Community General Hospital

INPATIENT REGISTRATION AND SUMMARY FORM

Patient Account #	Medical Record #
12345	215043

Patient Name (Last) (First) (Middle)	Attending Physician Number and Name	Patient Type	Hospital Services	Admit Date	Admit time
Brown, John	Jeff T. Moore 97	Inp	S	11/12/99	11:10

Patient Address (Street) (City) (State) (Zip Code)	Patient Phone #	Date of Prev. Admit
27 Cottonwood Ln Anytown USA	123-123-4567	

Previous or Maiden Name	Birth Date	Age	Sex	Marital St	Religion	Comments
	9/10/44	54	M	M		Donor No

Notify in Case of Emergency	Address	City/State	Phone	Relationship

Patient Social Security Number	Employer Name	Employer City/State	Guarantor #	Guarantor Name
123-45-6789	Big Company	Anytown, US		John Brown

Guarantor Address	Guarantor Social Security Number
Same	

Payer	Policy Number	Insured's Name	Group Name
Southern Company	123456789	John Brown	

Financial Class	Admitted By	Patient Weight	Discharge Date	Disch. Time
	AD12		11/13/99	11:30

Provisional Diagnosis

Right Ing Hernia

Principal Diagnosis, Secondary Diagnosis and Complications

550.91
214

Principal Procedures and Secondary Procedures

11-12
Moore

53.03
63.3

49520

Consultations

Disposition of Case

☒ Home ☐ Swing Bed ☐ Supervised Living ☐ Home Health ☐ Nursing Home

☐ Expired ☐ Autopsy ☐ AMA

☐ Transferred to: _____

Coder	Date
kp	

I certify that the narrative description of the principal and secondary diagnoses and the major procedures performed are accurate and complete to the best of my knowledge.

_____ _____

Attending Physician Date

Community General Hospital
Anytown, USA

CONSENT TO TREATMENT
AND
CONDITIONS OF ADMISSION

Name: John Brown
Account No: 12345
Attending Physician: Jeff T. Moore, M.D.
Consulting Physician

Adm Date: 11/12/1999 DOB: 09/10/44

1. **Consent for Medical and Hospital Care.** The undersigned consents to the following:
   a. All treatment and procedures to be performed during this hospitalization or on an outpatient basis (including emergency treatment or services). The treatment and procedures may include, but are not limited to, laboratory tests, x-ray examination, medical or surgical treatment or procedures, anesthesia, or hospital services rendered under the general and special instructions of the patient's physician.
   b. Testing for HIV antibody (AIDS) and/or Hepatitis should the healthcare worker have an accidental exposure to the patient's blood or other body fluids.
   c. The disposal of any body parts or tissues removed during hospitalization according to Hospital policy.
   d. Transfer and transportation to another facility for further care as instructed by the patient's physician.
   e. I consent to have allergies and code status listed on the front of my chart to ensure my safety as a patient.
2. **General Risks.** The undersigned understands that the practice of medicine and surgery is not an exact science and that diagnosis and treatment may involve risks of injury or even death. No guarantees can or have been made regarding the results of examination, procedures, or treatment.
3. **Healthcare Providers/Relationships.** The undersigned understands:
   a. That all physicians furnishing services to the patient including the radiologists, pathologists, anesthesiologists, emergency room physicians, and the patient's attending and consulting physicians, are independent contractors and are not employees or agents of the Hospital.
   b. That among those who may care for the patient at this Hospital are medical, nursing, and other healthcare students who, unless requested otherwise, may be present during or administer care as a part of their training.
4. **Release of Information.** The undersigned authorizes the Hospital to release the following information:
   a. In order to determine liability for payment or to obtain payment the Hospital may disclose all or portions of the patient's medical record to any person or entity or their agents who may be liable for all, or a portion of, the Hospital's charges. The Hospital's authority shall include but not be limited to release of the patient's diagnosis, surgical procedure, plan of care, and benefits by telephone at the time of admission or during or after the patient's hospitalization, and the entities to whom the information may be released shall include but not be limited to insurance companies, health maintenance organizations, worker's compensation carriers, government or other payors, or their agents such as utilization review, rehabilitation, or auditing agencies.
   b. Clinical information to physicians and facilities for the purpose of continued health care.
5. **Personal Valuables.** I acknowledge and understand I am responsible for my personal valuables (including money, jewelry, dentures, hearing aids, eyeglasses, etc.) while a patient at the Hospital. I also acknowledge I have been informed the Hospital maintains a safe for safekeeping of my personal valuables. I release the Hospital from any liability for loss by theft or negligence of mine or any hospital employee of my personal valuables unless it is placed in the Hospital safe.
6. **Guarantee of Account.** The undersigned agrees, whether as agent or as patient, that in consideration of the services to be rendered to the patient, he/she individually obligates himself/herself to pay the account of the Hospital in accordance with the rates and policies of the Hospital.
7. **Assignment of Insurance Benefits.** The undersigned authorizes, whether as agent or as patient, direct payment to the Hospital of any insurance benefits, settlements, or awards otherwise payable to or on behalf of the patient for this hospitalization or these outpatient services (including emergency services if rendered) at a rate not to exceed the Hospital's charges. The undersigned understands that he/she is financially responsible for charges not covered by this assignment except to the extent the Hospital may have otherwise contracted with patient's payor.
8. **Notice of Privacy Practices.** The law requires that we maintain the privacy of your Protected Health Information and that we provide you with a notice of our legal duties and privacy policies with respect to protected health information. By signing below, you are acknowledging that you have received a copy of our Notice of Privacy Practices.

Patient's Name: (please print) John Brown

Patient, Parent, Guardian, Agent: X John Brown **Date:** 11·10·99 **Time:** 322

Witness: LWS **Date:** _____ **Time:** _____

If other than patient, indicate relationship: _____

Guarantee of Account by Person other than Patient: I agree to accept financial responsibility for services rendered to the patient and to accept the terms of the Guarantee of Account and Assignment of Insurance Benefits above.

Financially Responsible Party: _____ **Date:** _____ **Time:** _____

Name: John Brown
Account No: 12345
Attending Physician: Jeff T. Moore, M.D.
Consulting Physician

Adm Date: 11/12/1999 DOB: 09/10/44

DRUG THERAPY SUMMARY REPORT

DIAG: Post op laminectomy

ALLERGIES NKA

ACTIVE ORDERS

MEDICATIONS

		HOME MED	INSTRUC
FTAB 500MG, CEPHALEXIN HCL MONOHYDRATE	500MG=1TAB ORAL	(Y) N	SC
TAKE EVERY TWELVE HOURS			
TAKE ON EMPTY STOMACH-1HR AC OR 2HR PC			
***** COMMENTS			
RTAB 10MG, HYDROCODONE 10/APAP 500	10MG=1TAB ORAL	(Y) N	SC
TAKE EVERY FOUR HOURS AS NEEDED			
***** COMMENTS			
MEROL 75MG AMP, MEPERIDINE HCL	75MG=1.5ML INTRAMUSCULAR	Y (N)	SC
TAKE EVERY THREE HOURS AS NEEDED			
***** COMMENTS			
STARIL, HYDROXYZINE HCL	50MG=1ML INTRAMUSCULAR	Y (N)	SC
TAKE EVERY THREE HOURS AS NEEDED FOR PAIN			
GIVE WITH DEMEROL			
NOT TO BE GIVEN IV			
***** COMMENTS			

ADDITIONAL DISCHARGE MEDS	INSTRUC

Sonya Campbell
SIGNATURE OF DISCHARGE INSTRUCTC

CHECK ONE

[ ] REFUSED CARDS

[ ] VERBAL INSTRUCTIONS GIVEN

[ ] VERBAL INSTRUCTIONS REFUSED

Community General Hospital
Anytown, USA

Name: John Brown
Account No: 12345
Attending Physician: Jeff T. Moore, M.D.
Consulting Physician

DISCHARGE SUMMARY

Adm Date: 11/12/1999 DOB: 09/10/44

ADMITTING DIAGNOSIS:
1. Recurrent right inguinal hernia.

DISCHARGE DIAGNOSIS:
1. Same.

PROCEDURES PERFORMED:
1. Repair of recurrent right inguinal hernia.

HISTORY AND INDICATIONS FOR ADMISSION: Mr. Brown is a 54-year-old white male who presented with pain to Dr. Jeff Moore. He had a hernia repair, on the right, in the past, and this was recurrent. He was scheduled for surgery.

HOSPITAL COURSE: The patient was admitted on 11/12/1999 and underwent surgery, and did fine. He was transferred to the floor.

On 11/13/99 he is alert, awake, afebrile, taking a regular diet. Having bowel movements, and passing his urine normally. His incision is clean and dry. He is discharged home in satisfactory condition with Lortab PRN for pain. He is to follow up with his primary care physician, Dr. Moore, on Monday.

D: 11/13/1999
T: 11/16/1999
wms

Tom W. Smith, M.D.

cc: Jeff T. Moore, M.D.

REASON FOR ADMISSION: This is a 54 year old male, admitted here for repair of right inguinal hernia.

HISTORY OF PRESENT ILLNESS: The patient has had his hernia repaired in the past, elsewhere. Over the past number of months, he has seen this hernia come back and recur, and become larger. It causes discomfort. He is admitted for repair of a right inguinal hernia.

PAST MEDICAL HISTORY: Denies.

MEDICATIONS: None.

PAST SURGICAL HISTORY: Hernia surgery on the right in the past. The patient also has had a left inguinal hernia repair in the past.

EXAMINATION

VITAL SIGNS: Blood pressure 140/90.

GENERAL: Well developed, well-nourished male in no immediate distress.

HEENT: Essentially negative.

NECK: No masses.

CHEST: Clear to auscultation and percussion.

HEART: Normal sinus rhythm.

ABDOMEN: On plane. Well-healed left inguinal hernia repair noted. On the right there is a large right inguinal hernia.

GENITALIA: Normal male.

RECTAL: Negative. Prostate 1+.

EXTREMITIES: Symmetric.

IMPRESSION:
1. Right inguinal hernia recurrent.

PLAN: Repair right inguinal hernia. The patient understands that the hernia can come back, may develop a neuroma, he could develop numbness. The mesh may get infected and have to be removed. I have made no guarantees written or implied. I have explained all of this to him today.

D: 11/10/1999
T: 11/10/1999
lsw

Jeff T. Moore, M.D.

Community General Hospital
Anytown, USA

Name: John Brown
Account No: 12345
Attending Physician: Jeff T. Moore, M.D.
Consulting Physician

Adm Date: 11/12/1999 DOB: 09/10/44

PHYSICIAN PROGRESS NOTES

DATE/TIME	NOTES	NAME/TITLE
11/12/99	DAVOL Bard®Mesh PerFix®Plug, Large, Monofilament Knitted Polypropylene Size: Large Plug REF 01146 LOT 32FDJ2 DAVOL Bard®Mesh PerFix®Plug, Extra Large, Monofilament Knitted Polypropylene Size: Extra Large Plug REF 01172 LOT 32DKM1	+ Meds

Community General Hospital
Anytown, USA

Name: John Brown
Account No: 12345
Attending Physician: Jeff T. Moore, M.D.
Consulting Physician

Adm Date: 11/12/1999 DOB: 09/10/44

OPERATIVE PROGRESS NOTE

DATE/TIME	NOTES	NAME/TITLE
11/12/99	Surgeon: Moore	
	Assistants: T. Smith	
	Anesthesia: General Epidural (Spinal) Regional MAC Local	
	Findings: (R) Ing hernia - recurrent	
	Technical Procedures Used: (R) Ing hernia repair	
	T Bard Mesh Perfax Plug Lg + X lg Plugs	
	Specimens Removed: hernia sac	
	Postoperative Diagnosis: Same	
	PREPARED BY: [signature] RN	
	AUTHORIZED BY: [signature]	

Community General Hospital
Anytown, USA

Name: John Brown
Account No: 12345
Attending Physician: Jeff T. Moore, M.D.
Consulting Physician

Adm Date: 11/12/1999 DOB: 09/10/44

PHYSICIAN PROGRESS NOTES

DATE/TIME	NOTES	NAME/TITLE
11/12/99	Dictated op note 2 plugs + Marlex Mesh J Moore	
11/13	5 pm pt S coh VSS D/C home F/up Dr. Moore J Moore	

Community General Hospital
Anytown, USA

Name: John Brown
Account No: 12345
Attending Physician: Jeff T. Moore, M.D.
Consulting Physician

Adm Date: 11/12/1999 DOB: 09/10/44

********** GENERAL CHEMISTRY **********

ATE:	11/10/99		
IME:	1620	NORMAL	UNITS
A	138	135-148	MMOL/L
	3.8	3.5-5.0	MMOL/L
L	106	98-109	MMOL/L
02	29	22-29	MMOL/L
GAP	4L	7-16	
LU	100	70-105	MG/DL
UN	10	8-20	MG/DL
REAT	0.9	0.9-1.3	MG/DL
UN/CREAT RATIO	11.1	8-16	
A	9.2	9.0-10.6	MG/DL
BILI	0.9	0.2-1.2	MG/DL
P	6.7	6.0-8.3	G/DL
LB	3.9	3.2-5.0	G/DL
LOB	2.8	2.8-3.3	G/DL
/G RATIO	1.4	0.9-1.6	
LP	78	20-100	IU/L
ST	24	10-42	IU/L

Community General Hospital
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Name: John Brown
Account No: 12345
Attending Physician: Jeff T. Moore, M.D.
Consulting Physician

Adm Date: 11/12/1999 DOB: 09/10/44

********** HEMATOLOGY **********

ATE:	11/10/99		
IME:	1620	NORMAL	UNITS
BC	9.6	4.8-10.8	(000)/uL
BC	5.32	4.7-6.1	MILLION/uL
GB	17.4	14.0-18.0	G/D
CT	49.3	42-52	%
CV	92.6	80.0-94.0	FL
CH	32.7H	27.0-31.0	PG
CHC	35.3	33.0-37.0	G/D
DW	13.1	11.5-14.5	%
LT	186	130-400	1000/uL
PV	7.6	7.4-10.4	FL
LYMP	28.6	20.5-51.1	%
MON	9.8	1.7-16.0	%
GRAN	52.3	42.2-75.2	%
EOS	9.1	0.0-10.0	%
BASO	0.2	0.0-3.0	%
BS. LYMP	2.8	1.2-3.4	1000/uL
BS. MONO	0.9H	0.11-0.59	1000/uL
BS. GRAN	5.0	1.4-6.5	1000/uL
EOS	0.9H	0.0-0.7	1000/uL
BS. BASO	0.0	0.0-0.2	1000/uL
IFF TYPE:	AUTOMATED		

********** COAGULATION **********

ATE:	11/10/99		
IME:	1620	NORMAL	UNITS
NR	1.12		
T	11.9	9.9-12.6	SECS
TT	29.2	21.5-36.7	SECS

Community General Hospital
Anytown, USA

Name: John Brown
Account No: 12345
Attending Physician: Jeff T. Moore, M.D.
Consulting Physician

