



# Hoffman, Jeanne Leonie

MRN: U8170135

Foxx, Vivian Amber, LICSW  
Social Worker  
Social Work

DC Planning Supplement    
Signed

Date of Service: 3/8/2025 9:21 AM

## SNF DISCHARGE ORDER

**Hoffman, Jeanne Leonie**

**SW DID NOT CREATE THIS INFORMATION. CREATED FOR AIDA REFERRAL FROM MEDICAL TEAM DOCUMENTATION.**

**The information contained in this report is accurate as of the printing date/time shown at the bottom of this page. Refer to the After Visit Summary (AVS) for final information.**

### Comments

UWMC ML INPATIENT  
1959 NE PACIFIC ST  
SEATTLE WA 98195

Hoffman, Jeanne Leonie  
MRN: U8170135, DOB: 1/6/1925, Legal Sex: F  
Adm: 1/9/2025, D/C: —

UWMC ML INPATIENT  
1959 NE PACIFIC ST  
SEATTLE WA 98195

Hoffman, Jeanne Leonie  
MRN: U8170135, DOB: 1/6/1925, Legal Sex: F  
Adm: 1/9/2025, D/C: —

### Patient Demographics

Address  
321 High School RD NE  
Ste D3 PMB 292  
BAINBRIDGE ISLAND WA  
98110

Phone  
206-780-6885 (Home)  
206-280-1287 (Mobile)  
\*Preferred\*

E-mail Address  
jeanhoffman@usa.com

### Discharge Order (From admission, onward)

Ordered  
03/08/25 0908 **Discharge Patient** Once  
Electronically Signed By: Barnes, James Irvin, MD [NPI: 1255607453]

### Code Status Information

Code Status  
DNR

## Modified Resuscitation Specifics:

Specify patient DNR/DNI preferences:

## Preferred Pharmacy

**Rubenstein Pharmacy**

105 Husky Health Box 354410 SEATTLE WA 98195

Phone: 206-685-1021 Fax: 206-685-9990

Hours: Mon-Fri 9:00am - 5:00pm, Sat-Sun Closed, Please allow 48 hours for refills.

**RITE AID #05215 05215 301 HIGH SCHOOL ROAD NE BAINBRIDGE ISLAND WA 206-842-4065  
206-780-2781 98110-1608**

301 HIGH SCHOOL ROAD NE BAINBRIDGE ISLAND WA 98110-1608

Phone: 206-842-4065 Fax: 206-780-2781

Hours: Not open 24 hours

**UWMC Outpatient Pharmacy**

1959 NE Pacific St SEATTLE WA 98195

Phone: 206-598-4363 Fax: 206-598-7817

Hours: Mon-Fri 8:00am - 9:00pm, Sat-Sun 8:00am - 8:00pm, Please allow 48 hours for refills.

## Discharge Medications

## New Medications

	Sig	Disp	Refill	Start	End
<b>acetaminophen 650 MG</b> suppository Signed by: James Irvin Barnes Commonly known as: Tylenol	650 mg, Rectal, Every 6 hours PRN		0		
<b>atropine 1% ophthalmic solution</b> (for oral use) Signed by: James Irvin Barnes	2 drops, Sublingual, Every 4 hours PRN		0		
<b>bisacodyl 10 MG suppository</b> Signed by: James Irvin Barnes Commonly known as: Dulcolax	10 mg, Rectal, Daily PRN		0		
<b>buprenorphine 5 MCG/HR patch</b> Signed by: James Irvin Barnes Commonly known as: Butrans	1 patch, Transdermal, Every 7 days scheduled		0	<b>March 11, 2025</b>	
<b>camphor-menthol 0.5-0.5 %</b> lotion Signed by: James Irvin Barnes Commonly known as: Sarna	Topical, 2 times daily PRN		0		

