHARGE FROM OR WITH:

DEVICE: URINE FLOW BAG

SIGNATURE

USER  
CATHY KELL

FIRST SAVE  
2012/11/26 10:13

LAST SAVE  
2012/11/26 13:26

POSTOPERATIVE RECORD  
OPERATING ROOM CHARLTON  
ACTUAL CASE START: 2012/11/26 10:41

PATIENT ALLERGIES

ALLERGEN: MORPHINE  
 SURGICAL MANAGER VALIDATED  
STATUS: VERIFIED  
ALLERGEN TYPE: DRUG ALLERGY  
REPORTED DATE/TIME: 2012/09/17 09:20

ALLERGEN: FISH OIL  
 SURGICAL MANAGER VALIDATED  
STATUS: VERIFIED  
ALLERGEN TYPE: DRUG ALLERGY  
REPORTED DATE/TIME: 2012/09/17 09:21

ALLERGEN: OIL BASED DRUGS  
 SURGICAL MANAGER VALIDATED  
STATUS: VERIFIED  
ALLERGEN TYPE: MISC ALLERGY  
REPORTED DATE/TIME: 2012/09/17 09:25

ALLERGEN: TREE NUT, NUT OIL  
 SURGICAL MANAGER VALIDATED  
STATUS: VERIFIED  
ALLERGEN TYPE: FOOD ALLERGY  
REPORTED DATE/TIME: 2012/09/17 09:26  
COMMENT:

PT WILL GO INTO ANAPHYLACTIC SHOCK IF EVEN TOUCHED WITH PEANUT BUTTER OR  
EVEN THE SMELL OF IT. SHE CARRIES AN EPI PEN

ALLERGEN: COCONUT OIL  
 SURGICAL MANAGER VALIDATED  
STATUS: VERIFIED  
ALLERGEN TYPE: FOOD ALLERGY  
REPORTED DATE/TIME: 2012/09/17 09:26

ALLERGEN: PENICILLIN ANALOGUES  
 SURGICAL MANAGER VALIDATED  
STATUS: VERIFIED  
ALLERGEN TYPE: DRUG ALLERGY  
REPORTED DATE/TIME: 2010/01/06 19:56

PATIENT ASSESSMENT

HEIGHT: 5 FT 6 IN 168 CM  
WEIGHT: 250 LB 7 OZ 113.6 KG  
BODY MASS INDEX: 40.2

ADMISSION TO PACU

BAY: BAY 8  
PATIENT IDENTIFICATION: IDENTIFICATION BAND  
PATIENT IDENTIFICATION LABEL  
REPORT GIVEN TO: JACKSON-BEEMER, TINA  
ORDERS CHECKED: Yes



POSTOPERATIVE RECORD  
OPERATING ROOM CHARLTON  
ACTUAL CASE START: 2012/11/26 10:41

ANESTHESIA START: 2012/11/26 10:18  
ANESTHESIA STOP: 2012/11/26 13:30

SAFETY MEASURES

SAFETY MEASURES: BRAKES LOCKED  
SIDE RAILS UP  
ALARMSON

PROCEDURES

PRIMARY PROCEDURE: HYSTERECTOMY ABDOMINAL WITH SALPINGOOPHERECTOMY BILATERAL  
PRIMARY SURGEON: SMALL, DAVID R

PROCEDURE CARE APPARATUS

[X] PREOP SKIN ASSESSMENT DONE  
STAFF: STACEY, JOSIELYN  
[X] POSTOP SKIN ASSESSMENT DONE  
STAFF: STACEY, JOSIELYN

NURSES NOTES

DATE/TIME	NOTES
2012/11/26 13:50	BLOODWORK DRAWN AND SENT TO LAB
2012/11/26 14:30	PERI PAD CHANGED FOR SMALL VAGINAL BLEEDING
2012/11/26 15:30	PERIPAD CHANGED FOR SMALL AMT VAGINAL BLEEDING
2012/11/26 15:50	DR. BAXTER INFORMED OF ALL BLOODWORK RESULTS. ALSO INFORMED PT' O2 SATS DROP TO 84 -85%.PT WILL BRING O2 SATS UP ON HER OWN.NO EVIDENCE OF APNEIC SPELLS . PT WILL BE ADMITTED TO AN OXIMETRY BED AS PER DR. BAXTER'S ORDER

DISCHARGE FROM PACU

CLINICALLY READY FOR DISCH: 2012/11/26 16:24  
REPORT PROVIDED TO UNIT: 2012/11/26 16:25  
REPORT GIVEN TO: NURSE, INPATIENT UNIT  
REPORT GIVEN BY: JACKSON-BEEMER, TINA  
ACCOMPANIED BY: JACKSON-BEEMER, TINA  
DISCHARGED WITH:

PACU PHASE I OUT: 2012/11/26 16:25  
DISCHARGE TO: NURSING UNIT  
ROOM #: 702-2  
VIA: BED

CASE MEDICATIONS

POSTOPERATIVE RECORD  
OPERATING ROOM CHARLTON  
ACTUAL CASE START: 2012/11/26 10:41

HYDROMORPHONE 2MG/ML - 1ML VIAL - INJECTION (DILAUDID) [MG]  
TIME GIVEN: 2012/11/26 13:47 DOSE: 0.4 MG  
ADMINISTERED BY: JACKSON-BEEMER, TINA  
TIME GIVEN: 2012/11/26 13:55 DOSE: 0.4 MG  
ADMINISTERED BY: JACKSON-BEEMER, TINA  
TIME GIVEN: 2012/11/26 14:13 DOSE: 0.4 MG  
ADMINISTERED BY: JACKSON-BEEMER, TINA  
TIME GIVEN: 2012/11/26 14:37 DOSE: 0.2 MG  
PATIENT IDENTIFICATION: IDENTIFICATION BAND  
PATIENT IDENTIFICATION LABEL  
ADMINISTERED BY: MENS, MARY  
  
1.4 MG Total for HYDROMORPHONE 2MG/ML - 1ML VIAL - INJECTION (DILAUDID) [MG]  
in MG

CASE OUTPUT

OUTPUT TYPE: URINE YELLOW  
TIME: 2012/11/26 13:30 OUTPUT AMT (ML): 0  
[ ] ESTIMATED [ ]  
SITE: BLADDER  
OUTPUT COMMENT:  
FOLEY EMPTIED FOR 25 MLS ON ARRIVAL TO PACU  
  
TIME: 2012/11/26 14:30 OUTPUT AMT (ML): 125  
[ ] ESTIMATED [ ]  
SITE: BLADDER  
  
TIME: 2012/11/26 15:30 OUTPUT AMT (ML): 115  
[ ] ESTIMATED [ ]  
SITE: BLADDER  
  
TIME: 2012/11/26 16:15 OUTPUT AMT (ML): 75  
[ ] ESTIMATED [ ]  
SITE: BLADDER  
  
TOTAL URINE YELLOW: 315 ml  
TOTAL OUTPUT AMOUNT: 315 ml

CASE SOLUTIONS

POSTOPERATIVE RECORD  
OPERATING ROOM CHARLTON  
ACTUAL CASE START: 2012/11/26 10:41

SOLN LACTATE RINGERS 1000ML: SOLN LACTATE RINGERS 1000ML  
INTAKE TYPE: IV FLUID  
BAG STARTED: 13:30 START VOLUME: 900 ml CURRENT VOLUME: 542 ml  
SITE: HAND LEFT TDC USED: CATH INSYTE STR 18G X 1.16"  
 IV IN PLACE ON ARRIVAL  
 DISCONTINUED  
 TRANSFERRED TO ANES/FLOOR

INTAKE TIME	INTAKE AMT (ML)	REMAINING VOLUME	FLOW RATE
INTAKE BY		DOSE ADMIN	
2012/11/26 13:30	0	900 ml	125 ml/hr
2012/11/26 14:30	125	775 ml	125 ml/hr
MENS, MARY			
2012/11/26 15:30	125	650 ml	125 ml/hr
MENS, MARY			
2012/11/26 16:22	108	ml	125 ml/hr

SOLUTION: SOLN LACTATE RINGERS 1000ML  
Sub-Total Intake: 358 ml

CASE TUBES, DRAINS, CATHETERS

TUBE, DRAIN, CATHETER: CATH 5CC 18FR 2WAY 0165SI18 (CS/12)  
SITE: BLADDER  
INSERTED DATE/TIME: 2012/11/26 10:35  
INSERTED BY: SMALL, DAVID R  
 TDC IN PLACE ON ARRIVAL  
  
 ASSESSMENT COMPLETED  
RECORDED TIME: 2012/11/26 13:30  
RECORDED BY: MENS, MARY  
 DISCONTINUED

TUBE, DRAIN, CATHETER: CATH INSYTE STR 18G X 1.16"  
SITE: WRIST LEFT  
INSERTED DATE/TIME: 2012/11/26 09:05  
INSERTED BY: GARDINER, DIANE  
 TDC IN PLACE ON ARRIVAL  
  