Adm Date: 11/12/1999 DOB: 09/10/44

********** URINALYSIS **********

ATE:	11/10/99		
IME:	1537	NORMAL	UNITS
PR	YELLOW		
LA	CLEAR		
G	1.020	1.005-1.030	
H	6.0	5.0-7.0	
RO	NEGATIVE	NEG	
LU	NEGATIVE	NEG	
ET	NEGATIVE	NEG	
IL	NEGATIVE	NEG	
LO	NEGATIVE	NEG	
IT	NEGATIVE	NEG	
LE	NEGATIVE	NEG	
RO	1.0	0.2-1.0	EU

********** TUMOR MARKERS **********

1/10/99				
1620	PSA	1.360	0-4	NG/ML

Brown, John 10-Nov-1999 16:17:28

55years
Male Caucasian

Room: TBA

Vent. rate 79 bpm
PR interval 174 ms
QRS duration 88 ms
QT/QTc 360/413 ms
P-R-T axes 44 20 79

Normal sinus rhythm
Nonspecific T wave abnormality
Abnormal ECG

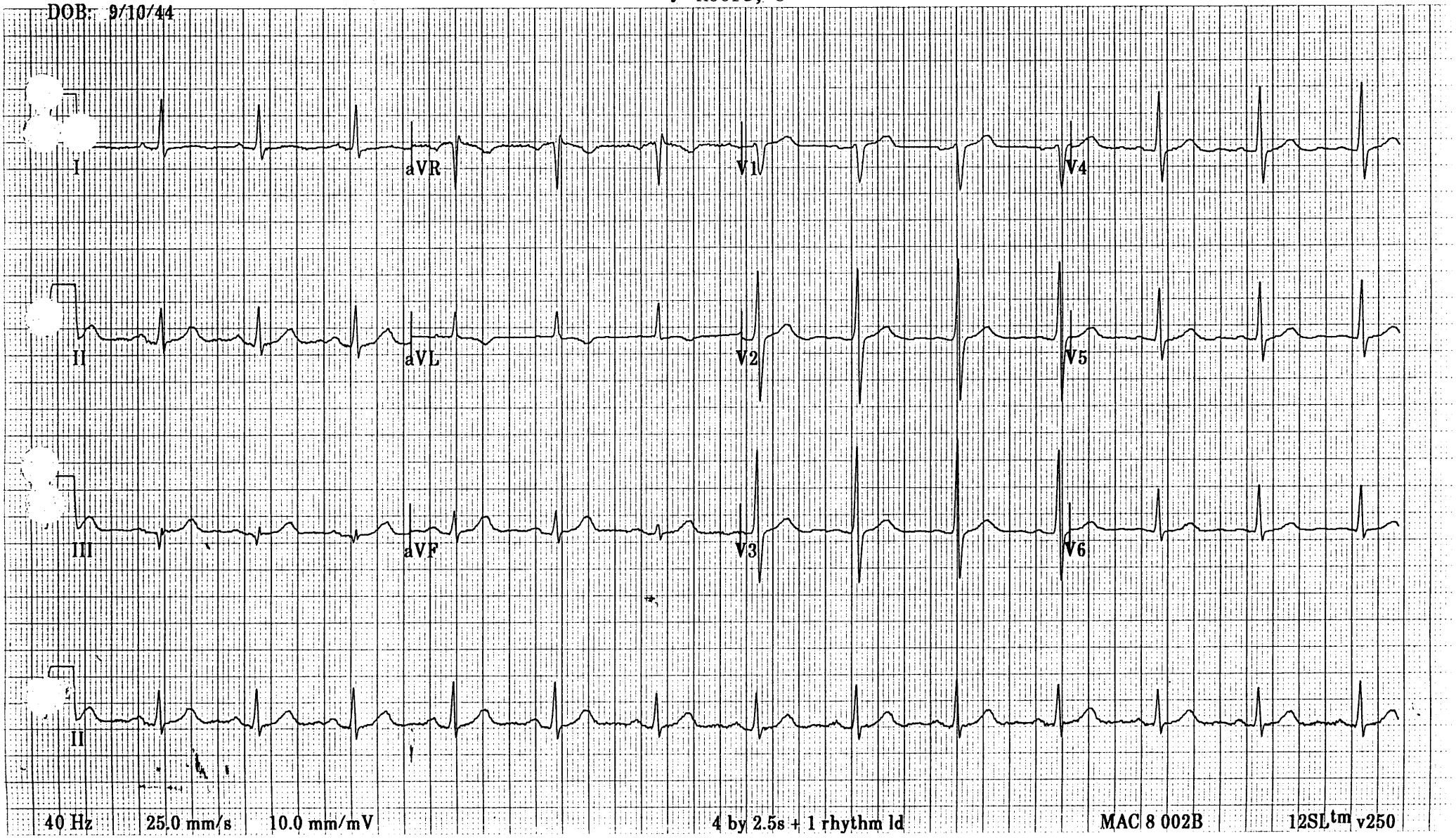
Technician: TB

Meds: SURG 11/12/99

Referred by: Moore, J

Unconfirmed

DOB: 9/10/44



40 Hz 25.0 mm/s 10.0 mm/mV 4 by 2.5s + 1 rhythm ld MAC 8 002B 12SL tm v250

Community General Hospital
Anytown, USA

RADIOLOGY REPORT

Name: John Brown DOB: 09/10/44
Ordering Physician: Jeff T. Moore, M.D.
Exam date: 11/10/1999
Radiology Number: 506024
Account Number: 12345
Outpatient: TA to be admitted

EXAMINATION DESCRIPTION: Chest PA & Lateral

CHEST: the heart is normal in size and configuration. The lung fields are clear bilaterally. The hilar and mediastinal structures appear normal. The thorax is not remarkable.

IMPRESSION: Normal chest.

HISTORY: pre-op. Inguinal hernia. Denies chest complaints/SOB.

D: 11/10/1999
T: 11/10/1999
mls

Chuck Hamlin

Chuck Hamlin, M.D.
Radiologist

Community General Hospital
Anytown, USA

RADIOLOGY REPORT

Name: John Brown DOB: 09/10/44
Ordering Physician: Jeff T. Moore, M.D.
Exam date: 11/12/1999
Radiology Number: 506024
Account Number: 12345
Inpatient: NS/Room/Bed: 2W/ 238/ B

EXAM: Abdomen KUB portable 1 vw

HISTORY: Postoperative. Inguinal hernia.

Postoperative KUB: Surgical clips project at the right inguinal region. No unexpected radiopaque foreign bodies are present.

D: 11/12/1999
T: 11/12/1999
tb

Chuck Hamlin

Chuck Hamlin, M.D.
Radiologist

Community General Hospital
Anytown, USA

Name: John Brown
Account No: 12345
Attending Physician: Jeff T. Moore, M.D.
Consulting Physician

Adm Date: 11/12/1999 DOB: 09/10/44

Surgery Consent Form

1. I hereby authorize Dr. Moore and whomever he may designate to perform upon _____ the following procedure: Repair Right inguinal hernia and insert mesh.

   I further authorize him/her to do whatever is medically necessary or appropriate to accomplish this procedure.

2. The nature, purpose and possible alternative methods of treatment, the risks involved, and the possibilities of complications have been fully explained to me by my surgeon/physician/anesthetist. I acknowledge that no guarantee or assurance has been made me as to the results that may be obtained.

3. I request and consent to the administration of such anesthetics as may be considered necessary or advisable by the physicians responsible for this service.

4. I consent to the disposal of any tissues or parts by proper authorities of Lookout Memorial Hospital.

5. I consent to the administration of blood and blood products as deemed medically necessary. (If refuses, cross out #5 narrative and patient must initial).

6. I consent to the taking of any photographs deemed necessary by my surgeon/physician.

7. Education materials, handouts: I have received patient education concerning the above procedure and have been allowed to ask questions.

"Cross Out" blank lines if nothing is added to #8 and #9.

8. ~~Ø~~ hernia can come back, may develop numbness, neuroma, mesh may have to be removed

~~9.~~ ____

I CERTIFY THAT I HAVE READ AND FULLY UNDERSTAND THE ABOVE CONSENT.

Physician Signature	Patient/Guardian Signature	Witness' Signature	Date/Time
	John Brown		11/10/99
	Relationship to Patient	Witness' Printed Name	

ANESTHESIA RECORD

NPO Status | Pre-Op Meds.

Name: John Brown
Account No: 12345
Attending Physician: Jeff T. Moore, M.D.
Consulting Physician

Adm Date: 11/12/1999 DOB: 09/10/44

Procedure (R) Inguinal Hernia Repair

Date 11-12-99 **Surgeon(s)** Dr Moore, Dr T Smith **CRNA** [signature] CRNA

	START	STOP
Anesthesia	0705	0848
Procedure		

PRE-PROCEDURE
- ☐ Identified
- ☑ Chart Reviewed ☑ Permit Signed
- Pre-anesthetic State: ☑ Calm
- ☑ Awake ☐ Asleep
- ☐ Apprehensive ☐ Confused
- ☐ Uncooperative ☐ Unresponsive

PATIENT SAFETY
- ☑ Anes. Machine Checked
- ☑ Axillary Roll
- ☑ Arms Tucked
- ☐ Pressure points checked and padded
- ☐ Eye care: ☐ Ointment ☐ Taped

MONITORS AND EQUIPMENT
- ☐ Steth: ☐ Precord ☐ Esoph
- ☑ Non-Invasive B/P:
- ☑ Continuous EKG ☑ Lead EKG
- ☑ Pulse Oximeter ☐ Oxygen Sensor
- ☐ End Tidal CO_2
- ☑ Temp. 96.4 ☐ Nerve Stimulator
- ☐ Warming Blanket
- ☐ Airway Humidifier ☐ Fluid Warmer
- ☐ NG/OG Tube ☐ Foley Catheter
- ☐ Art Line
- ☐ CVP
- ☐ PA Line
- ☑ IV(S) #18 G (R) forearm
- ☐

ANESTHETIC TECHNIQUE
- General: ☐ Pre-Oxygenation ☐ L.T.A.
- ☐ Rapid Sequence ☐ Cricoid Pressure
- ☑ Intravenous ☐ Inhalation
- ☐ Intranasal
- Regional: ☑ Spinal ☐ Epidural
- ☐ Axillary ☐ Bier Block ☐ Ankle Block
- ☐ ____ ☐ Position
- ☐ Prep ☐ Local
- ☑ Needle 15/25
- ☑ Drug(s) Lidocaine / Fentanyl
- ☐ Dose ☑ Attempts x 1
- ☐ Site ☐ Level T-8
- ☐ Catheter ☐ See Remarks
- Other: ☐ M.A.C. ☐

AIRWAY MANAGEMENT (marked N/A)
- Intubation: ☐ Oral Tube size ____
- ☐ Stylet used ☐ Nasal
- ☐ Magill's ☐ Direct ☐ RAE
- ☐ Fiberoptic ☐ Blind ☐ Armored
- ☐ Blade
- ☐ Secured at ____ cm ☐ Endobronch.
- ☐ Attempts x ____ ☐ $ETCO_2$ present
- ☐ Breath sounds equal & bilateral
- ☐ Uncuffed
- ☐ Cuffed LMA ____
- Airway: ☐ Oral ☐ Nasal
- ☐ Mask Case ☐ Nasal Cannula

RECOVERY
- B/P 113/89 O_2 Sat. 93%
- P 80 R 16
- ☑ Awake ☑ Stable ☐ Nasal Oxygen
- ☐ Drowsy ☐ Unstable ☑ Mask Oxygen
- ☐ Somnolent ☐ Intubated ☐ T-Piece Oxygen
- ☐ Unarousable ☐ Ventilator ☐ Oral/nasal airway
- Recovery Notes:

Time:	0700	0715	0730	0745	0800	0815	0830	0845	0900	TOTALS
Oxygen 10 (L/min)										
☐ N_2O ☐ Air (L/min)										
Forane-Sevoflurane-Desflurane (%)										
Pentothal-(Propofol)		20 20	10	20	25	35	35 (mcg/kg/min)			140 mcg
(Fentanyl)-Alfentanil-Sufentanil	.5	.5		1						IV-2.5 cc
Midazolam	1	1								2 mg
Vec.-Cisatra-Mivac.-Roc.										
Succinylcholine										
Droperidol										
Fentanyl										.5cc SAB
Unasyn 3gm IV 0727-0738 (100cc)										100cc
Glycopyrolate-Atropine										
Neostigmin-Edrophonium										
D5LR										
LR										1400 [illegible] mL/min
Urine (ml)	25			75						100cc
EBL (ml)										
EKG										
% O_2 Inspired	97	99	98	98	97	98	96	ERROR [initials] CRNA 11/12/99 0901		
O_2 Saturation	97	99	98	98	97	98	96			
End Tidal CO_2	28	23	27	28	30	28	28			
Temp: ☐ °C ☑ °F										96.4

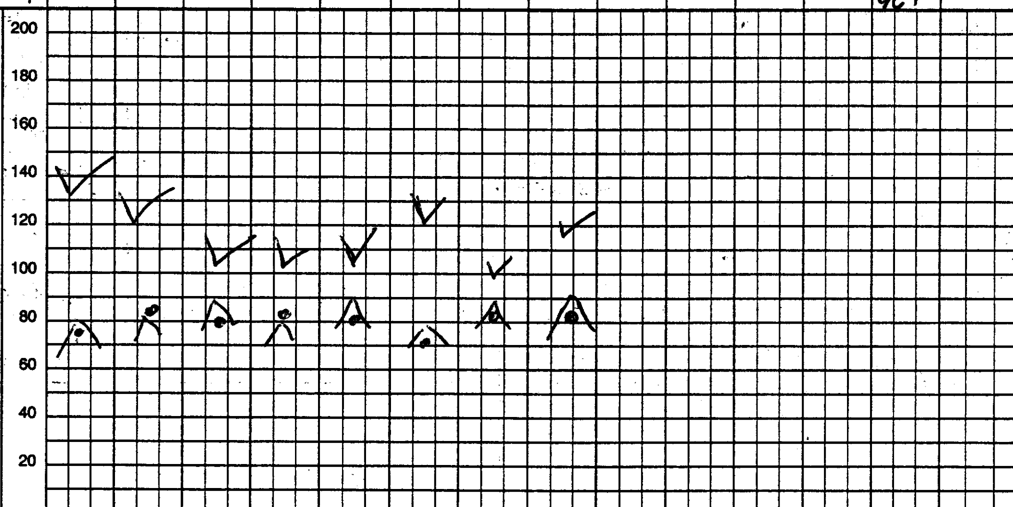
VITAL SIGNS

Tourniquet

Pressure / Location

Preinduction Assessment ☑ Unchanged ☐ Unacceptable

BP- 136/90
P- 80
R- 12
SaO2- 97



VENT	
Tidal Volume	
Resp. Rate	Na →
Peak Pressure	

Symbols for Remarks: • Pulse, V/Λ B/P

Position: O — O — O — O — O — O — O — O — O — O — O — O — O — O —

SYMBOLS: X ANESTHESIA | ⊙ OPERATION | V/Λ B/P CUFF PRESSURE | • PULSE | O SPONT. RESP. | Ø ASSISTED RESP. | ⊠ CONTROLLED RESP. | T TOURNIQUET