	Sig	Disp	Ref ill	Start	End
<b>carboxymethylcellulose</b> 0.5 % ophthalmic solution Signed by: James Irvin Barnes Commonly known as: Refresh Tears	1 drop, Both EYES, Every 1 hour PRN		0		
<b>enoxaparin</b> 30 MG/0.3ML prefilled syringe Signed by: James Irvin Barnes Commonly known as: Lovenox	30 mg, Subcutaneous, Nightly		0		
<b>magnesium hydroxide</b> 400 MG/5ML suspension Signed by: James Irvin Barnes Commonly known as: Milk of Magnesia	30 mL, Oral, 2 times daily PRN		0		
<b>oxyCODONE CONCENTRATED</b> 100 MG/5ML concentrate solution Signed by: James Irvin Barnes	2.5-5mg Oral, Every 4 hours PRN For pain	30 mL	0		
<b>phenol</b> 1.4 % mouth/throat spray Signed by: James Irvin Barnes Commonly known as: Chloraseptic	1 spray, Mouth/Throat, Every 2 hours PRN		0		
<b>psyllium</b> 51.7 % packet Signed by: James Irvin Barnes Commonly known as: Metamucil	1 packet, Oral, 2 times daily, Mix in 8 oz of juice or water and drink.		0		
<b>saliva substitute</b> liquid oral rinse Signed by: James Irvin Barnes	15 mL, Swish & Spit, 3 times daily		0		
<b>scopolamine</b> 1 MG/3DAYS patch Signed by: James Irvin Barnes Commonly known as: Transderm- SCOP	1 patch, Transdermal, Every 72 hours PRN, Apply to hairless area behind 1 ear.		0		
<b>white petrolatum</b> gel Signed by: James Irvin Barnes Commonly known as: Vaseline	Topical, As needed		0		

### Medications To Continue

	Sig	Disp	Ref ill	Start	End
<b>lidocaine 4 % patch</b> Signed by: My-Linh T Nguyen	1 patch, Transdermal, Every 24 hours, Apply to painful area for up to 12 hours in a 24 hour period.	15 each	0		

### Stopped Medications

**atorvastatin 10 MG tablet**  
Commonly known as: Lipitor

**cholecalciferol 25 mcg (1,000 unit) tablet**  
Commonly known as: Vitamin D-3

**medihoney topical gel**

### MULTIPLE VITAMIN OR

**pentoxifylline ER 400 MG ER tablet**  
Commonly known as: TRENTal

**timolol maleate 0.5 % ophthalmic solution**  
Commonly known as: Timoptic

### VITAMIN B-12 OR

### Discharge Orders (From admission; onward)

#### Ordered

03/08/25  
0823 **Referral to Rehabilitation Medicine**  
Comments: Coverage for this visit-- Payor: MOLINA  
HEALTHCARE MEDICARE / Plan: MOLINA MEDICARE  
OPTIONS PLUS HMO SNP / Product Type: Medicaid  
REASON FOR REFERRAL: 100 year old female s/p LKA, referral  
for rehab amputee clinic

#### Additional Info/Restrictions:

HMC:

Referral to HMC REHAB MEDICINE CLINIC 20 [221240] Choose  
a Speciality

Limb Loss/Amputation Clinic

UWMC ML:

Referral to UWMC Rehab Clinic [220069] Choose Speciality

UWMC NW:

Referral to UWMC NW Rehab Medicine [208539] or UWMC NW Center Rehabilitation [208559] Choose Speciality

Electronically Signed By: Barnes, James Irvin, MD [NPI: 1255607453]

03/08/25 0908 **Discharge Summary: Enclosed**  
Electronically Signed By: Barnes, James Irvin, MD [NPI: 1255607453]

03/08/25 0908 **Patient Aware of Diagnosis: Yes**  
Electronically Signed By: Barnes, James Irvin, MD [NPI: 1255607453]

03/08/25 0908 **Adult Discharge Diet (Specify)**  
Comments: As tolerated, aspiration risk  
Electronically Signed By: Barnes, James Irvin, MD [NPI: 1255607453]

03/08/25 0908 **Activity (specify)**  
Comments: - brace placed by orthotics on 3/7 at request of son and with guidance from orthotics and ortho.  
- NWB on Right leg  
- Should limit motion of leg (ideally no ROM of R leg)  
- abduction pillow  
- log rolls for turning  
- hip-spica brace now in place settings 0-60, slight abduction, can take off if uncomfortable and when needed (was not strictly recommended at this point by ortho, patient and son prefer it to be on)  
- referral to NW ortho trauma clinic made, 2 view femur xray to be performed 3/13/25 (ordered as outpatient in case it needs to be done here vs at SNF)  
- NWB on Left leg  
Electronically Signed By: Barnes, James Irvin, MD [NPI: 1255607453]

03/07/25 1909 **Referral to Fractures/Trauma**  
Comments: Coverage for this visit--Payor: MOLINA HEALTHCARE MEDICARE / Plan: MOLINA MEDICARE OPTIONS PLUS HMO SNP / Product Type: Medicaid  
This referral for consultation or procedure grants authorization to perform diagnostic or other services required.  
REASON FOR REFERRAL: 100 year old year old female with R hip fracture s/p fall in hospital, non-op management pursued.  
Wanted 3/13 repeat Femur xray (ordered as separate order)  
Is this a Workmen's Compensation case? NO  
Electronically Signed By: Barnes, James Irvin, MD [NPI: 1255607453]