 ASSESSMENT COMPLETED  
RECORDED TIME: 2012/11/26 13:30  
RECORDED BY: MENS, MARY  
 DISCONTINUED

CASE PHYSIOLOGICAL ATTRIBUTES

BLOOD PRESSURE CUFF

TIME	MEASUREMENT	UCM	RECORDED BY
13:30	200/94		JACKSON-BEEMER, TINA
13:45	181/102		MENS, MARY
14:00	132/62		MENS, MARY
14:15	139/76		MENS, MARY
14:30	137/71		MENS, MARY
14:45	129/81		MENS, MARY
15:00	131/77		MENS, MARY

POSTOPERATIVE RECORD  
OPERATING ROOM CHARLTON  
ACTUAL CASE START: 2012/11/26 10:41

15:15	135/80	MENS, MARY
15:30	128/78	MENS, MARY
15:45	127/87	MENS, MARY
16:00	149/73	MENS, MARY
16:15	134/77	MENS, MARY

PULSE

<u>TIME</u>	<u>MEASUREMENT</u>	<u>UOM</u>	<u>RECORDED BY</u>
13:30	78		JACKSON-BEEMER, TINA
13:45	81		MENS, MARY
14:00	80		MENS, MARY
14:15	84		MENS, MARY
14:30	81		MENS, MARY
14:45	85		MENS, MARY
15:00	86		MENS, MARY
15:15	88		MENS, MARY
15:30	82		MENS, MARY
15:45	89		MENS, MARY
16:00	87		MENS, MARY
16:15	81		MENS, MARY

RESPIRATORY RATE

<u>TIME</u>	<u>MEASUREMENT</u>	<u>UOM</u>	<u>RECORDED BY</u>
13:30	16		JACKSON-BEEMER, TINA
13:45	16		MENS, MARY
14:00	16		MENS, MARY
14:15	16		MENS, MARY
14:30	16		MENS, MARY
14:45	16		MENS, MARY
15:00	16		MENS, MARY
15:15	16		MENS, MARY
15:30	16		MENS, MARY
15:45	16		MENS, MARY
16:00	16		MENS, MARY
16:15	16		MENS, MARY

SP02

<u>TIME</u>	<u>MEASUREMENT</u>	<u>UOM</u>	<u>RECORDED BY</u>
13:30	94		JACKSON-BEEMER, TINA
13:45	100		MENS, MARY
14:00	100		MENS, MARY
14:15	100		MENS, MARY
14:30	98		MENS, MARY
14:45	94		MENS, MARY
15:00	99		MENS, MARY
15:15	95		MENS, MARY
15:30	97		MENS, MARY
15:45	99		MENS, MARY
16:00	99		MENS, MARY
16:15	99		MENS, MARY

POSTOPERATIVE RECORD  
OPERATING ROOM CHARLTON  
ACTUAL CASE START: 2012/11/26 10:41

TEMPERATURE

<u>TIME</u>	<u>MEASUREMENT</u>	<u>UOM</u>	<u>RECORDED BY</u>
13:30	37.1		JACKSON-BEEMER, TINA
14:30	36.8		MENS, MARY
15:30	36.9		MENS, MARY
16:15	37.2		MENS, MARY

LEVEL OF CONSCIOUSNESS

RECORDED DATE/TIME: 2012/11/26 16:15  
LEVEL OF CONSCIOUSNESS: ALERT  
RECORDED BY: MENS, MARY

RECORDED DATE/TIME: 2012/11/26 13:30  
LEVEL OF CONSCIOUSNESS: AROUSABLE  
RECORDED BY: JACKSON-BEEMER, TINA

RECORDED DATE/TIME: 2012/11/26 13:45  
LEVEL OF CONSCIOUSNESS: AROUSABLE  
RECORDED BY: MENS, MARY

RECORDED DATE/TIME: 2012/11/26 14:00  
LEVEL OF CONSCIOUSNESS: ALERT  
RECORDED BY: MENS, MARY

RECORDED DATE/TIME: 2012/11/26 14:15  
LEVEL OF CONSCIOUSNESS: ALERT  
RECORDED BY: MENS, MARY

RECORDED DATE/TIME: 2012/11/26 14:30  
LEVEL OF CONSCIOUSNESS: ALERT  
RECORDED BY: MENS, MARY

RECORDED DATE/TIME: 2012/11/26 15:00  
LEVEL OF CONSCIOUSNESS: ALERT  
RECORDED BY: MENS, MARY

RECORDED DATE/TIME: 2012/11/26 15:15  
LEVEL OF CONSCIOUSNESS: ALERT  
RECORDED BY: MENS, MARY

RECORDED DATE/TIME: 2012/11/26 15:45  
LEVEL OF CONSCIOUSNESS: ALERT  
RECORDED BY: MENS, MARY

RECORDED DATE/TIME: 2012/11/26 16:00  
LEVEL OF CONSCIOUSNESS: ALERT  
RECORDED BY: MENS, MARY

PULMONARY

POSTOPERATIVE RECORD  
OPERATING ROOM CHARLTON  
ACTUAL CASE START: 2012/11/26 10:41

DATE/TIME: 2012/11/26 13:30  
AIRWAY STATUS: NORMAL BREATHING  
AIRWAY: NO AIRWAY IN PLACE  
O2 PERCENT/FLOW: 50%  
O2 DELIVERY: VENTIMASK  
AIRWAY SUPPORT: NONE  
RECORDED BY: JACKSON-BEEMER, TINA

DATE/TIME: 2012/11/26 14:45  
AIRWAY STATUS: NORMAL BREATHING  
O2 PERCENT/FLOW: 3L  
O2 DELIVERY: NASAL PRONGS  
RECORDED BY: MENS, MARY  
COMMENT: O2 35% REMOVED AND O2 BY NASAL PRONGS APPLIED @ 3L

PAIN ASSESSMENT

DATE/TIME: 2012/11/26 16:15  
PAIN LEVEL: 5 PAIN SCALE USED: NUMERIC RATING SCALE  
RECORDED BY: MENS, MARY

WOUND DRESSING

RECORDED DATE/TIME: 2012/11/26 13:30  
SITE: ABDOMEN  
DRESSING/PACKING: HYPAFIX  
CONDITION: DRY AND INTACT  
RECORDED BY: JACKSON-BEEMER, TINA

RECORDED DATE/TIME: 2012/11/26 16:15  
SITE: ABDOMEN  
DRESSING/PACKING: MEPORE  
CONDITION: DRY AND INTACT  
RECORDED BY: MENS, MARY

RECORDED DATE/TIME: 2012/11/26 16:15  
SITE: VAGINA  
DRESSING/PACKING: ABDOMINAL PAD LARGE  
CONDITION: SANGUINOUS DRAINAGE SMALL  
RECORDED BY: MENS, MARY

MODIFIED ALDRETE SCALE

RECORDED DATE/TIME: 2012/11/26 13:30  
TOTAL: 7  
CIRCULATION: BP +/- 20 mmHg PREOP VALUE  
RESPIRATION: BREATHE EASILY, COUGHS FREELY  
CONSCIOUSNESS: WAKENS WITH STIMULATION  
OXYGEN SATURATION: GREATER THAN 90% ON OXYGEN  
ACTIVITY: SOME WEAKNESS  
RECORDED BY: MENS, MARY

POSTOPERATIVE RECORD  
OPERATING ROOM CHARLTON  
ACTUAL CASE START: 2012/11/26 10:41

---

RECORDED DATE/TIME: 2012/11/26 13:45  
TOTAL: 8  
CIRCULATION: BP +/- 20 mmHg PREOP VALUE  
RESPIRATION: BREATHES EASILY, COUGHS FREELY  
CONSCIOUSNESS: WAKENS WITH STIMULATION  
OXYGEN SATURATION: GREATER THAN 90% ON OXYGEN  
ACTIVITY: MOVING  
RECORDED BY: MENS, MARY

RECORDED DATE/TIME: 2012/11/26 16:15  
TOTAL: 9  
CIRCULATION: BP +/- 20 mmHg PREOP VALUE  
RESPIRATION: BREATHES EASILY, COUGHS FREELY  
CONSCIOUSNESS: AWAKE AND ORIENTED  
OXYGEN SATURATION: GREATER THAN 90% ON OXYGEN  
ACTIVITY: MOVING  
RECORDED BY: MENS, MARY