REMARKS

0705 TO OR #6. IV sedation. Monitors applied. Placed in sitting position for SAB as described below. Returned supine. 0732 T7 sensory level - very comfortable c̄ incision. No c/o. IV sedation 0837 op over. T8 sensory level MOE x2 spont. 0845 to PACU. awake s̄ c/o [signature] CRNA

- Spinal - sitting position, L4/5 15/25 spinal needle ⊕ CSF, Ø heme Ø parasthesis — 80mg 5% Lidocaine with epi and Fentanyl 25mcg injected. [signature] CRNA

62-7080-02-0703

Operation (R) Inguinal Hernia Repair Date: 11-1299

Surgeon(s): _____

Anesthetist: _____ Anesthesia: Lisa McGibbon CRNA

Name: John Brown
Account No: 12345
Attending Physician: Jeff T. Moore, M.D.
Consulting Physician

Adm Date: 11/12/1999 DOB: 09/10/44

PAR RECORD

Time	0850	0855	0900	0905	0920										
B/P	117/89	116/73	98/80	114/71	128/82										
Pulse	75	77	75	73	76										
Resp.	18	18	18	18	18										
Temp	97.2	———			97.4										
O2SAT.	96%	94%	94%	94%	96%										

AIRWAY (none) DRESSING

out @ _____ Dry & intact

OXYGEN (none)

Route | Flow | CAST

Heated Aerosol / NC / Mask / Other — —

IMMOBILIZER —

INTAKE		OUTPUT			
IV or Oral	Amount	Time	Drain Type	Character	Amount
LR-IV	50	0920	ø	ø	ø
Total	50	Total	ø	ø	ø

ASSESSMENT

EKG/Heart Rhythm: NSR @ 80bpm

EKG Strip on Back: ❑ No

Lung Sound: CTA -

CMS/Pulses: —

Time	Medications Type, Route, Amt., Site
0920 -	LR

Allergies: NKDA Nurses Notes Warming Blanket ❑

50cc in. IV site Rednes, Edema & (R) Thigh

POST ANESTHESIA RECOVERY SCORE		ON ARRIV.	15 MIN.	30 MIN.	45 MIN.	60 MIN.	DIS-CHG
Able to move 4 extremeties voluntarily or on command = 2 Able to move 2 extremeties voluntarily or on command = 1 Able to move 0 extremeties voluntarily or on command = 0		1	2	2			
Able to deep breathe and cough freely = 2 Spontaneous rhythmic breathing = 1 Dyspnea/Apnea = 0	Respirations	2	2	2			
BP ± 20% of preanesthetic level = 2 BP ± 20-50% of preanesthetic level = 1 BP ± 50% of preanesthetic level = 0	Circulation	2	2	2			
Fully awake = 2 Arousable on calling = 1 Not responding = 0	Consciousness	2	2	2			
Pink = 2 Pale, dusky, blotchy jaundiced = 1 Cyanotic = 0	Color	2	2	2			
	TOTALS	9	10	10			

Discharge: Time: 0920 am

❑ Home: _____

Via: W/C ❑ Ambulatory ❑

Accompanied by: _____

Dischg Instructions: _____

Rx: _____

☑ Hospital Room: 328

Via: Bed ❑ Cart ☑

Report to: Sue Smith, RN by Lisa McGibbon CRNA, RN

IV Credit: 600 CC

Recovery Nurse: Lisa M. Gibbon RN

Community General Hospital
Anytown, USA

Name: John Brown
Account No: 12345
Attending Physician: Jeff T. Moore, M.D.
Consulting Physician

Adm Date: 11/12/1999 DOB: 09/10/44

O.R. RECORD

DATE	ROOM NUMBER	PACU IN	PACU OUT
11/12/99	6		

☒ INPATIENT ☐ OUTPATIENT ☐ P 6 P.M. & WEEKEND ☒ A.M. ADMIT ☐ SECOND PROCEDURE ☐ EXTRA STAFF

PATIENT TRANSFERRED TO OR VIA: ☒ STRETCHER ☐ BED ☒ SIDE RAILS UP ☐ OTHER _____

PATIENT IN ROOM	SURGEON AVAILABLE	SURGERY BEGAN	OUT OF ROOM
0707	0700	0732	
ANES. AVAILABLE	**ANESTHETIC BEGAN**	**SURGERY ENDED**	**ANES. ENDED**
0700	0715		

If goals not met, see documentation in Nurses Notes and appropriate people notified.
Any outcome/evaluation not met must be documented in Nurses Notes.

☒ ELECTIVE ☐ URGENT ☐ EMERGENCY

ANESTHESIA TYPE: ☐ GENERAL ☐ MAC ☒ SPINAL / CAUDAL ☐ LOCAL ☐ REGIONAL BLOCK
ASA CLASS _____ ☐ N/A

INITIALS	NAME	INITIALS	NAME
[illegible]	Ida Parson CST	[illegible]	Ina Gurley RN
[illegible]	Lisa J Chemerenga RN		

PRE-OPERATIVE NURSING ASSESSMENT

DISPOSITION FROM: ☐ PT. ROOM ☐ E.D. ☐ ICU/CCU ☐ PACU ☒ HOLD. AREA ☐ _____

DISPOSITION TO: PT. TO BE DISCHARGED TO: PACU ☐ Y ☒ N; P PACU _____; BYPASS PACU; DIRECTLY TO _____

TRANSPORTED TO OR: ☐ O2 @ _____ LITER ☐ EKG MONITOR ☐ IV SITE CHECKED ☒ IV _____ cc's ☐ AMBU

TUBES / DRAINS: ☒ NONE ☐ FOLEY ☐ NASOGASTRIC ☐ SWAN-GANZ ☐ ARTERIAL LINE ☐ CHEST TUBE ☐ OTHER _____

PHYSIOLOGICAL HEALTH STATUS: ☐ FLUSHED ☐ PALE ☐ DIAPHORETIC ☒ DRY ☐ COOL ☒ WARM ☒ PINK ☐ SKIN CONDITION CLEAR
☐ DENTAL _____ ☐ REMOVED
☐ HEARING _____ ☐ REMOVED
☐ VISUAL _____ ☐ REMOVED
☒ NONE

NEUROLOGICAL STATUS: ☐ UNRESPONSIVE ☒ ALERT ☐ CALM / RELAXED ☐ ANXIOUS ☐ CONFUSED ☐ SEDATED

PSYCHOSOCIAL HEALTH STAT ☐ LANGUAGE BARRIER ☒ PREVIOUS SURGERY

PATIENT IDENTIFIED BY ARMBAND ☒ YES ☐ NO
VERBAL VERIFICATION OF OPERATIVE SITE ☒ YES ☐ NO
NPO ☒ YES ☐ NO ☒ VERBAL VERIFICATION ☐ _____

ALLERGIES: NKDA

CHART CHECK
VARIANCES: ☒ NO ☐ YES - REPORTED TO DR. _____
CONSENTS: ☒ OPERATIVE ☒ ANESTHESIA
BLOOD ORDERED: ☒ NO ☐ YES ☐ _____ UNITS AVAILABLE _____
H & P: ☒ REPORT ON CHART

MOBILITY: MAEx4
PROSTHESIS: ☒

DISABILITIES ☒ NO ☐ YES Smoker
DIABETIC ☒ NO ☐ YES
GLUCOPHAGE ☐ NO ☐ YES
INITIALS: [illegible]

DIAGNOSIS	PLAN OF CARE	OUTCOME / EVALUATION
POTENTIAL / ACTUAL KNOWLEDGE DEFICIT RELATED TO PLANNED SURGICAL INTERVENTION	**OUTCOME: PATIENT HAS UNDERSTANDING OF SURGICAL INTERVENTION** ASSESS THE PATIENT FOR LEVEL OF CONSCIOUSNESS, PSYCHO / SOCIAL STATUS AND BARRIERS TO EFFECTIVE COMMUNICATION. (See Perioperative Nursing Assessment) EXPLAIN PERIOPERATIVE ROUTINE ALLOW FOR AND ANSWER ADDITIONAL PATIENT QUESTIONS IF PATIENT EXPRESSES LACK OF UNDERSTANDING OF SURGICAL PROCEDURE (See Nursing Notes) THE SURGEON IS TO BE NOTIFIED (See Nursing Notes)	☒ THE CONSENT FORM IS SIGNED, DATE AND WITNESSED PRE-OPER. ☒ THE PATIENT EXPRESSES AN UNDERSTANDING OF THE SURGICAL PROCEDURE PRE-OPER. ☒ YES ☐ NO ☐ PATIENT UNRESPONSIVE INITIALS: [illegible]
POTENTIAL FOR ANXIETY RELATED TO SURGICAL INTERVENTION	**OUTCOME: DEMONSTRATES DECREASED ANXIETY** **PLAN AND IMPLEMENTATION:** GIVE CLEAR, CONCISE EXPLANATIONS NOTIFY ANEST. IF OUTCOME GOAL NOT MET COMMUNICATE PATIENT CONCERNS TO OTHER HEALTH CARE MEMBERS CONVEY CARING, SUPPORTIVE ATTITUDE	PRE-OPER. DEMONSTRATED ADAPTIVE COPING STRATEGIES ☒ YES ☐ NO ☐ ANESTHESIA NOT INITIALS: [illegible]
POTENTIAL / ACTUAL INJURY RELATED TO TRANSPORT TO O.R.	**OUTCOME: PATIENT WILL REMAIN INJURY FREE** PATIENT TRANSPORTED TO O. R. SUITE VIA: ☒ ASSESS PATIENT'S MOBILITY AND RANGE OF MOTION LIMITATIONS ☐ BED (SR ↑) ☐ STRETCHER (SR ↑) ☐ WHEELCHAIR ☒ BY HIM/HERSELF ☐ ASSISTANCE FROM RN ☐ PATIENT TRANSFERRED SELF TO O. R. TABLE: ☐ BY O. R. TEAM ☐ REMAINED ON STRETCHER ☒ SAFETY STRAP ACROSS PATIENT ☒ R.N. REMAIN WITH PATIENT DURING INDUCTION	☒ REMAINED INJURY FREE PRE-OPER. DURING TRANSFER & TRANSPORT TO OR & OR TABLE INITIALS: [illegible]
POTENTIAL LOSS OF DIGNITY RELATED TO EXCESS EXPOSURE	**OUTCOME: PT. DIGNITY MAINTAINED** COVER PATIENT EXCEPT FOR AREA OF SURGICAL PROCEDURE AT ALL TIMES KEEP O. R. DOOR CLOSED MINIMIZE TRAFFIC INTO O. R. SUITE	☒ PATIENT DIGNITY MAINTAINED PRE-INTRA-POST OPER. INITIALS: [illegible]

Name: John Brown
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DIAGNOSIS	PLAN OF CARE	OUTCOME / EVALUATION
POTENTIAL / ACTUAL INJURY RELATED TO POSITIONING	**OUTCOME: PATIENT WILL REMAIN INJURY FREE (Cont.)** OR TABLES ☐ NEURO ☒ STANDARD ☐ CYSTO ☐ FRACTURE ☐ EYE STRETCHER ☐ OTHER POSITIONING CHECKED BY PHYSICIAN / ANESTHESIA ☒ YES ☐ NO **POSITION:** ☒ SUPINE ☐ JACKKNIFE ☐ LT. LATERAL ☐ RT. LATERAL ☐ PRONE ☐ TRENDELENBURG ☐ LITHOTOMY ☐ LOW ☐ HIGH ☐ OTHER:	**USE POSITIONING DEVICES / AIDES FOR PROPER BODY ALIGNMENT** ☐ MONTREAL ☐ OTHER: ☐ BEAN BAG ☐ BLACK BOOTIES ☐ PLASTIC ARM SHIELD ☐ BOLSTER / AXILLARY ROLL ☐ DONUT ☒ FOAM PADS ☐ MAYFIELD HEADREST ☐ HEAD SUPPORT ☐ RESTRAINTS ☐ STIRRUPS ☐ CANDY CANE ☐ ALLEN ☐ OVERHEAD ARMBOARD ☐ BROWN PAD ☐ PADDED ARMBOARDS ☐ WILSON FRAME ☒ PILLOWS √ head ☐ SAND BAGS ☐ ARTHROSCOPY KNEE HOLDER & PADDING ☐ ORTHOPEDIC ARMTABLE ☐ GELL PADS	☒ NO EVIDENCE OF IMPAIRED SKIN INTEGRITY RELATED TO POSITIONING POST OPER. folded Rolled sheet √ pelvis Foam Pad √ heels √ both arms INITIALS: JC
POTENTIAL / ACTUAL IMPAIRED SKIN INTEGRITY	**OUTCOME: NO IMPAIRED SKIN INTEGRITY** ☐ SHAVE ☐ NO SHAVE ☒ DONE-PREOP ☒ REMOVE HAIR AROUND INCISION SITE ☐ RAZOR ☐ ELECTRIC CLIPPER DONE BY: **PREP SOLUTION:** ☐ POVIDONE SOLUTION ☐ PHISOHEX ☐ ALCOHOL ☐ OTHER: DuraprepX2 ☐ POVIDONE SCRUB ☐ HIBICIENS	☒ THE PATIENT'S SKIN INTEGRITY IS MAINTAINED ☐ THE PATIENT IS FREE OF FURTHER SKIN BREAKDOWN (See Nursing Assmt) POST-OPER. INITIALS: JC
POTENTIAL / ACTUAL INJURY RELATED TO USE OF CHEMICALS	**OUTCOME: NO INJURY RESULTING FROM THE USE OF CHEMICALS** ALLERGIES NOTED (See Perioperative Nursing Assessment) ASSESS SKIN CONDITION (See Perioperative Nursing Assessment) PREVENT POOLING OF SOLUTIONS KEEP OR BED DRY AND WRINKLE FREE FOLLOWING SKIN PREP **OTHER CHEMICAL AGENTS USED OTHER THAN PREP SOLUTION:** (A) AGENT: (B) AGENT: (C) AGENT: (A) METH. OF APP.: (B) METH. OF APP.: (C) METH. OF APP.:	☒ THE OPERATIVE SITE SHOWS MINIMAL OR NO TISSUE REACTION FROM SKIN PREPARATION PROCEDURES ☒ NO ALLERGIC OR OTHER UNTOWARD REACTIONS TO THE USE OF OTHER CHEMICAL AGENTS POST-OPER. INITIALS: JC

PRE-OPERATIVE DIAGNOSIS: (R) ing hernia - recurrent

POST-OPERATIVE DIAGNOSIS: Same

SURGICAL PROCEDURE: (R) inguinal hernia repair c Bard Mesh x1

SURGEON: Jeff Moore

	RELIEF	IN	OUT	RELIEF	IN	OUT
SURGICAL ASSISTANT:	Jan Smith					
CIRCULATOR:	Lisa Chewning RN	T. Conklin RN	0815			
SCRUB:	Sda Pavon CST Sharon Wright					
LASER TECH / NURSE:						
ANESTHESIOLOGIST / CRNA:	Dr. Wright / Cheryl Smith CRNA					
VISITOR:						

POTENTIAL FOR / ACTUAL INFECTION

IMPLANTS (Place sticker or write here)

Manu
Devic

DAVOL Bard®Mesh PerFix®Plug, Extra Large, Monofilament Knitted Polypropylene
Size: Extra Large Plug
REF 01172
LOT 32DKM1

DAVOL Bard®Mesh PerFix®Plug, Large, Monofilament Knitted Polypropylene
Size: Large Plug
REF 01146
LOT 32FDJ2

PLACE IMPLANT STICKERS ON BACK OF WHITE COI
IMPLANT INFORMATION ABOVE O.R. PROGRESS NOTES.

OUTCOME: AVOIDANCE OF PATIENT INFECTION
MAINTAIN ASEPTIC TECHNIQUE
VERIFY PARAMETERS HAVE BEEN MET ☐ FLASH
☒ YES ☐ NO ☐ N/A ☐ STERIS
WOUND CLASSIFICATION:
☒ CLEAN ☐ CLEAN-CONTAMINATED
☐ CONTAMINATED ☐ DIRTY

I: TYPE: SIZE:
cc IN BALLOON

MATURIA
RAINAGE

☐ O.R. DOOR KEPT CLOSED

☐ TRAFFIC INTO O.R. SUITE MINIMIZED

☐ BSB

☐ THE PATIENT IS FREE FROM SIGNS/ SYMPTOMS OF WOUND INFECTION

☒ INFECTION CONTROL MEASURES IMPLEMENTED PRE-INTRA-POST OPER.

URINE OUTPUT:

OTHER DRAINAGE:

INITIALS: JC

POTENTIAL FOR / ACTUAL CHANGE IN PT. BODY TEMP.
Temp Pre/Op 98

OUTCOME: THE NURSE WILL ASSESS PATIENTS NEED FOR DEVICES TO CONTROL & MONITOR PATIENTS TEMP.
☐ THERMAL BOOTS ☐ RM TEMP ADJUSTED TO: 68
☒ THERMAL BLANKET ☐ K-THERMIA ID # SETTING:
☐ WARM SHEETS ☐ WARM TOUCH ID# SETTING:

☒ PT AT OR RETURNING TO NORMAL THERMIA: ☒ YES ☐ NO POST-OP TEMP 97.4
INITIALS: JC

X-RAYS IN O.R. ☐ ☒ N/A — FLURO IN O.R. ☐ ☒ N/A
SPECIMEN TO LAB: ☐ YES ☐ NO
DESCRIBE: 1) HERNIA SAC

CULTURE TO LAB: ☐ YES ☒ NO
DESCRIBE:

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Consulting Physician

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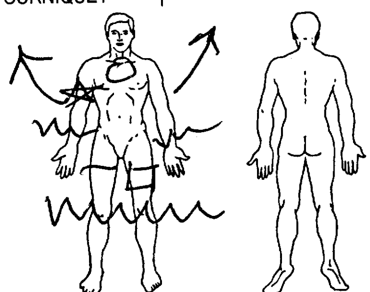
DIAGNOSIS	PLAN OF CARE	OUTCOME / EVALUATION
POTENTIAL / ACTUAL INJURY RELATED TO PHYSICAL HAZARDS	OUTCOME: PATIENT WILL REMAIN INJURY FREE ☒ SUPPLIES AND EQUIPMENT ARE AVAILABLE AND IN GOOD REPAIR ☐ TOURNIQUET CALIBRATION CHECKED PRIOR TO USE TOURNIQUET ID #: ____ TOURNIQUET USED: SKIN INTEGRITY OF EXTREMITY CHECKED & CUFF APPLIED BY ____ ☐ RT. ARM/LEG ____ mmHg TIMES: ____ - ____ ↓ ____ - ____ ↓ ____ (TOTAL) ☐ LT. ARM/LEG ____ mmHg TIMES: ____ - ____ ↓ ____ - ____ ↓ ____ (TOTAL)	☒ SUPPLIES/EQUIPMENT AVAILABLE FOR PATIENT IN PROPER WORKING ORDER ☐ PT. TISSUE PERFUSION CONSISTENT WITH OR IMPROVED FROM PRE-OP BASELINE INITIALS: JC
POTENTIAL / ACTUAL INJURY RELATED TO ELECTRICAL EQUIPMENT	OUTCOME: PATIENT WILL REMAIN INJURY FREE ☒ ESU # 5093 SETTINGS: CUT 35 COAG 35 ☐ BIPOLAR ID #____ SETTINGS: COAG ____ EKG ELECTRODES = ○ SAFETY STRAP = ⋀⋀⋀ ESU PAD = ☐ TOURNIQUET = + TEMP CONTROL BLANKET (OUTLINE PLACEMENT) PULSE OX SITE = (LT) RT under BP CUFF = * SPECIAL EQUIPMENT: CO2 INSUFLATOR ID #: ____ GEN SURG CART #: ____ MICROSCOPE ID #: ____ GYN CART #: ____ SMOKE EVACUATOR ID #: ____ EXTRA TV MONITOR ____ LIGHT SOURCE ID #: ____ SUCTION D/C MACHINE ____ SCD ID #: 5792 CUSA ID #: ____ ARTHROSCOPY CART # ____ CELL SAVER ID #: ____ OTHER: ____ ☐ LASER CO_2 #: ____ ☐ YAG LASER #: ____ ☐ LASER SAFETY √ LIST COMPLETED 	☒ PT. FREE FROM SIGNS/SYMPTOMS RELATED TO ELECTRICAL INJURY ☒ SKIN INTEGRITY UNDER DISPERSIVE PAD, TEMP PROBE ENTRY SITE, AND POSITIONAL PRESSURE POINT WAS MAINTAINED POST-OPER. ☐ PT. FREE FROM SIGNS/SYMPTOMS RELATED TO LASER INJURY ☒ N/A INITIALS: JC
POTENTIAL/ACTUAL INJURY RELATED TO RETAINED FOREIGN OBJECT	OUTCOME: NO FOREIGN OBJECT WILL BE RETAINED ☒ ALL SHARPS/SPONGES COUNTED ☒ ALL PATIENT CARE ITEMS CONFINED AND CONTAINED INSTRUMENT COUNT ☒ N/A IF COUNTS ARE INCORRECT: ☐ PHYSICIAN NOTIFED ☐ X-RAY TAKEN IN OR ☐ X-RAY TAKEN IN PACU ☐ X-RAY NOT TAKEN ☐ X-RAY RESULTS: ____ BY ORDER DR. ____ READ BY: ____	1st COUNT: (PRE-OPER.) ☐ Correct ☐ Incorrect — INITIALS JC / VP CAVITY: (INTRA-OPER.) ☐ Correct ☐ Incorrect — INITIALS 2nd COUNT: (INTRA-OPER.) ☐ Correct ☐ Incorrect — INITIALS Final COUNT: (INTRA-OPER.) ☐ Correct ☐ Incorrect — INITIALS JC / VP
POTENTIAL / ACTUAL INJURY DURING TRANSFER FROM OR	OUTCOME: PATIENT WILL BE TRANSFERRED WITHOUT INJURY PLAN AND IMPLEMENTATION: TRANSFERRED TO: ☒ PACU ☐ OP ☐ ROOM ☐ ICU ☐ ER ☐ HOLDING VIA: ☐ BED ☒ SIDERAILS ↑ ☒ STRETCHER ☐ RESTRAINTS ☐ OTHER: ACCOMPANIED BY: ☐ PAA ☐ SURGEON ☒ CRNA ☒ NURSE ☐ ANESTHESIOLOGIST LEVEL OF CONSCIOUSNESS: ☒ AWAKE / SEDATED ☐ UNRESPONSIVE ☐ RESPONSIVE TO STIMULI OTHER: ☒ CONDITION STABLE ☐ EKG MONITOR ☐ SKIN CONDITION, UNCHANGED ☐ OTHER OBSERVATIONS: DISCHARGE FROM OR: ☒ PRESSURE AREAS CHECKED ☒ PATIENT DRESSING DRY AND CLEAN ☐ TUBES AND DRAINS SECURED ☐ IMMOBILIZER	☒ PT. FREE FROM SIGNS/SYMTPOMS OF INJURY RELATED TO TRANSFER/TRANSPORT. INITIALS: JC Drains/Packing: ☐ Secured As Prescribed

MEDICATIONS:	TIME	ROUTE	ADMINISTERED BY
Unysi Unasyn 3 Gms.	[illegible]	IV	anesthesia
Cefazolin 1 Gm in 250cc N/S as irrigant & to soak Davol plug prior to implantation	op	top	Dr. Moore
MARCAINE 0.25% __ cc used			SR Moore

NURSE'S NOTES

SCD hose to pt inflated on arrival & D/C prior to D/C to PACU.

REPORT TO NURSE: ☒ PACU ☐ OPNU ☐ FLOOR RN
OR NURSE GIVING REPORT: JC

☐ PT. CARE CONSISTENT c̄ PERI-OPERATIVE PLAN OF CARE: ☐ YES ☐ NO EXPLAIN:
Warm sheets to pt in OR 6 & in PACU

PRIMARY CIRCULATING NURSE SIGNATURE: Lisa J Chew[illegible]

Name: John Brown
Account No: 12345
Attending Physician: Jeff T. Moore, M.D.
Consulting Physician

Adm Date: 11/12/1999 DOB: 09/10/44

ADDRESSOGRAPH OR PT. STICKER

Community General Hospital
Anytown, USA

OR HOLDING AREA NURSING NOTES

Date: 11/12/99 Time In: 0615 Time Out: 0700
Transported by: Lisa Small ☐ O2 @ _____ L
Accompanied by: ☒ Family ☐ Friend ☐ None
Transported via: ☒ Stretcher ☐ Bed ☐ Other _____

ALLERGIES: N/KA

LOC: ☒ Alert/Awake ☐ Drowsy ☐ Difficult to arouse ☐ Unresponsive ☐ Anxious ☐ Confused

STANDARD OF CARE:
1. Preoperative Assessment
2. Age Specific Interventions
3. Safety
4. Vital Sign Deviations
5. Test Deviations

PRE-OP GIVEN: Time 0535 ☐ No ☐ N/A

		NO	N/A	Initials
NPO:	☒ Yes If no			
ID Band:	☒ Pt. Name ☐ Acct. #			
Anes. Consult:	☒ On Chart ☐ In H.A. ☐ Called _____ In H.A. _____			
Consent Complete:	☒ Date ☒ Signature/Witness ☒ Correct Procedure			
History & Physical:	☒ On Chart ☐ Dictated ☐ Old Chart			

Diagnostic test complete and on the chart: ☐ **Old Chart**	YES	NO	N/A	Initials
LAB: ☒ CBC ☒ LYTES ☒ BS ☒ U/A ☐ Other _____ ☐ T&S ☐ T&C ☐ Result on Computer	✓			
			✓	
EKG:	✓			
X-RAY: ☒ Chest ☐ Other _____	✓			

Remove or document if intact:	None	Secured	Removed	Initials
A. Jewelry: Type: _____	✓			
B. Glasses/Contacts: ☐ OD ☐ OS ☐ OU				
C. Hearing Aid: ☐ AD ☐ AS ☐ AU				
D. Dentures/Partials: ☐ In Cup, sent to _____				

Disposition of personal items: ☒ N/A ☐ Security ☐ Family ☐ Floor Other _____ Name of person receiving: _____

Hose: ☐ N/A ☒ SCD ☐ TED ☐ ON ☐ Applied in H.A. Brand Kendall Lot # _____
Urinary: ☒ N/A ☐ Voided ☐ Catheter ☐ Diaper **Thermal:** ☐ Blanket ☐ Boots applied in H.A.
Personal Attire: ☒ N/A ☐ Socks ☐ Underwear ☐ Other _____

IV Fluids: ☒ On Arrival ☐ Started in H.A. ☐ IV Pump ☐ IV clamped off ☐ Xylocaine for IV 0.5% plain
☐ 1000cc ☐ 500cc ☐ Hep Lock _____ cc _____ cc _____ cc
☒ RL ☐ D5W ☐ D5 1/2 NS ☐ D5LR with _____ @ KVO rate ☒ Right ☐ Left ☐ 18G ☐ 20G ☐ 22G ☐ 24G Attempt x _____
Condition of IV - Running Well: ☒ Yes ☐ No Restarted: ☐ Yes ☒ No Flushed: ☐ Yes ☒ No Positional: ☐ Yes ☒ No
Site of IV: ☒ No sign of inflammation ☐ Redness ☐ Swelling ☐ Tenderness expressed ☐ Discontinued
Piggyback: Ø ☐ Infusing ☐ Hung by (initials) _____
Piggyback: _____ ☐ Infusing ☐ Hung by (initials) _____
Time: 0636 Signature: [signature]

Medications: ☐ IV Push ☐ IM ☐ SQ ☐ Other _____ Time _____ ☒ N/A
☐ Robinul _____ ☐ Versed _____ ☐ Fentanyl _____ ☐ Zofran _____
☐ Tetracaine 0.5% 4 (four) gtts. ☐ OD ☐ OS ☐ OU @ _____ _____ ☐ Other _____
If Eye Block complete: ☐ OD ☐ OS ☐ OU @ _____ per Dr. _____

Nursing Notes: ☐ **Old Chart to OR**	Time	02 SAT	B/P	Pulse	Temp.
	0636	94	136/77	84	96.5

SIGNATURE Lisa Small INITIALS LS
SIGNATURE _____ INITIALS _____
SIGNATURE [signature] INITIALS JC
SIGNATURE _____ INITIALS _____

Form #3281001 (Rev. 2/7/98)

Date: _____

Nam Name: John Brown
D.O. Account No: 12345
Attending Physician: Jeff T. Moore, M.D.
SS #: Consulting Physician

Dr.: Adm Date: 11/12/1999 DOB: 09/10/44

Community General Hospital
Anytown, USA

OPERATING ROOM COUNT SHEET

INSTRUMENT COUNT

TYPE	Pre-Op	Addition	1st	2nd	TYPE	Pre-Op	Addition	1st	2nd
Allis - Regular	6				Scissors	4			
- Long					Sponge Stick	2			
Ped. Allis - Short					Tennaculum				
- Long					Towel Clips				
Babcocks	4				Vanderbilts				
Bulldogs					Vascular Clamps				
Groove & Probe					Zeplins				
Heaney					Z-Clamps				
Hemostat- Curved	8				RETRACTORS				
- Straight					ABD - Round or REg.				
Common Duct Dilators					- Blades				
Kelly- Regular	6				- Screws				
- Long					Army - Navy	2			
Kidney Clamps					Deavers	2			
Knife Handles	2				Gelpi				
Kochers - Short	4				Rakes	4			
- Long					Ribbons	1			
- Curved					Richardson	4			
Leaheys					Vein Retractors	2			
Mosquitoes	4				Mathews / Senn				
Needle Holders	4				Gomez / Upper Hand				
Pennington Clamps					Weitlaner	2			
Pickups	8				Chest Tray				
Potts					SUCTIONS				
Randal Stone Forceps					Pool				
Rt. Angles	6				Yankauer / T&A				
Rings					Frasier				
Trocar					Bull Ret	2			

☐ Not Applicable ☐ Correct ☐ Unresolved

COUNT SIGNATURES ON O.R. RECORD

SPONGE / SHARP COUNT

TYPE	PRE-OP	ADDITIONS	CLOSING POST-OP		
			ORGAN/CAVITY	PERITONEAL/FASCIAL	SKIN
Raytex	10				
Laps	5				
Appendix					
Pushers	5				
U-tapes					
Shods					
Tonsil					
Cotton-balls					
Cottonoids					
Vessel loops					
Blades	2				
Needles Total	17+2(19)+2(21)+2(23)+2(25)+1(26)+1(27)				

☐ Correct ☐ Unresolved

COUNT SIGNATURES ON O.R. RECORD

SUTURE PACKS | 8 Pk 1 | Single 9+2+2+2 | Ties 4 | 2 Pk | 3 Pk

Name: Name: John Brown
Account No: 12345
D.O.B. Attending Physician: Jeff T. Moore, M.D.
Consulting Physician
SS #:
Adm Date: 11/12/1999 DOB: 09/10/44
Dr.:

Community General Hospital
Anytown, USA

PRE-OPERATIVE CHECKLIST

INSTRUCTIONS: Nurse who sends patient to O.R. is responsible for reviewing form for completeness and signing patient out to surgery.