CASE PHYSIOLOGICAL ASSESSMENT
-------------------------------

DEEP BREATHING AND COUGHING  
RECORDED DATE/TIME: 2012/11/26 13:30  
RECORDED BY: MENS, MARY  
ASSESSMENT 1: ENCOURAGED

RESPIRATORY RHYTHM  
RECORDED DATE/TIME: 2012/11/26 13:30  
RECORDED BY: MENS, MARY  
ASSESSMENT 1: RHYTHM REGULAR

RESPIRATORY DEPTH  
RECORDED DATE/TIME: 2012/11/26 13:30  
RECORDED BY: MENS, MARY  
ASSESSMENT 1: DEPTH ADEQUATE

RESPIRATORY QUALITY  
RECORDED DATE/TIME: 2012/11/26 13:30  
RECORDED BY: MENS, MARY  
ASSESSMENT 1: QUALITY EASY

DEEP BREATHING AND COUGHING  
RECORDED DATE/TIME: 2012/11/26 13:45  
RECORDED BY: MENS, MARY  
ASSESSMENT 1: ENCOURAGED

RESPIRATORY RHYTHM  
RECORDED DATE/TIME: 2012/11/26 13:45  
RECORDED BY: MENS, MARY  
ASSESSMENT 1: RHYTHM REGULAR

RESPIRATORY DEPTH  
RECORDED DATE/TIME: 2012/11/26 13:45  
RECORDED BY: MENS, MARY  
ASSESSMENT 1: DEPTH ADEQUATE

POSTOPERATIVE RECORD  
OPERATING ROOM CHARLTON  
ACTUAL CASE START: 2012/11/26 10:41

RESPIRATORY QUALITY

RECORDED DATE/TIME: 2012/11/26 13:45  
RECORDED BY: MENS, MARY  
ASSESSMENT 1: QUALITY EASY

DEEP BREATHING AND COUGHING

RECORDED DATE/TIME: 2012/11/26 16:15  
RECORDED BY: MENS, MARY  
ASSESSMENT 1: ENCOURAGED

RESPIRATORY RHYTHM

RECORDED DATE/TIME: 2012/11/26 16:15  
RECORDED BY: MENS, MARY  
ASSESSMENT 1: RHYTHM REGULAR

RESPIRATORY DEPTH

RECORDED DATE/TIME: 2012/11/26 16:15  
RECORDED BY: MENS, MARY  
ASSESSMENT 1: DEPTH ADEQUATE

RESPIRATORY QUALITY

RECORDED DATE/TIME: 2012/11/26 16:15  
RECORDED BY: MENS, MARY  
ASSESSMENT 1: QUALITY EASY

SIGNATURE

<u>USER</u>	<u>FIRST SAVE</u>	<u>LAST SAVE</u>
TINA JACKSON- BEEMER	2012/11/26 13:56	2012/11/26 14:11
MARY MENS	2012/11/26 14:11	2012/11/26 16:25





DEPARTMENT OF NURSING  
ADMISSION SUMMARY

Date (yyyy/mm/dd): \_\_\_\_\_ Time (hh/mm): \_\_\_\_\_

Anesthetist: \_\_\_\_\_ Accompanying patient \_\_\_\_\_

Procedure: \_\_\_\_\_

Admitting Nurse \_\_\_\_\_ Reg. N.

ANESTHESIA	AIRWAY	O <sub>2</sub> THERAPY
General _____	None _____	None _____ O <sub>2</sub> _____ %
Local _____	Oral _____	Vent/mask _____
Regional Block _____	Nasal _____	Puritan _____
Type: _____	Endotracheal _____	Nasal Prongs _____
<b>ADJUNCTS:</b>	Nasotracheal _____	Trach Collar _____
Epidural _____	Trach _____	Non-Rebreathing Bag _____
Narcotic _____		T-Piece _____
Tranquilizer _____		
Anti-Emetic _____		

RESPIRATORY STATUS	RESP. ASSIST	PT. POSITION
<b>RHYTHM</b>	Ambu. Assist _____	
Regular R _____	By: _____	(R) Lateral _____
Irregular I _____	Ventilator _____	(L) Lateral _____
Apneic AP _____	Type: _____	Supine _____
<b>DEPTH</b>	Rate: _____	Fowlers _____
Adequate A _____	FIO <sub>2</sub> _____	Trendellenberg _____
Shallow S _____	Tidal Volume: _____	Sitting _____
Deep D _____	Assist/Control _____	Prone _____
<b>QUALITY</b>		
Easy E _____		
Labourled L _____		
Stridorous SD _____		
Wheezy W _____		

Site(s) #1 \_\_\_\_\_ #2 \_\_\_\_\_

Drsg. Type: \_\_\_\_\_

Condition: \_\_\_\_\_

Comments on Admission: \_\_\_\_\_

Limb Involvement: (S) (L) Bil.

PULSE	ADMISSION		DISCHARGE	
	(R)	(L)	(R)	(L)
Dorsalis Pedis				
Posterior Tibial				
Radial				
<b>COLOUR:</b> Pink				
Pale				
Dusky				
Mottled				
Other				
<b>TEMPERATURE:</b> Warm				
Cool				
Cold				
Other				
<b>SENSATION:</b> No / Yes				
<b>MOVEMENT:</b> No / Yes				

J 000372533 5-6105944  
**YOUNG, SUZANNE MARIE**  
 695 PLAINS RD E 101  
 BURLINGTON ON L7T 2E8  
 (905) 333-2744 2012/11/09  
 1964/10/11 48Y F 6427-959-512 YW  
 PRY GYN  
 MRP: SMALL, DAVID R  
 GP: DIPALO, BRUNO L

ALLERGIES: Penicillin Nits Morphine  
 ANESTHETIST ORDERS Time (hh/mm):

Discharge per PACU Discharge Criteria  
 I will see prior to discharge  
 - O<sub>2</sub> 35-50 % VENTIMASK OR \_\_\_\_\_  
 - I.V. NSIRL SOLUTION at 125 mL/hr

Hydromorphone 0.2-0.5  
mg IV q 15min PRN  
fraxol 10 mg IV PRN x1  
CBC capillary BS  
lytes

PHYSICIAN NAME:  
 (Signature & Printed) \_\_\_\_\_  
 ORDERS NOTED BY: \_\_\_\_\_ Reg. N.

RECOVERY SCORE	
L	AWAKE 2
O	AROUSABLE 1
C	POORLY AROUSABLE 0
A	MOVING 2
C	SOME WEAKNESS 1
T	NO COMMANDED MOVEMENT 0
I	
V	
I	
T	
Y	
C	+/- 15% of PREOP MAP 2
I	+/- 15-30% of PREOP MAP 1
R	greater than 30% below PREOP MAP 0
C	
R	BREATHES EASILY 2
E	TACHYPNEIC c GOOD COUGH 1
S	DYSPNEIC c WEAK COUGH 0
P	
O <sub>2</sub>	greater than 90% on RA 2
S	greater than 90% on O <sub>2</sub> 1
A	less than 90% on O <sub>2</sub> 0
T	
P	NONE MILD 2
A	CONTROLLED 1
I	PERSISTENT 0
N	
E	NONE MILD NAUSEA 2
M	
E	
S	TRANSIENT 1
I	
S	PERSISTENT 0
TOTAL	

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 PRY GYN  
 MRP: SMALL, DAVID R  
 GP: DIPAOLO, BRUNO L

PROCEDURE		
TAH+BSO		
SURGEON		
Small		
BP 150/90	WT 113	Hgb
HR 73	HT 168	97%

BMI - 40.8 A.S.A. CLASSIFICATION 1 2 3 4 5 E

PERTINENT HISTORY	
48y0f PCOS	
Smoker	

AIRWAY	MALLAMPATTI SCORE I II III IV V
Ward	II V (N) TMJ/MO/ROM
DENTITION <input checked="" type="checkbox"/> NORMAL <input type="checkbox"/> PROSTHETICS <input type="checkbox"/> DENTURES	
Neck	

CARDIO / RESP	<input type="checkbox"/> NORMAL <input checked="" type="checkbox"/> ASTHMA - mild
<input checked="" type="checkbox"/> snoring - tested OSA <input checked="" type="checkbox"/> OSA <input checked="" type="checkbox"/> smoker	

Chair  
 VHS

ENDO/RENAL	<input type="checkbox"/> NORMAL <input checked="" type="checkbox"/> hypoglycemia episodes
------------	---

OTHER	<input checked="" type="checkbox"/> GERD - severe, controlled w/ meds
-------	---

ANESTHETIC HISTORY	<input type="checkbox"/> NONE <input type="checkbox"/> NORMAL - episode awareness 20 yrs ago
--------------------	--

FAMILY HISTORY	<input type="checkbox"/> NORMAL - prev GI view
----------------	--

MEDICATIONS	Ventolin, Flovent, Tecta
-------------	--------------------------

DRUG SENSITIVITY	<input type="checkbox"/> NONE Penicillin, NUTS - morphine → delirium
------------------	--

INVESTIGATIONS	<input type="checkbox"/> NONE
EKG	<input checked="" type="checkbox"/> NORMAL NSR

IMPRESSION / INSTRUCTIONS / CONSENT
Fit for GA ± TAP block, IV PCA
- GI prophylaxis + RSI
- CAS on arrival

SIGNATURES	STAFF	RESIDENT	DATE (yyyy/mm/dd)
	Small	Small/HORNER	Nov 14/12

DICTATED

DATE 2012/11/26 ROOM 02 06 MACHINE  
(yyyy/mm/dd)

PROCEDURE Abdominal hysterectomy, bilateral salpingoophorectomy

SURGEON Dr. Small  NPO

ANESTHESIOLOGIST 1. Dr. Baxter  
2. Pleb J AA

RESIDENT/LEARNER Anna Pul

**GENERAL ANESTHESIA / SEDATION**

MACHINE CHECKED

**MONITORS**

- EKG LEAD  TEMP esophageal
- NIBP / SITE (R) arm
- OXIMETRY / SITE (L) bridge  ET CO<sub>2</sub>
- N. STIM / SITE (F) facial  AGENT ANALYSIS
- 
- 
- INVASIVE MONITORS 1. Foley catheter
- 2.
- 3.