	CHECK AS APPROPRIATE YES	NO	INITIALS
1. Is the patient an observation patient?	☐	☒	SM
If yes, notify extension 4115 of name and account number. (Quality case management)	☐	☐	
2. Admission sheet on chart	☑	☐	KC
3. Informed consent completed (No abbreviation. Signed, witnessed, dated within 30 days)	☒	☐	SM
4. Advanced Directive checklist completed and on chart	☒	☐	SM
5. If applicable: STATEMENT OF REFUSAL (BLOOD, etc.) on chart	☐	☒	SM
6. For OPNU: Anesthesia record complete and on the chart	☒	☐	SM
All other areas: Stamped Anesthesia record on chart. (CRNA will leave at bedside for Anesthesiologist.)	☐	☒	SM
7. History and Physical – ☐ On Chart (Within 15 days for IP; within 30 days for OP)	☒	☐	SM
8. Allergies noted. Front of chart flagged	☒	☐	SM
9. Diagnostic test completed and results on chart: ☒ CBC ☒ Lytes ☒ BS ☒ U/A ☐ EKG	☒	☐	SM
☐ Pregnancy ☒ PT ☒ PTT ☒ BUN ☒ Creatine	☒	☐	SM
10. Physician notified of abnormal test results/vital signs	☐	☒	SM
11. Height and weight documented	☒	☐	SM
12. Prep done; by whom: patient	☒	☐	SM
13. Enema given; by whom:	☐	☒	SM
14. Pre-op bath; by whom: patient	☒	☐	SM
15. NPO after MN o'clock except for medication as ordered	☑	☐	KC
16. Identification band on & checked for accuracy	☑	☐	KC

17. Check appropriate: status for each item	Removed	Disposition	Intact	N/A	INITIALS
A. ☐ Dentures ☐ Partials	☐		☐	☒	SM
B. Prosthesis (type)	☐		☐	☒	SM
C. Heaing Aide (Removed for General Anesthesia cases only)	☐		☐	☒	SM
D. Glass eye (leave in unless instructed otherwise)	☐		☐	☒	SM
E. ☐ Contacts ☐ Glasses ☐ Implant lens	☐	w/ wife	☑	☐	KC
F. ☐ Hair piece ☐ Hair pins	☐		☐	☒	SM
G ☐ Jewelry (Removed from all body parts)	☐		☐	☑	KC
H. ☐ Wedding band: ☐ Removed ☐ Taped	☐		☐	☑	KC
I. ☐ Nail polish/Makeup removed	☐		☐	☒	SM

	Yes	No	INITIALS
18. Clothing removed and hospital gown on (without snaps for all areas except O.R.)	☒	☐	SM
19. ☐ Voided ☐ Straight Cath ☐ Foley Cath ☐ Condom Cath	☑	☐	KC
20. Vital signs documented before transport to O.R. 97.6; 137/69; 79; 18	☑	☐	KC
21. Medication Administration Record on chart (OPNU see Nurses notes)	☑	☐	KC
22. If ordered: Heparin drip off @ _____ o'clock.	☐	☒	SM
23. Pre-op Med administered	☑	☐	KC
24. Stamp plate/label attached to chart	☑	☐	KC
25. IV pump if required for special drip / pediatric patients (HAF, Heparin, etc.)	☐	☒	SM
26. Checklist reviewed on unit by: _____ RN	☐	☐	
27. Patient accepted for O.R. transport by: Lisa Gnatt	☐	☐	
Date: 11/12/99 Time: 0615			

SIGNATURES / INITIALS:

SIGNATURE	INITIAL	SIGNATURE	INITIAL
Sheila Madison RN	SM	Kitty Craft RN	KC

Form #8002087 (Rev. 11/17/98)

SOUTH GEORGIA MEDICAL CENTER — DEPARTMENT OF ANESTHESIOLOGY

PRE-ANESTHETIC QUESTIONNAIRE

Name: John Brown
Account No: 12345
Attending Physician: Jeff T. Moore, M.D.
Consulting Physician

Adm Date: 11/12/1999 DOB: 09/10/44

The following set of questions have been designed for use by the Department of Anesthesia. They are to be completed on the day before your operation. Please answer each question carefully and return the completed sheet to the nurse as soon as possible.

To be filled out by patient or for patient by responsible person.

Age 55 Approx. Weight 185 Approx. Height 5'9

Circle below if you have or have ever had. NOTICE! USE BALL POINT PEN ONLY.

SYSTEM REVIEW

RESPIRATORY SYSTEM

1) Asthma / Wheezing e
2) Emphysema e
3) Bronchitis e
4) Shortness of Breath e
5) Cough e
6) Smoke? Yes ☒ No ☐ When did you quit? ____
7) ~~Packs~~ Cigars per day 6 How Many Years? 40yrs
8) Lung Surgery e
9) Collapsed Lung e
10) Date Last Chest X-Ray e
11) Do you currently have a cold? Yes ☐ No ☒
12) TB e
13) Other ____

CIRCULATORY SYSTEM

1) Heart Attack e
2) Angina or Chest Pain e
3) Heart Failure e
4) Heart Surgery e
5) Irregular Heart Beat e
6) Mitral Valve Prolapse e
7) Rheumatic Fever e
8) Date Last EKG e
Done where? ____
9) Surgery on blood vessels e
(Carotid, Aorta, Leg Vessels, etc.)
10) Heart Murmur e
11) High Blood Pressure e
12) Other ____

CENTRAL NERVOUS SYSTEM

1) Stroke e
2) Paralysis e
3) Seizures / Epilepsy e
4) Weakness of Arm or Leg e
5) Surgery on Spine or Brain e
6) Motion Sickness e
7) Spinal Cord Injury e
8) Black-Out Spells e
9) Mental Illness e
10) Other ____

PATIENT HISTORY

Have You Had or Do You Have

1) Liver Problems e (Cirrhosis, Hepatitis, Jaundice)
2) Kidney Problems e
3) Diabetes e
4) Thyroid Disease e
5) Sickle Cell Disease e
6) Reflux of Food or Hiatal Hernia
7) Do you Drink Alcohol? Yes ☒ No ☐ How Much? moderate
8) Joint Prosthesis e
9) Known AIDS Antibody e
10) Problems c blood clotting? Yes ☐ No ☒
11) Cancer e
12) Chemotherapy e
13) Radiation Therapy e
14) Other ____

1) Do you lack full range of motion in any joints (including jaw)? Yes ☐ No ☒
Explain ____
2) Do you have loose or false teeth, partial plate, caps or bridgework? Yes ☒ No ☐
Explain Perm Crown ↑
3) Have you or any family member ever had problems from anesthesia? Yes ☐ No ☒
Explain ____
4) When was your last anesthetic? BLH 1992
5) Could you be pregnant? Yes ☐ No ☒

MEDICATIONS

List Medications You Take at Home

1) Goody's
2) Ginzo
3) ____
4) ____
5) ____
6) ____
7) ____
8) ____
9) ____
10) ____
11) ____
12) ____
13) ____
14) ____
15) ____

DRUG / ALLERGIES

☒ None
1) ____
2) ____
3) ____
4) ____

ANESTHESIOLOGIST USE ONLY

NPO Yes ☒ No ☐

ASA CLASSIFICATION:

☐ 1 ☒ 2 ☐ 3 ☐ 4 ☐ 5 ☐ E

TYPE ANESTHESIA PLAN: General

AIRWAY OK Yes ☒ No ☐

REVIEWED BY: BA

DATE: 11/16/99

DO YOU HAVE A HISTORY OF SLEEP APNEA? YES ☐ NO ☒

NOTES: ____

4452001 (REV. 9/15/98)

CHART COPY

SOUTH GEORGIA MEDICAL CENTER

PERI-OPERATIVE/PROCEDURE TEACHING RECORD

Name: John Brown
Account No: 12345
Attending Physician: Jeff T. Moore, M.D.
Consulting Physician

Adm Date: 11/12/1999 DOB: 09/10/44

SHIFT / INIT		SHIFT / INIT	

LEARNER: ☑ Patient ☐ S/O ☐ Other (specify): _____ NAME _____ RELATIONSHIP

BOOKLETS GIVEN	DATE	INIT	VIDEOS SHOWN	DATE	INIT

SPECIAL LEARNING NEEDS: *Indicate any physical or cognitive limitations, language barrier, emotional barrier.*

SURGERY/PROCEDURE Ch. right hip 3 hr	✓ IF TEACHING NEEDED	✓	PRE PROCEDURE DATE	PRE PROCEDURE INITIALS	PRE PROCEDURE RESPONSE PATIENT	PRE PROCEDURE RESPONSE S/O	POST PROCEDURE DATE	POST PROCEDURE INITIALS	POST PROCEDURE RESPONSE PATIENT	POST PROCEDURE RESPONSE S/O	REINFORCEMENT DATE	REINFORCEMENT INITIALS	REINFORCEMENT RESPONSE PATIENT	REINFORCEMENT RESPONSE S/O
A. NPO p MN 11/11		✓	11/10	DF	A									
B. Preparation of Operation/Procedure site		✓	"	"	A									
C. Enema/Laxative														
D. HS & Pre-Op/Procedure Medicines		✓	11/10	DN	A									
E. Anesthesiologist Visit		✓	"	"	"									
F. Removal/Storage of Valuables/Prosthesis		✓	"	"	"									
G. Removal of Nailpolish & Makeup														
H. Voiding/Foley Cath a Surgery/Procedure		✓	11/10	DN	A									
I. TED Hose														
J. Surgical/Procedure Waiting Area		✓	11/10	DN	A									
K. Expectations during the procedure (noise, bright lights, personnel, equipment.)														
L. Expectations after procedure (monitoring of V/S, dressing, IV fluids, drainage tubes, pain mgmt., Need to TCDB & leg exercises.)		✓	11/10	DN	A									
M. Activity Limitations:														
1-Bedrest														
2-TCDB, leg exercises		✓	11/10	DN	A									
3-Up in Chair, Progressive Ambulation		✓	"	"	A									
N. Nutrition:														
1-NPO														
2-Special Diet														
O. Pain Management:														
1-Call for PRN medicines		✓	11/10	DN	A									
2-PCA														
P. IV Fluids and Pump		✓	11/10	DN	A									
Q. I & O		✓	"	"	A									
R. Drainage Tubes:														
1-Foley														
2-NGT, GT, PEG														
3-Chest tube														
4-Jackson Pratt														
5-Other (list)														
S. Telemetry														
T. Dressing Change														
U. Problems to report to Nurse (pain, SOB, N/V, difficulty voiding, tender IV site.)														

**** USE FOR OPERATIVE/PROCEDURE USE ONLY***

PREOPERATIVE DIAGNOSIS: Recurrent right inguinal hernia.

POSTOPERATIVE DIAGNOSIS: Recurrent right inguinal hernia.

PROCEDURE PERFORMED: Repair of recurrent right inguinal hernia, resection of lipoma of the cord, insertion of two Marlex plugs and mesh.

SURGEON: Jeff T. Moore, M.D.

ASSISTANT: Tom W. Smith, M.D.

ANESTHESIA: General.

DESCRIPTION OF PROCEDURE: Under adequate general anesthesia an incision was made in the old operative scar located in the right inguinal area through the skin and subcutaneous tissues. The external oblique was identified. The cord was identified and separated free from a large direct sac posteriorly, separated free to the inguinal wall. This was imbricated. A large Marlex plug was inserted, sutured in place to the posterior wall interrupted sutures of 2-O Vicryl. The patient was asked to cough, there was no evidence of any weakness. Above this there was a pantaloon type hernia adjacent to the cord, there was a small lipoma that was resected, submitted to pathology. Another plug was inserted adjacent to the cord which was snug. The plug was inserted, sutured to the internal crus with interrupted suture of 2-O Vicryl, the patient asked to cough, no evidence of any weakness. A segment of Marlex mesh was inserted over the cord, sutured in place above the cord and laid over the posterior inguinal canal, sutured in place with 2-O Vicryl. The patient was asked to cough, no evidence of any weakness. The cord was allow to lie over the new bed. The ilioinguinal nerve was identified on the left and preserved. The external oblique approximated with 2-O Vicryl, subcutaneous tissue approximated with 2-O plain and skin approximated with skin clips. Sponge, instrument and needle count correct.

cc: Dr. Tom Smith

D: 11/12/1999
T: 11/15/1999
ams

Jeff T. Moore, M.D.

Community General Hospital
Anytown, USA

SURGICAL PATHOLOGY REPORT

Name: John Brown
Account No: 12345
Attending Physician: Jeff T. Moore, M.D.
Consulting Physician

Adm Date: 11/12/1999 DOB: 09/10/44

Case Number: **S1999-008023**
Collection Date: 11/12/1999
Received date: 11/12/1999

Ordering Physician: Jeff T. Moore
Pathologist: Sally Johnson, M.D.
Location: 3W 0328 P

Physicians
Jeff Moore

Clinical Information
Clinical hx: NONE GIVEN
Pre-op: RIGHT INGUINAL HERNIA

Specimen Submitted
HERNIA SAC

Gross Description
Received in formalin and labeled hernia sac is a grossly identifiable encapsulated fragment of yellow fibroadipose tissue that measures 4.5 x 1.5 x 0.6 cm in widest dimensions. The specimen is cross sectioned which reveals a surface that is homogeneously balanced and encapsulated with a thin tan-brown membranous material. No ulceration, pigmentation or nodular abnormalities can be grossly identified. Representative portions submitted in one cassette.

Diagnosis
Soft tissue inguinal region: Hernia sac containing hemorrhage and areas of fibrosis, negative for malignancy.