**AIRWAY VENT**

- MASK  FACE  LMA / SIZE
- AIRWAY  ORAL  NASAL
- ENDOTRACH  ORAL  NASAL
- TYPE SIZE 7  HME
- GRADE I (II) III IV  CRICOID PRESS
- VERIFY  AUSC  BRONCH  CO<sub>2</sub>
- Positioned on "ramp" of blankets
- VOLUME 600/10  PRESSURE 22/12
- CIRCUIT SCCA  CA
- 2. *20 to 25 cm*

**ADJUVANTS**

- I.V. CATHETER  INSITU SITE (R) hand SIZE
- 2. SITE SIZE 3. SITE SIZE
- EXTERNAL WARMER  BLOOD WARMER
- RAPID TRANSFUSER  GASTRIC TUBE
- PROTECTION:  EXTREMITY  EYE
- 

**REGIONAL ANESTHESIA**

PERIPHERAL  NEURAXIAL

TYPE

TECHNIQUE

CATHETER / TYPE:

LEVEL DISTANCE

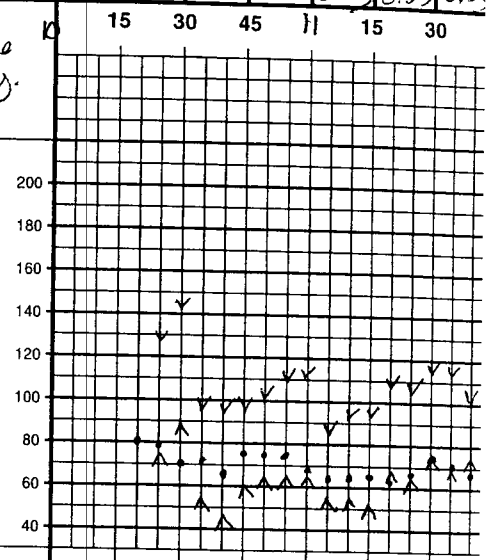
**DRUGS**

Fentanyl	mg	150	50	50
Propofol	mg	150		
rocuronium	mg	50		10
Remifentanyl		100		
Detomid hydrochloride	mg			
Ondansetron	mg			
Neostigmine / atropine				
Lmin O <sub>2</sub>		0.55	0.55	0.75
N <sub>2</sub> O				
Air		0.65	0.65	0.55

**VITAL SIGNS**

600mg clindamycin  
2mg dexamethasone  
started midday surgery.

HR •  
BP V  
Λ  
START Δ  
FINISH ○



**PHYSIOLOGICAL PARAMETERS**

TEMPERATURE		36.0	36.4	36.1	36.2	36.4
O <sub>2</sub> SAT	100	99	98	95	96	97
ETCO <sub>2</sub>		36	32	36	36	38
ET Des		46	5.8	5.5	5.4	5.3
ET						
VENT RATE		10	10	12	12	12
VENT MODE	600	VC	VC	PC	PC	PC
RHYTHM	NSR	-	-	-	-	-
POSITION	0	0	0	0	0	0

**OUTPUT LAB RESULTS/FLUIDS**

Normal Saline	NS1000	RA1000
URINE		
BLOOD		

Signature: *[Signature]* Date: 26 Nov 2012  
Signature: *[Signature]* Date: 26 Nov 2012  
TIN

**MEDICATIONS**

**NOTES**

10+10

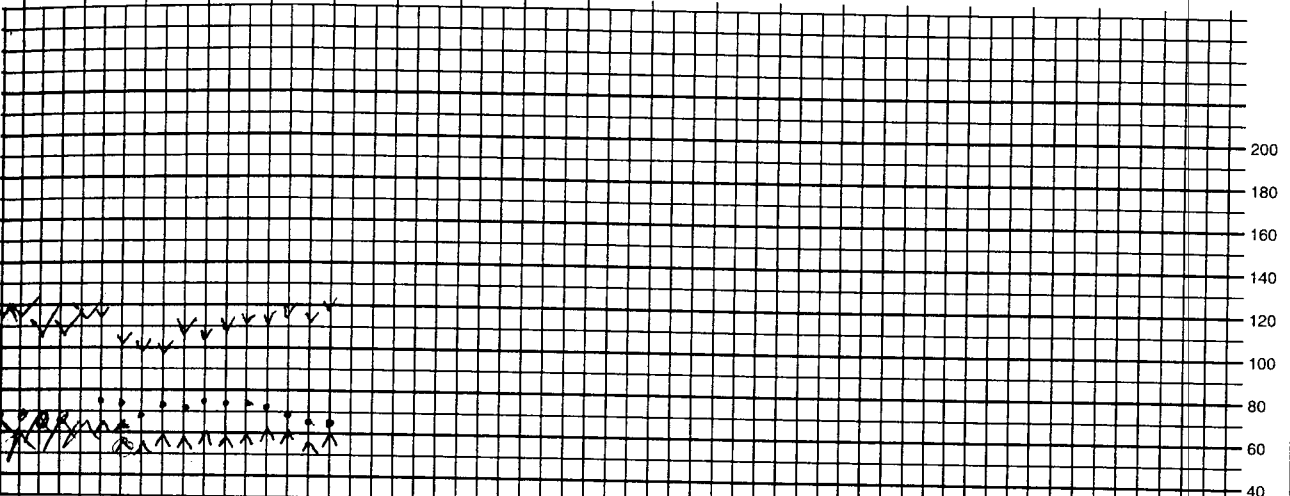
2

4

3mg/4mg

0.75	0.75	0.75	6.2	1.2															
0.55	0.55	0.55	0.0																

12 15 30 45 15 30 45 15 30 45 15 30 45 15 30 45



436	36	36.7		
28/5	26/5	28/5	28/5	28/5
97	97	97	97	98
40	40	39	40	43
5.0	5.0	5.2	4.2	4.0
12	12	14	10	10
PCV	PCV	PCV	PCV	PCV
✓	✓	✓	✓	✓

EBL 600ml

(R)1000 - (L)1000

**TOTALS**

1550  
 -> apical desaturation  
 -> airway lost  
 repositioned

ATTEND CASE: \_\_\_\_\_ TRANSFER CARE: \_\_\_\_\_

POST OPERATIVE  
 BP \_\_\_\_\_ HR \_\_\_\_\_ SAT \_\_\_\_\_  
 MENTAL STATUS \_\_\_\_\_

J 0000372533 5-6105944  
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 1964/10/11 48Y F 6427-959-512 YW  
 PRY GYN  
 MRP: SMALL, DAVID R  
 GP : DIPALO, BRUNO L

NG  
 Age: 48

**Patient Questionnaire**  
**Department of Anaesthesia**

**A. General**

- Have you ever had anaesthesia? .....
- Have you or a relative had any problems with anaesthesia such as unusual temperature changes, trouble breathing, etc? .....
- List past surgeries: Oct 1/12 Biopsy + D+C + exploratory .....
- Do you smoke? .....
- Number of cigarettes a day 10 Number of years 12 .....
- Do you drink alcohol? .....
- Number of drinks a week 1 OR 2 .....
- Do you use recreational or street drugs? .....
- Have you taken cortisone, prednisone or ACTH within the last year? .....
- Have you ever been treated for cancer? .....
- Could you be pregnant? ..... Last menstrual period: Nov 6/12 .....
- Do you have capped or loose teeth, partial or full dentures? .....

Yes	No
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>

**B. Respiratory**

- Have you had a cold, flu or chest infection in the last month? .....
- Do you have any trouble with your breathing? .....
- Do you have a cough with mucous, sputum or phlegm? .....
- Have you ever been diagnosed with a significant respiratory condition such as asthma, tuberculosis, emphysema, chronic bronchitis or SARS? .....
- Do you have sleep apnea, excessive snoring or use home oxygen? .....
- Are you on C-PAP or Bi-Pap at home? .....

<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>

**C. Cardiovascular**

- Do you have high blood pressure? .....
- Have you ever had a heart attack? .....
- Have you ever had angina, chest pain or irregular heart beat? .....
- Do you have a heart murmur? .....
- Have you ever had heart failure? .....
- Can you walk two blocks without stopping? .....
- Do you have problems with circulation to the legs? .....

<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>

D. Gastrointestinal

- Have you ever been jaundiced or had liver problems such as hepatitis?  Yes  No
- Do you have frequent heartburn, ulcers or hiatus hernia? *reflux*  Yes  No

E. Renal

- Have you ever had kidney disease?  Yes  No
- Are you a dialysis patient?  Yes  No

F. Endocrine

- Do you have diabetes?  Yes  No
- Do you have thyroid problems?  Yes  No

G. Neurological

- Have you ever had epilepsy, seizures or fainting spells?  Yes  No
- Have you ever had a stroke?  Yes  No
- Do you have any other neurological or musculoskeletal problems?  Yes  No
- Have you ever been treated for psychiatric illness?  Yes  No

H. Hematological

- Have you ever been diagnosed with a bleeding disorder?  Yes  No
- Have you ever been anemic?  Yes  No
- Have you ever had a blood clot in your legs or lung?  Yes  No
- Have you ever had a blood transfusion?  Yes  No
- Do you carry an Antibody card?  Yes  No

I. Allergies and Medications

- List all allergies and things you are sensitive to:
 

<i>Anaphylactic severe Allergy to ALL NUTS &amp; OILS</i>	• Type of reaction:
<i>Penicillin</i>	<i>- air restriction</i>
	<i>- extreme swelling - can't breathe</i>

- List all medications:

Name	Dose and Frequency
<i>VENTOLIN am/pm</i>	<i>2 PUFFS - 200 AOSU - 4 X DAY</i>
<i>FLOVENT am/pm</i>	<i>2 PUFFS - 250 AOSU - 2 X DAY</i>
<i>TRECTA am/pm</i>	<i>1 PILL - 2 X DAY</i>

- Are there any concerns you wish to discuss with the anaesthetist?  Yes  No

For clinic nurse only:

- Has patient answered yes to any questions about latex allergies?  Yes  No
- Has patient answered yes to any questions about ARO'S?  Yes  No

Date 10/26/12

Operation Performed TAH BSO



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: D R SMALL  
 GP : DIPALO, BRUNO L

MAJOR  MINOR

ITEM	INITIAL COUNT	ADDED	(✓) FIRST	(✓) FINAL	(✓) C.O. / CAVITY
SPONGES	YARD TAPES	/	/	/	/
	MEDIUM TAPES	/	/	/	/
	SMALL TAPES	50	/	/	/
	R.P. SPONGES	10	/	/	/
	RAYTEX/ TONSIL	/	/	/	/
	CHERRIES	/	/	/	/
NEEDLES	ATRAUMATICS	11	25	25	25
	LOOSE NEEDLES				

ITEM	INITIAL	ADDED	(✓) FIRST	(✓) FINAL	(✓) C.O. / CAVITY	INITIAL	ADDED	(✓) FIRST	(✓) FINAL	(✓) C.O. / CAVITY
MISCELLANEOUS	BLADES	3	/	/	/	DRAINS	/	/	/	/
	REELS	95	95	/	/	FISH HOOKS	/	/	/	/
	CAUTERY TIP	1	/	/	/	FOGARTY INSERTS	/	/	/	/
	SCRATCH PAD	/	/	/	/	HERNIA TAPE	/	/	/	/
	Q-TIP	/	/	/	/	RANEY / MICROCLIPS	/	/	/	/
	MARKER	1	/	/	/	RUBBERS / PINS	/	/	/	/
	WECK/LIGACLIP	1	1	/	/	SELVAGE GAUZE	/	/	/	/
	ANGIO/NEEDLE		/	/	/	STAPLE CARTRIDGES	/	/	/	/
	CANNULA		/	/	/	SUTURE BOOTS	/	/	/	/
	BACKGROUND		/	/	/	SYRINGES	/	/	/	/
	BULLDOGS		/	/	/	UMBILICAL TAPE	/	/	/	/
	CATHETERS		/	/	/	VESSEL LOOPS	/	/	/	/

INITIAL COUNT	CAVITY COUNT	FIRST COUNT	FINAL COUNT	CHANGE OVER COUNT
CIRCULATING NURSE	CIRCULATING NURSE	CIRCULATING NURSE	CIRCULATING NURSE	CIRCULATING NURSE
SCRUB NURSE	SCRUB NURSE	SCRUB NURSE	SCRUB NURSE	SCRUB NURSE

COUNT CORRECT? SPONGES  NEEDLES  INSTRUMENTS  SURGEON NOTIFIED?

COUNT INCORRECT? SPONGES  NEEDLES  INSTRUMENTS  SURGEON NOTIFIED?  X-RAY TAKEN? YES  NO



(2) FIRST	ADDED	INSTRUMENT	INITIAL	(2) FIRST	ADDED	INSTRUMENT	INITIAL
		BAINBRIDGE		✓		SCALPPELS	4
		ENTERORETAINER		✓		SCISSORS	6
		PEYERS		✓		NEEDLE DRIVERS	6
		RIGHT ANGLES		✓		MOSQUITOES	6
		SCUDDERS		✓		KELLYS	6
		STONE FORCEPS		✓		CRILES	6
				✓		CURVES	6
				✓		ALLIS	4
				✓		KOCKERS	4
		GWILLIAMS	D	✓		BABCOCKS	4
		HEANEY		✓		PAINT STICKS	4
		OSCHNERS	146	✓		FORCEPS	11
		PENNINGTONS		✓		RETRACTORS	10
		TENNACULUM	3	✓		SCREWS	4+1
✓				✓		RACHETS	2
				✓		SUCTION	3
				✓		SUCTION TIPS	3
		APPROXIMATOR		✓		STYLETS	3
		BIOPSY FORCEP		✓		BACCHUS	3
		BONE INSTRUMENTS		✓		CYSTIC DUCTS	3
		DISSECTORS		✓		TONSILS	
		DUALS		✓		PROBE & DIRECTOR	
		FRASERS		✓			
		SWEDISH		✓			
				✓		BIPOLAR FORCEP	
				✓		CLIP APPLIER	2
				✓		CLIP BASE	2
		AORTIC COMPRESSOR		✓		DILATORS	
		ANEURYSM CLAMP		✓		HOOKS: DURAL	
		FOGARTY		✓		STRABISMUS	
		LIGATURE CARRIER		✓		TRACHEAL	
		MULTIPURPOSE DEBAKEY		✓		RULER	
		POTTS		✓		SIZERS	
		RENAL ARTERY		✓		STAPLERS	
		SATINSKY		✓		DENTAL INSTRUMENTS	
		C.V. CLAMPS MISC.		✓		FINE POINTED DISSECTOR	
				✓		LEBSCHE KNIFE	

HEAD/NECK

MISCELLANEOUS

THORACIC

GYNECOLOGY

GENERAL

PLASTIC

0000372533

2012-11-14 9:13:53  
48 Years Female

YOUNG, SUZANNE

Rate 64 . SINUS RHYTHM.....normal P axis, V-rate 50- 99

PR 192

QRSD 90

QT 420

QTc 434

--AXIS--

P 64

QRS 59

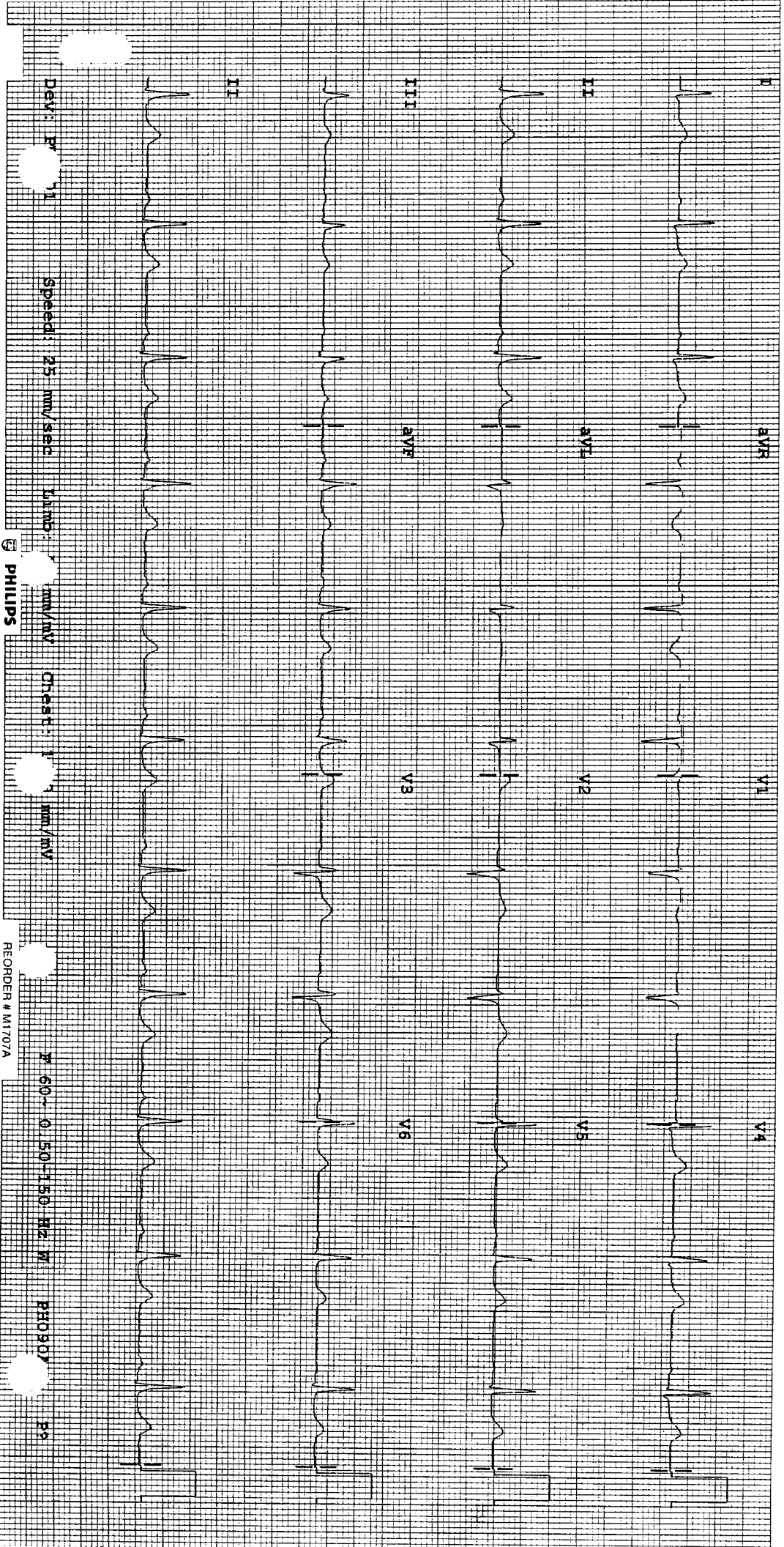
T 49

St. Joseph's Hospital (522)  
Dept: PAT (46)  
Room: 11/2 6  
Oper: CS  
Order ID 1352899695974