Sally Johnson

Sally Johnson, M.D.
Pathologist

PHYSICIAN ORDERS

Name:
D.O.B:
SS #:
Dr.:

Name: John Brown
Account No: 12345
Attending Physician: Jeff T. Moore, M.D.
Consulting Physician
Adm Date: 11/12/1999 DOB: 09/10/44

1 AUTHORIZATION IS GIVEN FOR DISPENSING BY NON-PROPRIETARY NAME (PRODUCTS IDENTICAL IN DOSAGE FORM AND CONTENT OF ACTIVE INGREDIENT) UNDER S.G.M.C. FORMULARY MANAGEMENT SYSTEM UNLESS OTHERWISE SPECIFIED.

2 AUTOMATIC STOP ORDER (7 DAYS) NARCOTICS ANTIBIOTICS

Allergies: NKA

ORDERED DATE	ORDERED TIME	USE SEPARATE LINE FOR EACH ORDER

Check one: ☐ inpatient ☐ outpatient observation ☐ CCV ☐ CCLP

ANESTHESIA ORDERS (Rev: 02/96)

01. NPO after MN
02. Clear liquids until 3°° AM
03. **AM Admissions**
    Medications to be taken prior to arrival ∅

    Other Admissions
    Medications to be given prior to procedure ∅
04. Additional lab work ∅
05. ☐ Glucoscan: ☐ On Arrival ☐ On Call From: ☐ Jelco ☐ Venipuncture ☐ Fingerstick
06. Other test ∅
07. Prior to IV start:
    ☐ Emla cream 5gm applied to IV site 30 minutes prior to IV start on all pediatric patients 12 years and younger
    ☒ Xylocaine 0.5% 0.25ml injection to IV site with 27G needle on all patients with IV catheter of 20 gauge or greater
08. Start IV on arrival with:
    ☒ 1000ml LR at KVO ml/hour
    ☐ 1000ml D5RL at ml/hour
    ☐ at ml/hour
09. ☐ Old chart to OR with patient
10. Pre-op on call to OR: [illegible] 2mg IV

FAXED

J Capen RN @1100 11/12/99

Form #6216-005 (Rev. 2/1/99) WHITE - Chart Copy CANARY - Pharmacy Copy

Order Form 1266/4 (if 4-part set) or
Order Form 1266/5 (if 5-part set)

PHYSICIAN'S ORDERS

DIET	AGE	WEIGHT	SEX
DIAGNOSIS			
DRUG ALLERGIES			

NAME
ROOM NO. (ADDRESS)
HOSP. NO.
PHYSICIAN

Name: John Brown
Account No: 12345
Attending Physician: Jeff T. Moore, M.D.
Consulting Physician

Adm Date: 11/12/1999 DOB: 09/10/44

Date & Time	Another brand of drug identical in form and content may be dispensed unless checked ☐	DO NOT USE THIS SHEET UNLESS A RED NUMBER SHOWS → 1	Nurse's Initials

11/11/99

Right Inguinal Hernia (H&P Dictated) Recurrent

1. NPO
2. CBC + urine
3. Chest X-ray
4. O/C/2 (Hi-gh)
5. CMP
6. PT Time + PTT
7. Prep
8. PSA
9. epidural or Spinal anesthesia

J M

11/12/99 0005

Phisohex Prep

Dr. Moore – Have a Happy Day :-

Mpendra RN

J M

noted @ 0035 11/11/99 SM

11/12

1. Ice pack
2. up when neurologically normal + alert
3. D5 ½ NS 125 cc/hr
4. VS q 1 h.
5. trapeze bar II
6. fish net + elevate Scrotum
7. Keftab 500 mg po q 12 h
8. KUB
9. Cath if unable to void 6-8 hrs

J M

noted CJC 10:45 11/12/99

Order Form 1266/4 (if 4-part set) or
Order Form 1266/5 (if 5-part set)

PHYSICIAN'S ORDERS

DIET	AGE	WEIGHT	SEX
DIAGNOSIS			
DRUG ALLERGIES			

NAME
ROOM NO. (ADDRESS)
HOSP. NO.
PHYSICIAN

Name: John Brown
Account No: 12345
Attending Physician: Jeff T. Moore, M.D.
Consulting Physician
Adm Date: 11/12/1999 DOB: 09/10/44

Date & Time	Another brand of drug identical in form and content may be dispensed unless checked ☐	DO NOT USE THIS SHEET UNLESS A RED NUMBER SHOWS → 1	Nurse's Initials

11/12/99 Demerol 50 mg. } IM q3hr prn pain S. Smith
Vistaril 50mg. } P.O. Dr Moore.

L Corbin RN

11/12/99 Lortab 10 mg PO q 4 hr. prn pain
p.o. Dr. Moore / L Tomlin

11/12 Demerol 75 mg
Vistaril 50 mg
or
Lortab 10 mg 1 q 4 hr prn pain p.o.
Spine care 1 inst 3-4 times daily Reg
laxative of choice if needed

Amy Thomas RN 11-12-99@1700

Order Form 1266/4 (if 4-part set) or
Order Form 1266/5 (if 5-part set)

PHYSICIAN'S ORDERS

DIET	AGE	WEIGHT	SEX
DIAGNOSIS			
DRUG ALLERGIES			

NAME
ROOM NO. (ADDRESS)
HOSP. NO.
PHYSICIAN

Name: John Brown
Account No: 12345
Attending Physician: Jeff T. Moore, M.D.
Consulting Physician

Adm Date: 11/12/1999 DOB: 09/10/44

Date & Time	Another brand of drug identical in form and content may be dispensed unless checked ☐	DO NOT USE THIS SHEET UNLESS A RED NUMBER SHOWS → 1	Nurse's Initials
11/13	① D/C Hanx		
	② Fup Moore, call for Appt		
	J Moore		
	noted CL 11-13-99 1115		

Name: John Brown
Account No: 12345
Attending Physician: Jeff T. Moore, M.D.
Consulting Physician

Adm Date: 11/12/1999 DOB: 09/10/44

Community General Hospital

11-11-99 - 11-12-99

MEDICATION ADMINISTRATION RECORD

ALLERGIES	MEDICATION ADMINISTRATION TIMES							
	7:01 - 15:00			15:01 - 23:00			23:01 -	
NKA	TIME	SITE	INITIAL	TIME	SITE	INITIAL	TIME	SIT
Midazolam 2mg IV OCT OR $M	ON CALL						0535	IV

PATIENT NAME	BED NO
Brown, John	2388

Kathy Kenny RN (KK) Sally Austen (SA) _____ ( )
_____ ( ) _____ ( ) _____ ( )
_____ ( ) _____ ( ) _____ ( )

Name: John Brown
Account No: 12345
Attending Physician: Jeff T. Moore, M.D.
Consulting Physician

Adm Date: 11/12/1999 DOB: 09/10/44

Community General Hospital

11/12/99 - 11/13/99

MEDICATION ADMINISTRATION RECORD

ALLERGIES		MEDICATION ADMINISTRATION TIMES							
		7:01 - 15:00			15:01 - 23:00			23:01 -	
		TIME	SITE	INITIAL	TIME	SITE	INITIAL	TIME	SI
Keftab 50mg po q12°		~~1200~~ 1345	po	KD	2200	po	KD		
Demerol 50mg / Vistaril 50mg IM q3° PRN pain		PRN 1048	IM	L		D/C 11/12/99			
Lortab 10 po q 4hr PRN	At	prn			1700	T po	KD	0025 / 0445	p / p
Demerol 75 mg / Vistaril 50 mg IM q 3hr PRN	At	PRN							
Laxative of choice if needed	At								

PATIENT NAME	BED NO.
Brown, John	238B

Lori Conley (LC)	Deb Gross RN (DG)	Andy Tomas RN (AT)
Katie Davis RN (KD)	( )	( )
( )	( )	( )

Community General Hospital
Anytown, USA

Name: John Brown
Account No: 12345
Attending Physician: Jeff T. Moore, M.D.
Consulting Physician

Adm Date: 11/12/1999 DOB: 09/10/44

Graphics Flowsheet

DATE: 11/11 Admit							11/12									11/13/99			
	04	08	12	16	20	24	04	08	12	16	20	24	04	08	12	16	20	24
TEMPERATURE 104																		
103																		
102																		
101												101.6						
100														100.3				
99											99.7							
98										98.9								
97														97.6				
96			96.7															
PULSE RATE 140																		
130																		
120																		
110																		
100																		
90											90							
80			82							86		85	85	80				
70																		
60																		
RESP 40																		
30																		
20			20							20	20	20	20	20				
B/P			134/79							120/75	154/96	154/96	154/92	154/95				
PAIN RATING (0-10)																		

INTAKE AND OUTPUT																		
WT																		
SpO_2																		
INTAKE	0600-1800			1800-0600			0600-1800			1800-0600			0600-1800			1800-0600		
DIET/SNACK %				SNACK 1 2 3					1/2	SNACK 1 2 3						SNACK 1 2 3		
ORAL							240			150								
IV							887			774								
BLOOD																		
SHIFT																		
24 HR TOTAL							2057											
OUTPUT	0600-1800			1800-0600			0600-1800			1800-0600			0600-1800			1800-0600		
URINE/FOLEY							1000			850								
BM							0			0				0				
HEMO DUVAL																		
GAST SUCT EMESIS																		
SHIFT TOTAL																		
24 HR TOTAL							1850											

		AM		PM		AM		PM		AM		PM
HYGIENE	BATHING											
	ORAL CARE											
	PERICARE											
	LOTION RUB											
ACTIVITY	REPOSITION											
	EDGE OF BED											
	UP IN C[illegible]											
	AMBULA[illegible]N											

62-6018-37-0603

Community General Hospital
Anytown, USA

Name: John Brown
Account No: 12345
Attending Physician: Jeff T. Moore, M.D.
Consulting Physician

Adm Date: 11/12/1999 DOB: 09/10/44

PATIENT ADMISSION ASSESSMENT

Date 11/12/99 Time 1600 Admit from: Dr. Office ER (Home) Other Health Care Facility: _____
Reason for Admission: (Patient's own words) Hernia Surgery
Primary Care Physician: J. Moore

Previous Health Problems (Patient Only) NA

1. Diabetes ☐
2. Epilepsy/seizure disorder ☐
3. High Blood Pressure ☐
4. Heart Disease ☐
5. Kidney Disease ☐
6. Cancer
7. Respiratory ☐
8. GU/GYN ☐
9. GI ☐
10. Steroid use ☐
11. Flu Vaccine Current (Y) N
12. Pneumonia Vaccine current Y (N) if no give patient information

Comments by number and other hospitalizations/surgeries
previous hernia repair

VITALS: TEMP 96.7 PULSE 82 RESP 20 B/P 134/79 Ht 5'9" Wt 190.9 lbs

ALLERGIES

Medications NKA Food _____ Environmental _____
Anesthetics _____ Dyes _____ Rubber/latex/balloons: Yes (No) N/A
Other _____

HABITS

Tobacco: Yes (No) _____ per day _____ Yrs. Chew: Yes (No) _____ per day _____ Yrs. Other _____
Alcohol: Yes (No) _____ per day _____ yrs. Drug use/abuse: Yes (No) Type _____
MEDICATIONS: Brought to hospital: Y N Sent Home: Y N To Pharmacy: Y N Personal Pharmacy _____

	NAME	DOSE/FREQUENCY	TIME OF LAST DOSE
Rx			
	NA		
OTC			
	Do you use herbs or other alternative medications: ☒ Yes ☐ No List: Ginko occassionally		

Orientation to room: ~~Call Light~~ ~~TV/telephone~~ bathroom location ~~lights~~ meal time visitor policy
Personal belongings kept on person or at bedside: None ~~Eye glasses~~ Contacts Hearing aids Glass eye Walker Wheelchair
Denture (Upper/Lower) Partial (Upper/Lower) Crutches Clothing/Other _____
Money $ _____ (circle) Home Safe Kept Jewelry _____ (circle) Home Safe Kept

WE ARE NOT RESPONSIBLE FOR BELONGINGS/VALUABLES. WE STRONGLY SUGGEST YOU SEND ITEMS HOME.

I acknowledge that the above belongings are in my possession. I have received information on Advanced Directives and Organ Tissue Donation.

Patient Signature John Brown Witness LMC

NEUROLOGICAL

Oriented X3 (person, place, time); Alert Confused
Level of Consciousness: Awake Lethargic Stupor Coma
Psychological: No problems Insomnia Difficulty relaxing Anxious
Hearing: Normal Hard of Hearing Sensitive
Pupils: equal reactive to light dilated WNL
*Speech: Clear Slurred Difficult Slowed
*Language: understands expresses clearly limited understanding poor verbal expression

SKIN

Skin Integrity - Good; Lesion, Bruises/Abrasions (location and appearance) surgical incision
Turgor: Good Fair Poor
Temperature: Warm Cool Dry Hot Damp Diaphoretic
Color: Pink (normal for heritage) Pale Ashen Flushed Cyanotic Jaundiced

CARDIOVASCULAR

HOB: Flat raised # of pillows _____ WNL
Vertigo: None Standing Sitting Lying Occasionally
Chest Pain: None Associated with Dyspnea Radiates to (Left arm, right arm, back, neck, jaw) Associated with Deep Inspiration
Rhythm: Regular Irregular (slightly, very)
Murmur: Yes No
Rate: Normal Bradycardia Tachycardia
Edema: _____ (DAR note if present)
Pacemaker: Yes No
Pulses: (R) Radial: Strong Bounding Weak Absent Noted with Doppler
(R) Pedal: Present Absent Noted with Doppler
(L) Radial: Strong Bounding Weak Absent Noted with Doppler
(L) Pedal: Present Absent Noted with Doppler

RESPIRATORY

Respirations: Even Regular Hypoventilated Tachypneic Labored Dyspneic
WNL
Stridor: Nocturnal dyspnea Congested Cheyne-Stokes
Cough: None Non-Productive Productive
Sputum: Yes No Color: Yellow Green Clear Bloody Other _____
Lung Sounds: RUL: Clear Adventitious _____
LUL: Clear Adventitious _____
RLL: Clear Adventitious _____
LLL: Clear Adventitious _____
Night Sweats: Yes No
Increased Fatigue: Yes No
Recent TB skin test: Yes No, if yes reactor: Yes No
***Respiratory therapy notified for abnormal assessment findings: Yes No** (DAR note abnormal finding)

GASTROINTESTINAL/NUTRITION

Bowel Sounds: Normal Hypoactive Hyperactive Absent
Abdomen: Soft Firm Hard Pain _____
BM: Continent Incontinent Constipation Diarrhea Bloody Mucus Other: pos. BS in all 4 quad.
Laxative Usage: NA
Last BM: 11/11/99

NUTRITIONAL RISK ASSESSMENT

(circle Yes or No)

*Any chewing or swallowing problems:	Yes No	Poor appetite > 3 days	Yes No
History of cancer, diabetes, or renal disease	Yes No	Poor skin integrity	Yes No
Has > 3 alcohol drinks/day (Women) > 4 (Men)	Yes No	Surgical Patient > 70 years of age	Yes No
Recent weight gain	Yes No	*Recent weight loss	Yes No
Open wounds, decubitus ulcers or trauma	Yes No		
*Is on a special diet/or special diet ordered	Yes No		

***If any "yes" answers, registered dietician or dietary manager notified: Yes No**
Speech Pathology Referral: If any * items under neurological or nutrition please notify physician for possible speech referral order.

GENITOURINARY/REPRODUCTIVE

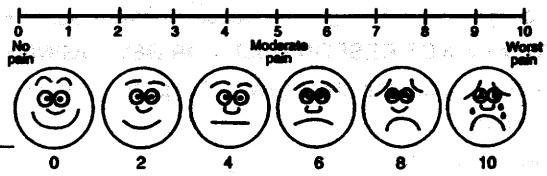
Urination: Continent Incontinent Normal Painful Bloody Foul Odor Frequency Urgency
WNL
No problems
Last Menstrual Period: N/A _____ Post menopausal
Menses: Regular Irregular Heavy
Vaginal Discharge: None White Green Clear Odor Bloody
Last pap smear: _____
Prostate Problems: N/A

MUSCULOSKELETAL

Extremities: Weakness _____
Gait: Normal for Age Limp Stiff Unsteady Slowed
WNL
Numbness or Tingling (circle) Back: Normal for Age Painful (low, mid, high) Radiates to leg: Yes No _____
ROM: RUE: Normal Limited RLL: Normal Limited LUE: Normal Limited LLE: Normal Limited
Able to walk up 4 or more steps: Yes No
Limitation in ROM noted: Yes No
Weakness to extremities noted: Yes No
Requires assistance with dressing: Yes No
Requires assistance with hygiene: Yes No
Requires assistance with feeding: Yes No
Any significant "yes" answers, please notify physician for possible rehab referral.
***Rehab notified after physician's orders received: Yes No**

PAIN ASSESSMENT

Do you have pain now? Yes No
Do you have chronic pain? Yes No (*DAR note if yes)
***If yes to either above, ask the following questions:**
Where is the pain located: _____
How long does the pain last: _____
Describe the pain: _____
What relieves the pain: _____
Rate the pain on a scale of 0-10 (0= no pain 10= worst pain): N/A _____
face pain scale number: N/A _____



SIGNATURE: Lisa Collins RN
DATE/TIME: 11/12/99

Community General Hospital
Anytown, USA

TRANSITION/DISCHARGE PLANNING ASSESSMENT

Name: John Brown
Account No: 12345
Attending Physician: Jeff T. Moore, M.D.
Consulting Physician

Adm Date: 11/12/1999 DOB: 09/10/44

COMMUNITY SERVICES:

ON ADMISSION
- Home/Apartment
- Lives Alone
- Lives with Family
- Supervised Living
- Long Term Care

CURRENTLY RECEIVING
- Home Health Care
- Homemaker
- Hospice NA
- Meals on Wheels

ANTICIPATED NEEDS/SERVICES UPON DISCHARGE
- Financial
- Transportation
- Adult Day Care
- Swing Bed
- Home Health
- Lifeline
- PT/OT
- Long Term Care
- Cardio/Pulmonary Rehab NA
- Hospice
- Supervised Living
- Move in with Family

DURABLE MEDICAL EQUIPMENT:
Has NA Needs _____

DISCHARGE PLANNING:
Are you currently able to care for yourself at home? ☒Yes ☐No if no, explain: _____
Do you plan to return to your home after discharge? ☒Yes ☐No if no, explain: _____
Will you have someone to assist you when you leave the hospital? ☒Yes ☐No

ADVANCE DIRECTIVES: (circle those that apply)
Information Packet Given: Yes No Social Services Notified: Yes No N/A
Living Will: Copy on Chart: Yes No
Power of Attorney: Copy on Chart: Yes No
Organ/Tissue Donor: Yes No

FAMILY INVOLVEMENT/CARE GIVERS:
Patient support systems ☒Spouse ☐Parent(s) ☐Children ☐Friend ☐Neighbor How many hours/day? _____
Name/Phone of support person: _____

BEHAVIORAL/SOCIAL/COGNITIVE FACTOR:
Are you currently receiving treatment for emotional or behavioral problems? ☐Yes ☒No
Do you have any special cultural or spiritual practices that we should know about in order to better meet your needs here?
☒No ☐Yes, explain: _____

PATIENT EDUCATIONAL NEEDS:
How do you learn best? (circle) Reading Discussion Hands On Video Diagrams Audio Tapes Listening
Readiness to learn: (circle) Receptive Poor What language(s) do you read, write and understand: English
Are you still in school? ☐Yes ☒No Is the school and/or your teacher aware of your hospitalization? ☐Yes ☐No

COPING:
Do you have concerns or fears regarding this hospitalization? ☒No ☐Yes If yes, explain _____

CARE COORDINATION/SOCIAL SERVICE SCREENING:
Circle as appropriate:

- Clients with no identifiable support system; homeless; transient — Yes No
- Elderly patients, age 70 or older, living alone, or with a no-capable caregiver — Yes No
- Suicide attempt/ideation — Yes No
- Suspected chemical dependency — Yes No
- Clients with no identifiable source of medical payment — Yes No
- High Risk Obstetrical (unmarried, pregnant minors, high risk or complicated pregnancy) — Yes No
- Potential or actual history of noncompliance with health care plan — Yes No
- Clients admitted with high risk diagnosis (example: COPD, CHF, Diabetes) — Yes No
- Suspected victim of abuse (see below) — Yes No

For any 'Yes' answers above, please notify Care Coordination Department and/or Social Service Department

Signature _____ Date/Time: _____

Community General Hospital
Anytown, USA

DISCHARGE INSTRUCTION SHEET

Name: John Brown
Account No: 12345
Attending Physician: Jeff T. Moore, M.D.
Consulting Physician

Adm Date: 11/12/1999 DOB: 09/10/44

Medication	Dose	Frequency	Reason	Last Dose	New Med	Has Rx	Education Sheet

Education/Handouts Given:

- ☐ YES ☐ NO ☒ NA Primary Diagnosis
- ☐ YES ☐ NO ☒ NA Wound Care
- ☐ YES ☐ NO ☒ NA Daily Weight
- ☐ YES ☐ NO ☒ NA Smoking cessation
- ☐ YES ☐ NO ☒ NA Vaccines—information (Influenza, Pneumococcal

Special Instructions:

Keep clean & dry

NUTRITION

Diet Regular

☐ YES ☒ NO Meals On Wheels Ordered

Special Instructions: NA

Activities:

☐ YES ☐ NO Resume Usual Activities

Special Instructions: NA

Special Instructions:

Follow up Care:

- ☒ YES ☐ NO ☐ NA Dr. Appointment Pt. to make appt. w/ J. Moore
- ☐ YES ☒ NO ☐ NA Lab/X-Ray
- ☐ YES ☐ NO ☒ NA Therapy Services
- ☐ YES ☐ NO ☒ NA Home Care (Provider List)
- ☐ YES ☐ NO ☒ NA Equipment/Supplies (Provider List)
- ☐ YES ☐ NO ☒ NA Transportation Arranged

Special Instructions:

Patient Signature/Date: John Brown

Person Giving Instructions/Date: Amy Lewis

Physician Signature/Date: J. Moore

DISCHARGE CHECKLIST:

- ☑ ADMISSION CONSENT SIGNED
- ☐ IMPORTANT MESSAGE TO MEDICARE PATIENTS
- ☑ BILL OF RIGHTS
- ☑ BLADDER FUNCTIONING (if not - addressed)
- ☑ RECENT BM (if not, education done)

White Copy - Chart Yellow Copy - Patient Pink Copy - Physician

62-6018-7-0703

24 HOUR NURSING CARE FLOW SHEET

DATE: 11/11/99

Name: John Brown
Account No: 12345
Attending Physician: Jeff T. Moore, M.D.
Consulting Physician

Adm Date: 11/12/1999 DOB: 09/10/44

SPACES LEFT BLANK INDICATE CONDITION NOT APPLICABLE AT THAT TIME

SHIFT INIT	NURSE SIGNATURE	SHIFT INIT	NURSE SIGNATURE
9 BN	Sally Madison RN		

ASSESSMENT		7-3	3-11	11-7
				2400
NEURO/MENTAL STATUS	AWAKE			
	ALERT			
	ORIENTED			
	CONFUSED			
	APPARENTLY SLEEPING			
	LETHARGIC			
	SEIZURE PRECAUTIONS			
RESPIRATORY	LUNGS: CLEAR			
	COARSE			
	COUGH			
	CHARACTER: LABORED			
	UNLABORED			
	COUGH & DEEP BREATHE			
	PULSE OXIMETER			
	O_2 LITER VIA			
CARDIOVASCULAR	HEART: REGULAR			
	IRREGULAR			
	CIRCULATION EXTREMITIES: PRESENT			
	ABSENT			
	EDEMA			
	MUCOUS MEMBRANE: (P) Pink (C) Cyanotic			
	SKIN: WARM			
	DRY			
	MOIST			
	MONITOR: TELEMETRY			
GI	ABD: BOWEL SOUNDS: PRESENT			
	ABSENT			
	SOFT			
	DISTENTION			
INITIALS				

ASSESSMENT		7-3	3-11	11-7
				2400
ELIM.	ENEMA			
	INCONTINENT			
BATH / HYGIENE	COMPLETE BATH			
	PARTIAL ASSISTANCE			
	SELF HYGIENE			
	ORAL CARE GIVEN			
	SITZ			
	PERICARE			
	CATH CARE BID			
ACTIVITY LEVEL	BEDREST			
	UP IN CHAIR / DANGLE			
	BRP / BSC			
	UP AD LIB			
	AMBULATE			
	TURN Q 2 HRS			
	ROM			
SAFETY	ID BAND			
	SIDE RAILS - UP			
	SIDE RAILS - REFUSED			
	BED IN LOW POSITION			
	CALL BELL IN REACH			
	TYPE RESTRAINTS			
	CIRC. ✓			
	ISOLATIONDRESSING			
WOUND CARE	DRY & INTACT			
	SUTURES/STAPLES			
	DRESSING CHANGE			
	DRAINAGE			
	OSTOMY			

ASSESSMENT		7-3	3-11	11-7
				24
TUBES	NG / PEG			
	PLACEMENT			
	RESIDUAL			
	IRRIGATION			
	SUCTION TYPE:			
	CHEST TUBE			
	CATH: ☐ FOLEY			
	☐ SUPRA			
	MURPHY DRIP			
	HEMODIALYSIS/PERITONEAL			
PROCEDURES	TRACTION: (TYPE)			
	OTHER:			
EQUIPMENT / MISC.				
FALL ASSMT. CRITERIA	Multiple Medications, Antidepressant, Narcotics, Sedatives, Antihypertensive, Seizure Drugs 1			
	Impairment of Hearing, Vision, Sensory Deficit of Extremities			
	Confusion, Language Barrier, Agitation, Risk Taking, Unfamiliar Surroundings, Short Term Memory Loss 1			
	Seizure Disorder, Substance Abuse, Loss of Consciousness, Orthostatic Hypotension, Parkinson's, Cardiac Dysrhythmia 1			
	Weakness, Hx of Previous Falls, Impaired Muscular Control, Less than 24 Hours Post-op 1			
	Greater than 75 Years			
	Other - Refer to 24 Hr. Nursing Flowsheet			
	INSTRUCTIONS: if points total 15 or more, implement Fall Risk Plan of Care			
	Score Each Shift			

SPECIMEN SENT	DIAGNOSTIC TEST OR THERAPY	TIME OUT	TIME IN

INTRAVENOUS THERAPY FLOW SHEET

FLUID DOCUMENTATION

TIME	AMOUNT	IV SOLUTIONS, ADDITIVES	RATE	TUBING △	PUMP	INITIALS
0045	1000	LR	30	✓	✓	SM

KEY:

CONDITION CODE:
✓ - No complications
A - Abnormal (see comments)

LOCATION:
SV - Scalp vein
C - Central line
RH - Right hand
LH - Left hand
RA - Right arm
LA - Left arm
RF - Right foot
LF - Left foot
W - Wrist

NEEDLE TYPE:
B - Butterfly
J - Jelco
CV - CVP
HB - Huber
HL - Heparin lock

IV START / RESTART (change site every 72 hours)

I.V.	START	D/C JELCO INTACT	START	D/C JELCO INTACT
Time	0045			
Type / Gauge Needle	20 g			
Location	(RA)			
IV Start Kit	✓			
Other / # Attempts	X1	Site:		Site:
Initials	SM			

IV SITE INSPECTION	7-3	3-11	11-7
Time			0045
Location			(RA
Condition			✓
Dressing Change			
CVP Kit			/
Other			
Initials			SM

NEUROLOGICAL CHECK LIST

TIME																									
BLOOD PRESSURE																									
PULSE																									
RESPIRATION																									
VERBAL RESPONSE	ORIENTED X 3																								
	CONFUSED																								
	NO RESPONSE																								
PUPIL REACTION	PERL																								
	NON REACTIVE																								
VISUAL DISTURBANCES	YES																								
	NO																								
HEADACHE	YES																								
	NO																								
SEIZURES AND TYPE	YES																								
	NO																								
VOMITING	YES																								
	NO																								
ARMS	NORMAL POWER																								
	WEAKNESS																								
	PARALYSIS																								
LEGS	NORMAL POWER																								
	WEAKNESS																								
	PARALYSIS																								
COMA	YES																								
	NO																								
NURSE'S INITIALS																									

Name: John Brown
Account No: 12345
Attending Physician: Jeff T. Moore, M.D.
Consulting Physician

Adm Date: 11/12/1999 DOB: 09/10/44

D = Data *A = Action* *R = Response*

SHIFT INIT	NURSE SIGNATURE	SHIFT INIT	NURSE SIGNATURE
93	Sally Madison RN		

TIME	FOCUS	D, A, R	FOCUS NOTES
2400	admission	D	Pt. admitted for surgery in A.M for RIH. Pt. alert and oriented. Resp. even and unlabored. VSS family at bedside No significant hx. present. Bil hernia repair in past. ϕ distress noted. See admission assessment for further information. JM
0035		D	Prep completed. ——— JM
0530	Pre-Op	D	OR called for pre-op ——— KC
0535		A	Pre op given as ordered. See MAR. ——— KC
0610		R	To OR via stretcher Chart ——— KC

24 HOUR NURSING CARE FLOW SHEET

DATE: 11/12/95

SPACES LEFT BLANK INDICATE CONDITION NOT APPLICABLE AT THAT TIME

Name: John Brown
Account No: 12345
Attending Physician: Jeff T. Moore, M.D.
Consulting Physician

Adm Date: 11/12/1999 DOB: 09/10/44

SHIFT INIT	NURSE SIGNATURE	SHIFT INIT	NURSE SIGNATURE
7-3 Le	L Conlon RNC	11-7 TS	Tom Sanders RN
3-11 AT	Andria Thomas RN		