**COPY**

NORMAL ECG

Requested by: SMALL, DAVID R  
Unconfirmed Diagnosis



DEV: PHILIPS Speed: 25 mm/sec Lead: mm/mV QRS: 1 mm/mV PHILIPS REORDER # M170A

0000372533 YOUNG, SUZANNE MARIE  
DOB: 11-Oct-1964 48 Years Female

14-Nov-2012 09:13:53

Dept: Pre-op Assessment  
Room: 11/2 6  
Oper: CS

Order ID: 1352899695974

HR 64 . SINUS RHYTHM  
PR 192  
QRSD 90  
QT 420  
QTc 434

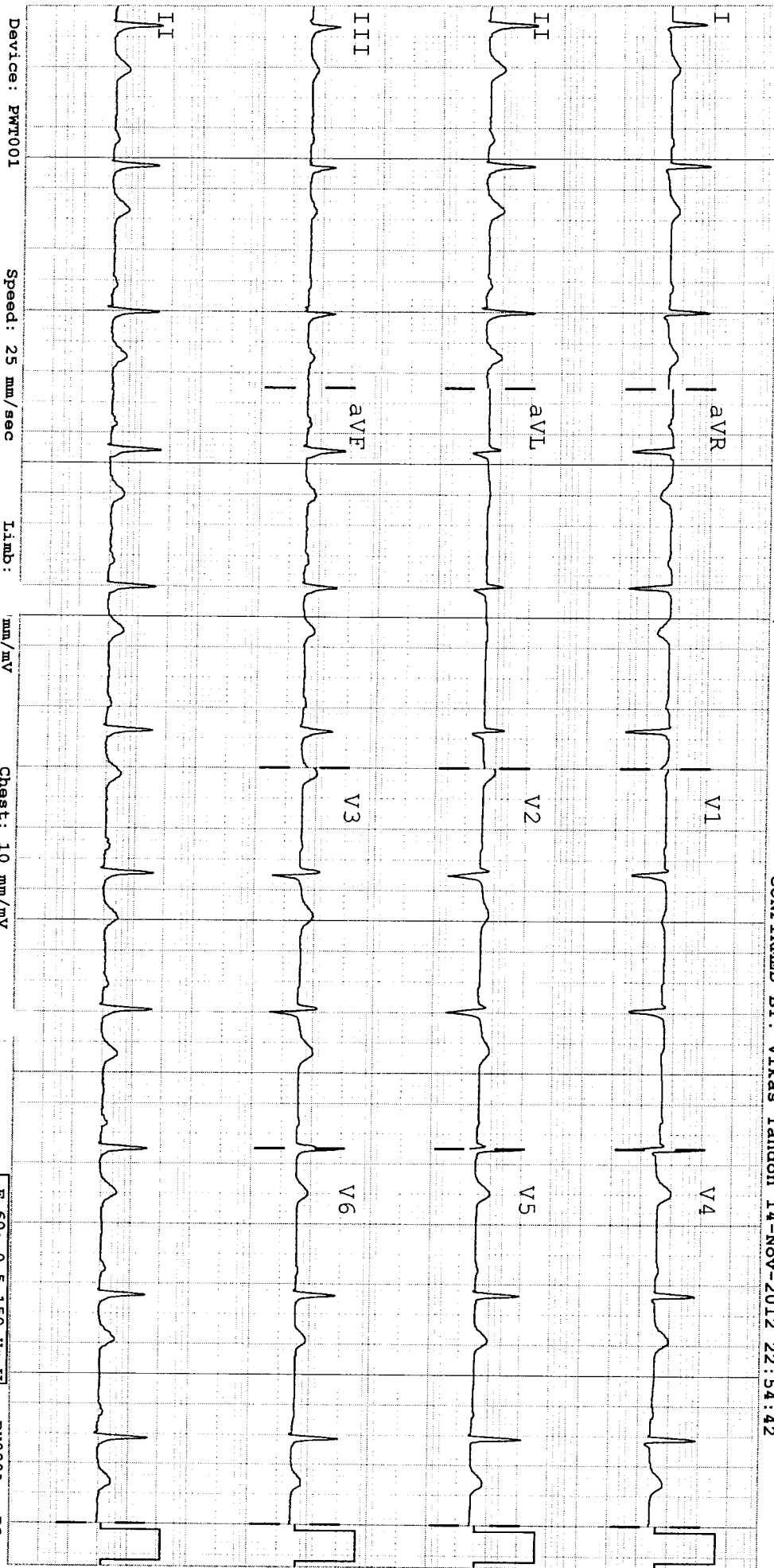
Order #: 3588742

-- AXIS --  
P 64  
QRS 59  
T 49  
PREVIOUS: 17-Sep-2012 10:06:16 - Normal Confirmed

St. Joseph's Hospital - Main Campus (522-52200-46)

CONFIRMED BY: Vikas Tandon 14-Nov-2012 22:54:42

Reason: PREOP  
Standard 12  
Requested By: SMALL, DAVID R



**St. Joseph's Hospital**

50 CHARLTON AVENUE EAST  
HAMILTON, ONTARIO L8N 4A6  
(905) 522-1155

RADIOLOGY  
Ext. 36009

UNIT NO.0000372533 7MS-G702-02

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.	DIPAOLLO, 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

Page 1

This report was generated through Powerscribe

**DIAGNOSTIC IMAGING**

REPORT DATE 03/12/12  
SUMMARIZED THROUGH 03/12/12

HAMILTON REGIONAL LABORATORY MEDICINE PROGRAM  
- ST JOSEPH'S HOSPITAL -  
50 Charlton Ave. E., Hamilton, Ontario, L8N 4A6  
(905) 522-4941

PAGE 1

Patient's Name : YOUNG, SUZANNE MARIE      DOB: 11/10/64      Age/Sex: 48/F      Unit Number: J000372533  
Account Number : J0011612512      Location: JI-7MS      Room/Bed: G702-02      Status: DIS IN      Discharge Date: 01/12/12  
Attending Doctor: Small, David Richard Johnson      Family Doctor: Di Paolo, Bruno Livio      Patient's Phone: (905)333-2744

\*\*\* SECTION OF HAEMATOLOGY \*\*\*  
\*\*\* COMPLETE BLOOD COUNT \*\*\*

Date Time	12 NOV 27 0730	12 NOV 26 1350	12 NOV 14 0745	Reference	Units
>LKCS	12.8 H	15.5 # H	6.8	[4.0-11.0]	X10 9/L
>ERCS	3.89	3.86	4.34	[3.8-5.8]	x10 12/L
>>>HB**	123	123	137	[115-165]	g/L
>>>HCT**	0.363 L	0.357 L	0.399	[0.370-0.470]	
>MCV	93.5	92.5	92.0	[82-99]	fL
>MCH	31.5	31.8	31.5	[27-32]	pg
>MCHC	337	344	342	[300-350]	g/L
>RDW	14.3	13.5	13.2	[11.5-15.0]	%
**PLT**	262	273	300	[150-400]	x10 9/L
MPV	7.5	7.3 L	7.5	[7.4-10.4]	fL
>ABSOLUTE NEUTS	10.9 H	13.6 H	4.1	[2.0-7.5]	x10 9/L
>ABSOLUTE LYMPHS	1.3 L	1.7	2.1	[1.5-4.0]	x10 9/L
>ABSOLUTE MONOS	0.6	0.2	0.4	[0.2-0.8]	x10 9/L
>ABSOLUTE EOS	0.0	0.1	0.1	[0.0-0.4]	x10 9/L
>ABSOLUTE BASOS	0.0	0.0	0.0	[0.0-0.1]	x10 9/L
>SMEAR EXAMINE	(A)	(B)	(C)		