ASSESSMENT		7-3	3-11	11-7
		0930	1645	0020
NEURO/MENTAL STATUS	AWAKE	✓	✓	✓
	ALERT	✓	✓	✓
	ORIENTED	✓	✓	✓
	CONFUSED			
	APPARENTLY SLEEPING			
	LETHARGIC			
	SEIZURE PRECAUTIONS			
RESPIRATORY	LUNGS: CLEAR		✓	✓
	COARSE	✓		
	COUGH	✓		
	CHARACTER: LABORED			
	UNLABORED	✓	✓	✓
	COUGH & DEEP BREATHE			✓
	PULSE OXIMETER			
	O_2 LITER VIA			
CARDIOVASCULAR	HEART: REGULAR	✓	✓	✓
	IRREGULAR			
	CIRCULATION EXTREMITIES: PRESENT	✓	✓	✓
	ABSENT			
	EDEMA			
	MUCOUS MEMBRANE: (P) Pink (C) Cyanotic	✓	P	P
	SKIN: WARM	✓	✓	✓
	DRY	✓	✓	✓
	MOIST			
	MONITOR: TELEMETRY			
GI	ABD: BOWEL SOUNDS: PRESENT	✓	Hypo ✓	✓ Hypo
	ABSENT			
	SOFT	✓	✓	✓
	DISTENTION			
	INITIALS	Le	AT	TS

ASSESSMENT		7-3	3-11	11-7
			1645	0020
ELIM.	ENEMA			
	INCONTINENT			
BATH / HYGIENE	COMPLETE BATH			
	PARTIAL ASSISTANCE			
	SELF HYGIENE		✓	
	ORAL CARE GIVEN			
	SITZ			
	PERICARE			
	CATH CARE BID			
ACTIVITY LEVEL	BEDREST			
	UP IN CHAIR / DANGLE			
	BRP / BSC			
	UP AD LIB	✓	✓	✓
	AMBULATE			
	TURN Q 2 HRS			
	ROM			
SAFETY	ID BAND	✓	✓	✓
	SIDE RAILS - UP	✓	✓	✓
	SIDE RAILS - REFUSED			
	BED IN LOW POSITION	✓	✓	✓
	CALL BELL IN REACH	✓	✓	✓
	TYPE RESTRAINTS			
	CIRC. ✓			
	ISOLATIONDRESSING			
WOUND CARE	DRY & INTACT	✓	✓	✓
	SUTURES/STAPLES			
	DRESSING CHANGE			
	DRAINAGE			
	OSTOMY			
	INITIALS	Le	AT	TS

ASSESSMENT		7-3	3-11	11
			1045	60
TUBES	NG / PEG			
	PLACEMENT			
	RESIDUAL			
	IRRIGATION			
	SUCTION TYPE:			
	CHEST TUBE			
	CATH: ☐ FOLEY			
	☐ SUPRA			
	MURPHY DRIP			
	HEMODIALYSIS/PERITONEAL			
PROCEDURES	TRACTION: (TYPE)			
	OTHER:			
	TCDB			✓
	Spiracura			✓
EQUIPMENT / MISC.	IV PUMP	✓	✓	✓
	IV Pack	✓	✓	✓
	Trapeze Bar			✓
		Le	AT	TS

FALL ASSMT. CRITERIA

Multiple Medications, Antidepressant, Narcotics, Sedatives, Antihypertensive, Seizure Drugs
Impairment of Hearing, Vision, Sensory Deficit of Extremities
Confusion, Language Barrier, Agitation, Risk Taking, Unfamiliar Surroundings, Short Term Memory Loss.
Seizure Disorder, Substance Abuse, Loss of Consciousness, Orthostatic Hypotension, Parkinson's, Cardiac Dysrhythmia.
Weakness, Hx of Previous Falls, Impaired Muscular Control, Less than 24 Hours Post-op
Greater than 75 Years
Other* Refer to 24 Hr. Nursing Flowsheet
INSTRUCTIONS: if points total 15 or more, implement Fall Risk Plan.

Score Each Shift			

SPECIMEN SENT	DIAGNOSTIC TEST OR THERAPY	TIME OUT	TIME

INTRAVENOUS THERAPY FLOW SHEET

FLUID DOCUMENTATION

TIME	AMOUNT	IV SOLUTIONS, ADDITIVES	RATE	TUBING △	PUMP	INITIALS
0930	100	D5 1/2 NS	125	✓	✓	L
1645	infusing	D5 1/2 NS	125	ϕ	✓	AT
0115	1000	D5 1/2	125		✓	PV/TT

KEY:

CONDITION CODE:
✓ - No complications
A - Abnormal (see comments)

LOCATION:
SV - Scalp vein
C - Central line
RH - Right hand
LH - Left hand
RA - Right arm
LA - Left arm
RF - Right foot
LF - Left foot
W - Wrist

NEEDLE TYPE:
B - Butterfly
J - Jelco
CV - CVP
HB - Huber
HL - Heparin lock

IV START / RESTART (change site every 72 hours)

I.V.	START	D/C JELCO INTACT	START	D/C JELCO INTACT
Time				
Type / Gauge Needle				
Location				
IV Start Kit				
Other / # Attempts		Site:		Site:
Initials				

IV SITE INSPECTION

IV SITE INSPECTION	7-3	3-11	11-7
Time	0930	1645	0020
Location	LH	RH	RA
Condition	✓	✓	✓
Dressing Change			
CVP Kit			
Other			
Initials	L	AT	TS

NEUROLOGICAL CHECK LIST

TIME		0930	0945	1000	1015	1045	1115	1145																						
BLOOD PRESSURE		118/77	118/70	144/72	115/80	132/80	144/96	138/87																						
PULSE	↑ 98.3	70	70	69	66	65	62	68																						
RESPIRATION		16	16	16	16	16	16	16																						
VERBAL RESPONSE	ORIENTED X 3																													
	CONFUSED																													
	NO RESPONSE																													
PUPIL REACTION	PERL																													
	NON REACTIVE																													
VISUAL DISTURBANCES	YES																													
	NO																													
HEADACHE	YES																													
	NO																													
SEIZURES AND TYPE	YES																													
	NO																													
VOMITING	YES																													
	NO																													
ARMS	NORMAL POWER																													
	WEAKNESS																													
	PARALYSIS																													
LEGS	NORMAL POWER																													
	WEAKNESS																													
	PARALYSIS																													
COMA	YES																													
	NO																													
NURSE'S INITIALS																														

Name: John Brown
Account No: 12345
Attending Physician: Jeff T. Moore, M.D.
Consulting Physician

Adm Date: 11/12/1999 DOB: 09/10/44

SHIFT INIT	NURSE SIGNATURE	SHIFT INIT	NURSE SIGNATURE
3-11 KD	Kim Danielson	11-7 TS	Tom Sanders RN
7-3 DC	Diane Camp LPN	3-11 AT	Andrea Thomas RN

D = Data *A = Action* *R = Response*

TIME	FOCUS	D, A, R	FOCUS NOTES
0730	Post-op	D	Rec'd post-op (R) Inguenal Hernia. Dsg dry + intact. Alert + oriented, VSS 98/ 70-16-98³. IV (R) arm infusing LR @ KVO Δ'd to D5½ @ 125 as ordered — [initials]
		A	Ice pack TO Scrotum c Fish Net Panty applied as Ordered.
1028		D	C/o Pain at Surgical Area
		A	Demerol 50 + V. start 50 mg given for Same — [initials]
1400		D	Still C/o pain
		A	Lortab 10mg PO given
1500		R	Has Not Voided - Not Distended — [initials]
1700	Alt in Comfort	D	Pt C/o lower abd. pain
		A	Lortab i po given
1800		R	Pt states partial relief of discomfort — KD
2130		D	Pt resting c eyes closed, no distress noted, dsg dry/intact IVF's infusing s difficulty, resp even/unlabored, skin W/D, continue to monitor — AT
0020	Alt Comfort	D	pt c/o incisional site pain ask for pin med — T
		A	Lortab i administered po will continue to monitor + assist as needed — T
0200		R	Resting quietly respirations even + unlabored will continue to monitor — T
0415	Alt Comfort	D	pt. c/o incisional pain ask for pin med. — T
		A	Lortab i administered po. — T
0600		R	Ø further c/o voiced, resting quietly, respiration even + unlabored, Ø Δ in pt. status — T

Form #8002088 (Rev. 1/98)

24 HOUR NURSING CARE FLOW SHEET

DATE: NOV 13 1999

Name: John Brown
Account No: 12345
Attending Physician: Jeff T. Moore, M.D.
Consulting Physician

Adm Date: 11/12/1999 DOB: 09/10/44

SPACES LEFT BLANK INDICATE CONDITION NOT APPLICABLE AT THAT TIME

SHIFT INIT	NURSE SIGNATURE	SHIFT INIT	NURSE SIGNATURE
7-3 LC	L Conrad RNC		

	ASSESSMENT	7-3	3-11	11-7
		0730		
NEURO/MENTAL STATUS	AWAKE	✓		
	ALERT	✓		
	ORIENTED	✓		
	CONFUSED			
	APPARENTLY SLEEPING			
	LETHARGIC			
	SEIZURE PRECAUTIONS			
RESPIRATORY	LUNGS: CLEAR	✓		
	COARSE	✓		
	COUGH			
	CHARACTER: LABORED			
	UNLABORED	✓		
	COUGH & DEEP BREATHE			
	PULSE OXIMETER			
	O_2 LITER VIA			
CARDIOVASCULAR	HEART: REGULAR	✓		
	IRREGULAR			
	CIRCULATION EXTREMITIES: PRESENT	✓		
	ABSENT			
	EDEMA			
	MUCOUS MEMBRANE: (P) Pink (C) Cyanotic	✓		
	SKIN: WARM	✓		
	DRY	✓		
	MOIST			
	MONITOR: TELEMETRY			
GI	ABD: BOWEL SOUNDS: PRESENT	✓		
	ABSENT			
	SOFT	✓		
	DISTENTION			
	INITIALS	LC		

	ASSESSMENT	7-3	3-11	11-7
		0730		
ELIM.	ENEMA			
	INCONTINENT			
BATH / HYGIENE	COMPLETE BATH			
	PARTIAL ASSISTANCE	✓		
	SELF HYGIENE			
	ORAL CARE GIVEN			
	SITZ			
	PERICARE			
	CATH CARE BID			
ACTIVITY LEVEL	BEDREST			
	UP IN CHAIR / DANGLE	✓		
	BRP / BSC			
	UP AD LIB			
	AMBULATE	✓		
	TURN Q 2 HRS			
	ROM			
SAFETY	ID BAND	✓		
	SIDE RAILS - UP	✓		
	SIDE RAILS - REFUSED			
	BED IN LOW POSITION	✓		
	CALL BELL IN REACH	✓		
	TYPE RESTRAINTS			
	CIRC. ✓			
	ISOLATIONDRESSING			
WOUND CARE	DRY & INTACT	✓		
	SUTURES/STAPLES			
	DRESSING CHANGE			
	DRAINAGE			
	OSTOMY			
		LC		

	ASSESSMENT	7-3	3-11	11-7
		0730		
TUBES	NG / PEG			
	PLACEMENT			
	RESIDUAL			
	IRRIGATION			
	SUCTION TYPE:			
	CHEST TUBE			
	CATH: ☐ FOLEY			
	☐ SUPRA			
	MURPHY DRIP			
	HEMODIALYSIS/PERITONEAL			
PROCEDURES	TRACTION: (TYPE)			
	OTHER:			
EQUIPMENT / MISC.	IV pump	✓		
		LC		

FALL ASSMT. CRITERIA

	Score Each Shift		
Multiple Medications, Antidepressant, Narcotics, Sedatives, Antihypertensive, Seizure Drugs 10			
Impairment of Hearing, Vision, Sensory Deficit of Extremities 5			
Confusion, Language Barrier, Agitation, Risk Taking, Unfamiliar Surroundings, Short Term Memory Loss 15			
Seizure Disorder, Substance Abuse, Loss of Consciousness, Orthostatic Hypotension, Parkinson's, Cardiac Dysrhythmia 15			
Weakness, Hx of Previous Falls, Impaired Muscular Control, Less than 24 Hours Post-op 15			
Greater than 75 Years 5			
Other* Refer to 24 Hr. Nursing Flowsheet			
INSTRUCTIONS: if points total 15 or more, implement Fall Risk Plan.			

SPECIMEN SENT	DIAGNOSTIC TEST OR THERAPY	TIME OUT	TIME IN

INTRAVENOUS THERAPY FLOW SHEET

FLUID DOCUMENTATION

TIME	AMOUNT	IV SOLUTIONS, ADDITIVES	RATE	TUBING △	PUMP	INITIALS

KEY:

CONDITION CODE:
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LOCATION:
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C - Central line
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LA - Left arm
RF - Right foot
LF - Left foot
W - Wrist

NEEDLE TYPE:
B - Butterfly
J - Jelco
CV - CVP
HB - Huber
HL - Heparin lock

IV START / RESTART (change site every 72 hours)

I.V.	START	D/C JELCO INTACT	START	D/C JELCO INTACT
Time				
Type / Gauge Needle				
Location				
IV Start Kit				
Other / # Attempts		Site:		Site:
Initials				

IV SITE INSPECTION	7-3	3-11	11-7
Time	0730		
Location	RA		
Condition	✓		
Dressing Change	↓		
CVP Kit	↓		
Other	↓		
Initials	[illegible]		

NEUROLOGICAL CHECK LIST

TIME																										
BLOOD PRESSURE																										
PULSE																										
RESPIRATION																										
VERBAL RESPONSE	ORIENTED X 3																									
	CONFUSED																									
	NO RESPONSE																									
PUPIL REACTION	PERL																									
	NON REACTIVE																									
VISUAL DISTURBANCES	YES																									
	NO																									
HEADACHE	YES																									
	NO																									
SEIZURES AND TYPE	YES																									
	NO																									
VOMITING	YES																									
	NO																									
ARMS	NORMAL POWER																									
	WEAKNESS																									
	PARALYSIS																									
LEGS	NORMAL POWER																									
	WEAKNESS																									
	PARALYSIS																									
COMA	YES																									
	NO																									
NURSE'S INITIALS																										

Name: John Brown
Account No: 12345
Attending Physician: Jeff T. Moore, M.D.
Consulting Physician

Adm Date: 11/12/1999 DOB: 09/10/44

D = Data A = Action R = Response

SHIFT INIT	NURSE SIGNATURE	SHIFT INIT	NURSE SIGNATURE
7-3 JC	L. Conrad RN		
7-3 PC	Diana Camp LPN		

TIME	FOCUS	D, A, R	FOCUS NOTES
0730	Activity	D	Shower. Repair RLQ - Abd Soft & bowel sounds - Dsg dry - Voiding qs - Appetite good
		A	Am Care given - OOB. Amb in hall. Accepting diet well-L
0930	ADL in Comfort	D	Requested pain med for RLQ incisional pain
		A	Tylenol 10 mg given po. Will cont to monitor
			Dish Home report Pain 0,1)
1130			To top Home Tylenol + Po given
			Howard