(A) Blood film not made  
(B) Blood film not made  
(C) Blood film not made

\*\*\* SECTION OF CLINICAL CHEMISTRY \*\*\*

Date Time	12 NOV 27 0730	-----12 NOV 26----- 1350	-----0857-----	12 NOV 14 0745	Reference	Units
>GLUCOSE RANDOM		8.5			[3.8-11.0]	mmol/L
>GLUCOSE POCT			6.2(a)			mmol/L
>UREA	4.4			5.4	[3.0-6.5]	mmol/L
>CREATININE	56			65	[50-100]	umol/L
>SODIUM	139	139		138	[135-145]	mmol/L
>POTASSIUM	3.9	4.6		3.4 L	[3.5-5.0]	mmol/L
>CHLORIDE	103	108 H		102	[98-107]	mmol/L
>TOTAL CO2	25	22		23	[22-30]	mmol/L
>AC GAP	11	9		13	[5-17]	mmol/L

NOTES: (a) PERFORMED AT HAMILTON GENERAL, 237 BARTON ST E, HAMILTON, ON L8L 2X2  
905-527-4322 ext 46360

\$ Symbol following a result indicates test was referred out - Address available upon request  
> Symbol prefixing the test name indicates a new result for this reporting  
Date fields on this report in the format DD/MM/YY

Discharge Summary Report

\*\* CONTINUED ON NEXT PAGE \*\*

REPORT DATE 03/12/12  
SUMMARIZED THROUGH 03/12/12

HAMILTON REGIONAL LABORATORY MEDICINE PROGRAM  
- ST JOSEPH'S HOSPITAL -  
50 Charlton Ave. E., Hamilton, Ontario, L8N 4A6  
(905) 522-4941

PAGE 2

Patient's Name: YOUNG, SUZANNE MARIE      Unit Number: J000372533      Account Number: J0011612512      (Continued)  
Location: JI-7MS      Room/Bed: G702-02

\*\*\* SECTION OF CLINICAL CHEMISTRY \*\*\*  
\*\*\* MISCELLANEOUS CHEMISTRY TESTS \*\*\*

Date	Time	Reference	Units
>CA125	17(b)	[<= 35]	U/mL

\*\*\* SECTION OF TRANSFUSION MEDICINE \*\*\*

COLLECTED: Nov 14, 2012 7:45am

> ABO GROUP & RH      O NEG

COLLECTED: Nov 14, 2012 7:45am

> GS EXPIRY      NOV 29  
> ABS INTERP.      Negative

NOTES: (b) PERFORMED AT JURAVINSKI HOSPITAL AND CANCER CENTRE 711 Concession St.,  
Hamilton On, L8V 1C3 905-527-4322 ext 42055

\$ Symbol following a result indicates test was referred out - Address available upon request  
> Symbol prefixing the test name indicates a new result for this reporting  
Date fields on this report in the format DD/MM/YY

Discharge Summary Report

\*\* END OF REPORT \*\*

ST. JOSEPH'S HOSPITAL  
HAMILTON, ONTARIO

## CARE PATH PROJECT

J 0000372533 5-6105944  
**YOUNG, SUZANNE MARIE**  
695 PLAINS RD E 101  
BURLINGTON ON L7E 2E8  
(905) 333-2744 2012/11/09  
1964/10/11 48Y F 6427-959-512 YW  
PRY GYN  
MRP: SMALL, DAVID R  
GP : DIPACLO, BRUNO L

# HYSTERECTOMY

**Expected length of stay: 72 hours**

The Care Path is to be used on all Hysterectomy patients.  
It is to be used by all members of the multidisciplinary team to plan the care of the patient.  
This document is to be used as a guide to plan care and should not replace clinical judgment.  
This Care Path is to be used as a part of the unit documentation system.

### Using the Care Path:

Each day the staff caring for the patient are responsible for reviewing the path and ensuring all elements of care have been completed.

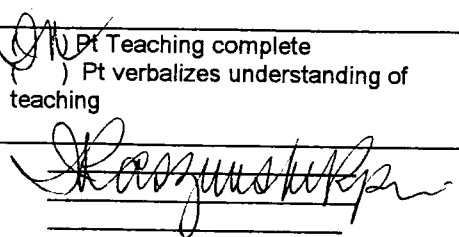
- ☐ represents an element of care that **must** be checked off (✓)
- represents an element of care or action that must occur (may be documented elsewhere)
- ( ) space for initials - used to indicate that an element of care has been completed. When using initials make sure to complete the Signature section (this needs to be done only once) - multidisciplinary
- represents a complication that may be checked off if applicable
- If an element of care did not occur, the staff who is responsible for that element of care, must indicate why it did not occur by marking the reason on the path or marking "p" and documenting on the progress note.
- If a patient was not started on the Care Path but is appropriate - you can start the Path at any time. Indicate next to the date "Path started". Fill out the date the path started and was stopped in the space indicated.
- guideline* - refers to Clinical Guidelines. Copies of the guidelines should be included on the chart. Additional copies are located in the CARE PATH manual on each of the Medical Units and the ER.
- The following abbreviations are used in the Care Path: SLP = Speech - Language Pathology, PT = Physiotherapy, OT = Occupational Therapy, SW = Social Work, GIM = General Internal Medicine, RN-Reg. Nurse, s + s = signs & symptoms

Developed by: Dr. R. Stopps, Dr. L. Kahn, Dr. D. Lamont, D. Carr, R. McKinnon, S. Simpson, K. Davis, P.W. Farkas, P. D'Agostine, E. Bain, V. Bell, W. Doyle, D. Usenica, S. Joyce, P. Wielgus

A:\HYSTD6.doc Monday, October 04, 1999

Revision Date: March 2000

\* CARE PATH PROJECT - ST. JOSEPH'S HOSPITAL, HAMILTON, ONTARIO

	PAAU ( Pre-Op) Date <u>11/14/12</u>	Day Surgery Unit Date <u>    </u> / <u>    </u> / <u>    </u>	OR Day (day of surgery) 0 - 24 hrs Date <u>    </u> / <u>    </u> / <u>    </u>
Consults	<ul style="list-style-type: none"> <li>Anesthetic consult</li> <li>Acute Pain Clinic Y <input type="checkbox"/> N <input type="checkbox"/></li> <li>Other: _____</li> </ul>	Anesthesia Y <input type="checkbox"/> N <input type="checkbox"/> Medical Y <input type="checkbox"/> N <input type="checkbox"/> Surgeon Y <input type="checkbox"/> N <input type="checkbox"/> Pastoral Care Y <input type="checkbox"/> N <input type="checkbox"/> Social Work Y <input type="checkbox"/> N <input type="checkbox"/> Dialysis Y <input type="checkbox"/> N <input type="checkbox"/>	<ul style="list-style-type: none"> <li>Pastoral Care notified Y <input type="checkbox"/> N <input type="checkbox"/></li> </ul>
Tests and Procedures		IV Y <input type="checkbox"/> N <input type="checkbox"/> Blood work Y <input type="checkbox"/> N <input type="checkbox"/> EKG Y <input type="checkbox"/> N <input type="checkbox"/> Spirometry Y <input type="checkbox"/> N <input type="checkbox"/> X Ray Y <input type="checkbox"/> N <input type="checkbox"/>	<ul style="list-style-type: none"> <li>Nursing history complete ( )</li> <li>Nursing Assessment ( )</li> <li>Pain Assessment ( )</li> <li>Vital Signs ( )</li> <li>Assess Dressing ( )</li> <li>Assess Drain ( )</li> </ul>
Treatments and Interventions	<ul style="list-style-type: none"> <li>CBC &amp; Group Y <input type="checkbox"/> N <input checked="" type="checkbox"/></li> <li>If pt &gt;50 yrs old ECG Y <input checked="" type="checkbox"/> N <input type="checkbox"/></li> <li>Autogolous infusion arranged Y <input type="checkbox"/> N <input type="checkbox"/></li> <li>Allergy Referral indicated Y <input type="checkbox"/> N <input type="checkbox"/></li> </ul>	Nursing Assess complete Y <input type="checkbox"/> N <input type="checkbox"/> Vital signs Y <input type="checkbox"/> N <input type="checkbox"/> Pre-op check list Y <input type="checkbox"/> N <input type="checkbox"/> TED Stockings Y <input type="checkbox"/> N <input type="checkbox"/>	<ul style="list-style-type: none"> <li>Patient History</li> <li>Nursing Assessment</li> <li>Consent signed Y <input type="checkbox"/> N <input type="checkbox"/></li> </ul>
Medications	<ul style="list-style-type: none"> <li>Pain management &amp; Anesthesia discussed Y <input type="checkbox"/> N <input type="checkbox"/></li> <li>Pt having PCA pump Y <input checked="" type="checkbox"/> N <input type="checkbox"/></li> <li>Pre-op medication as per anesthesia S.A.M. Y <input type="checkbox"/> N <input type="checkbox"/></li> </ul>	Antibiotic prophylaxis Y <input type="checkbox"/> N <input type="checkbox"/> Anti emetic Y <input type="checkbox"/> N <input type="checkbox"/> Famotidine Y <input type="checkbox"/> N <input type="checkbox"/> Pre-op sedation Y <input type="checkbox"/> N <input type="checkbox"/> Pt's own meds given Y <input type="checkbox"/> N <input type="checkbox"/> Anti embolic Y <input type="checkbox"/> N <input type="checkbox"/> Other: _____	<ul style="list-style-type: none"> <li>IV therapy</li> <li>Analgesia:               <ul style="list-style-type: none"> <li>PCA</li> <li>PCA single spinal shot</li> <li>epidural</li> <li>Other: _____</li> </ul> </li> <li>DVT prophylaxis Y <input type="checkbox"/> N <input type="checkbox"/></li> <li>Antibiotic prophylaxis Y <input type="checkbox"/> N <input type="checkbox"/></li> </ul>
Nutrition	<ul style="list-style-type: none"> <li>NPO information given <input checked="" type="checkbox"/></li> </ul>	NPO as directed Y <input type="checkbox"/> N <input type="checkbox"/>	<ul style="list-style-type: none"> <li>Sips clear fluids</li> </ul>
Elimination	<ul style="list-style-type: none"> <li>Bowel preparation discussed Y <input type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/></li> </ul>	Bowel prep Y <input type="checkbox"/> N <input type="checkbox"/>	Catheter in situ Y <input type="checkbox"/> N <input type="checkbox"/> ( ) Intake/output Y <input type="checkbox"/> N <input type="checkbox"/> ( ) Bowel Sounds Y <input type="checkbox"/> N <input type="checkbox"/> ( )
Activity	No Limitations		Up with assistance ( )
Education	<ul style="list-style-type: none"> <li>Pt has received pamphlet Y <input checked="" type="checkbox"/> N <input type="checkbox"/> ( )</li> <li>Pt aware of reason for surgery Y <input type="checkbox"/> N <input type="checkbox"/> ( ) RN</li> <li>Discuss pain control Y <input type="checkbox"/> N <input type="checkbox"/> ( ) RN</li> <li>Discuss admission to OBS/GYN guideline 1 Y <input type="checkbox"/> N <input type="checkbox"/> ( ) RN</li> </ul>	Instructions to family re: time frames Y <input type="checkbox"/> N <input type="checkbox"/> Surgical waiting area Y <input type="checkbox"/> N <input type="checkbox"/> No family present <input type="checkbox"/>	<ul style="list-style-type: none"> <li>Deep Breathing and Coughing ( )</li> <li>Wound Management ( )</li> <li>Planning for support at home ( )</li> </ul>
Discharge Planning	<ul style="list-style-type: none"> <li>Pt aware of 72 hrs expected length of stay Y <input checked="" type="checkbox"/> N <input type="checkbox"/></li> <li>Home environment &amp; support Y <input type="checkbox"/> N <input type="checkbox"/></li> <li>Follow-up required Y <input type="checkbox"/> N <input type="checkbox"/></li> <li>Referral to community resource Y <input type="checkbox"/> N <input type="checkbox"/></li> </ul>		<ul style="list-style-type: none"> <li>Patient and Family aware of discharge criteria and time frames ( )</li> <li>Discharge order written Y <input type="checkbox"/> N <input type="checkbox"/></li> </ul>
Patient Satisfaction	<ul style="list-style-type: none"> <li>Satisfaction with Care discussed</li> <li>Follow up required? Y <input type="checkbox"/> N <input type="checkbox"/></li> <li>Follow up initiated with _____</li> </ul>		<ul style="list-style-type: none"> <li>Satisfaction with Care discussed</li> <li>Follow up required? Y <input type="checkbox"/> N <input type="checkbox"/></li> <li>Follow up initiated with _____</li> </ul>
Outcomes	<ul style="list-style-type: none"> <li>Pt Teaching complete</li> <li>Pt verbalizes understanding of teaching</li> </ul>	Prepared for OR <input type="checkbox"/> Canceled by phys <input type="checkbox"/> Canceled due to pt's condition <input type="checkbox"/> To be rebooked Y <input type="checkbox"/> N <input type="checkbox"/>	<ul style="list-style-type: none"> <li>Pain controlled</li> <li>Moving in bed</li> </ul>
Initials and Signature		_____	_____

Is patient off Care Path? Date: \_\_\_\_\_ Reason: \_\_\_\_\_



	1 <sup>st</sup> Day Post OP 24 - 48 hrs Date / /	48-72 hrs Date / /	Discharge Day Date / /
<b>Consults</b>	■ Seen by Pastoral Care Y <input type="checkbox"/> N <input type="checkbox"/>	■ SW assessment Y <input type="checkbox"/> N <input type="checkbox"/>	■ Follow up appt with Dr. for 4 - 6 wks
<b>Tests/ Procedures</b>			
<b>Treatments/ Interventions</b>	( ) Nursing Assess ( ) Pain Assessment ( ) Vital signs ( ) Assess Dressing ( ) Assess Drain ■ Catheter removed Y <input type="checkbox"/> N <input type="checkbox"/>	( ) Nursing Assessment ( ) Pain Assessment ( ) Vital signs ( ) Assess Dressing—removed Y <input type="checkbox"/> N <input type="checkbox"/> ( ) Assess Drain ■ Drains removed Y <input type="checkbox"/> N <input type="checkbox"/>	( ) Nursing Assessment ( ) Pain Assessment ( ) Vital signs ( ) Assess Dressing – removed Y <input type="checkbox"/> N <input type="checkbox"/> ( ) Assess Drain if not removed day 2 ■ Staples removed Y <input type="checkbox"/> N <input type="checkbox"/> if not → appt made to see Dr.
<b>Medications</b>	■ IV Therapy ■ PCA pump removed Y <input type="checkbox"/> N <input type="checkbox"/> ■ Epidural Removed Y <input type="checkbox"/> N <input type="checkbox"/> DVT prophylaxis Y <input type="checkbox"/> N <input type="checkbox"/> Antibiotic prophylaxis Y <input type="checkbox"/> N <input type="checkbox"/>	■ PCA pump removed Y <input type="checkbox"/> N <input type="checkbox"/> ■ Epidural removed Y <input type="checkbox"/> N <input type="checkbox"/> DVT prophylaxis Y <input type="checkbox"/> N <input type="checkbox"/> ■ Oral analgesic Y <input type="checkbox"/> N <input type="checkbox"/> ■ If no bowel sounds → enema given Y <input type="checkbox"/> N <input type="checkbox"/> ( ) Own routine meds Y <input type="checkbox"/> N <input type="checkbox"/>	■ Prescription for oral analgesia ( )
<b>Nutrition</b>	■ Clear fluids a.m. ■ Full Fluids p.m.	■ DAT if bowel sounds present	
<b>Elimination</b>	( ) Intake/output ( ) Voiding on own Y <input type="checkbox"/> N <input type="checkbox"/> ( ) Bowel sounds Y <input type="checkbox"/> N <input type="checkbox"/>	( ) Bowel sounds Y <input type="checkbox"/> N <input type="checkbox"/> ( ) Bowel movement Y <input type="checkbox"/> N <input type="checkbox"/> ( ) Voiding Y <input type="checkbox"/> N <input type="checkbox"/>	( ) Bowel movement Y <input type="checkbox"/> N <input type="checkbox"/> ( ) Voiding Y <input type="checkbox"/> N <input type="checkbox"/>
<b>Activity</b>	( ) Ambulating with assistance	■ Showering ■ Ambulating	■ Showering ■ Ambulating
<b>Education</b>	■ Deep Breathing and Coughing ( ) ■ Wound Management ( ) ■ Planning for support at home ( )	■ Deep Breathing and Coughing ( ) ■ Wound Management ( )	■ Deep breathing and coughing ■ Wound Management ■ Activity at home ■ Expected progress at home
<b>Discharge Planning</b>	■ Pt and family aware of discharge criteria and time frames ( ) ■ Assess home environment & support Y <input type="checkbox"/> N <input type="checkbox"/> ■ Referral to community resource Y <input type="checkbox"/> N <input type="checkbox"/> : _____	■ Pt and family aware of discharge criteria and time frames ( ) ■ Assess home environment & support Y <input type="checkbox"/> N <input type="checkbox"/> ■ Referral to community resource Y <input type="checkbox"/> N <input type="checkbox"/> Discharge Order Y <input type="checkbox"/> N <input type="checkbox"/>	■ Discharge today Y <input type="checkbox"/> N <input type="checkbox"/> If no state reason: _____
<b>Patient Satisfaction</b>	■ Satisfaction with Care discussed Follow up required? Y <input type="checkbox"/> N <input type="checkbox"/> ■ Follow up initiated with _____	■ Satisfaction with Care discussed Follow up required? Y <input type="checkbox"/> N <input type="checkbox"/> ■ Follow up initiated with _____	■ Satisfaction with Care discussed Follow up required? Y <input type="checkbox"/> N <input type="checkbox"/> ■ Follow up initiated with _____
<b>Outcomes</b>	■ Pain controlled	( ) pt stable ( ) pt ambulating ■ Pain controlled on oral analgesia ■ Home support organized : _____	( ) pt stable ( ) pt ambulating ■ Self care ■ Home support organized : _____
<b>Initial and Signature</b>	_____ _____	_____ _____	_____ _____

**Is patient off Care Path? Date:** \_\_\_\_\_ **Reason:** \_\_\_\_\_