03/07/25 1909 **XR Femur 2 Vw Bilat**  
Electronically Signed By: Barnes, James Irvin, MD [NPI: 1255607453]

## Discharge Instructions

Dear Ms. Hoffman,

You were admitted for limb ischemia, and had a left above the knee amputation, you also developed heart block and needed a pacemaker for symptomatic bradycardia. You fell in the hospital and have a right hip fracture. You should follow-up with specialists such as vascular surgery, rehab medicine (limb clinic), cardiology (electrophysiology) and orthopedics,

**appointments are set or referrals have been made for these specialty clinics.**

**The instructions for your right leg:**

- brace placed by orthotics on 3/7 at request of son and with guidance from orthotics and ortho.
- NWB on Right leg
- Should limit motion of leg (ideally no ROM of R leg)
- abduction pillow
- log rolls for turning
- hip-spica brace now in place settings 0-60, slight abduction, can take off if uncomfortable and when needed (was not strictly recommended at this point by ortho, patient and son prefer it to be on and is certainly ok to be on per ortho)
- referral to NW ortho trauma clinic made, 2 view femur xray to be performed 3/13/25 (ordered as outpatient in case it needs to be done here vs at SNF)
- concentrated oxycodone for pain (low dose 2.5 - 5 mg)
- will continue lovenox for now"

**Post Amputation Instructions:**

**Contracture prevention:** Patient with an amputation are at risk for hip flexion contracture in the affected limb. Avoid laying in the seated position and spend 20 min three times a day on your belly. If elevated on a pillow, try to keep the pillow under the calf to prevent static flexion at the knee. Develop a home exercise program with therapists to maintain ROM and strength in the extremities and core for pre-prosthetic rehabilitation. Maintain hip range of motion to prevent contracture.

**Sensation:** Patients may experience phantom limb sensation. Many patients experience nonpainful sensations from the amputated foot including that it is curled up beneath him/her, or wrapped in his/her sheets. This tends to improve with time as the incision heals, and when shrinker socks, scar massage can be used for proprioceptive feedback. Some patients also experience phantom limb pain in addition to or in place of phantom limb sensation, represented by variable burning/ aching/ stinging/ cramping/ spasms amputated limb. We recommend mirror therapy and visualization techniques to help with phantom limb sensation.

**Wound Care:**

- Continue to change the dressing over the leg daily to keep it clean. Light compression should help keep edema out of it and optimize its chances of healing.
- Any changes to your wound care regimen based on how the stump heals can be made with the Vascular Surgery clinic or the Wound Care clinic.

**General Care:**

- Activity: Continue to work on the exercises instructed to you by physical and occupational therapies
- Please call our clinic if you develop fevers, chills, chest pain, shortness of breath. If any of these symptoms are severe or you unable to reach our clinic, please present to an urgent care facility or Emergency Department.

**Medications:**

- You should continue to use Tylenol around the clock, it is okay to use ibuprofen as well.
- If you have been prescribed oxycodone for breakthrough pain, please use this as needed for more severe pain on top of the Tylenol.

**Follow-up:**

- You will follow-up in 6 weeks for staple removal with the vascular surgery clinic, if this is not already arranged we will have our scheduler reach out to you. If unable to return, a provider may remove staples after February 21st.

Please call with any concerns or questions about your amputation.

**UWMC Surgical Specialties Center**

1959 NE Pacific Street  
Box 356165  
Seattle, WA 98195

Phone 206.598.4477

Fax 206.598.6705

Appointment scheduling 206.598.1426

Surgery Scheduling 206.598.9436

Nurse line 206.598.4477 Option 2

Clinic fax 206.598.2532

**Scheduled Appointments**

**Mar 21, 2025 1:00 PM**  
**(Arrive by 12:45 PM)**  
 Return Subspecialty Visit with EP APP  
 Heart Institute at University of Washington  
 Medical Center (UWMC Cardiology  
 Services)

1959 NE Pacific St  
 SEATTLE WA 98195  
 206-598-4300

Please arrive early to allow time to complete any required paperwork.

**Apr 03, 2025 2:30 PM**  
**(Arrive by 2:15 PM)**  
 Return Patient Appointment with Matthew  
 C Smith, MD  
 UW Medicine Montlake Surgical Specialty  
 Center, Vascular Surgery (UWMC Surgical  
 Specialty Center)  
 Arrive at: UWMC Surgery Pavilion, 3rd  
 floor

1959 NE Pacific Street, Box 356165  
 Seattle WA 98195  
 206-598-4477

Masks may be required - please check signage at your clinic when you check in.

Please arrive early to allow time to complete any required paperwork.

**May 12, 2025 8:30 AM**  
**(Arrive by 8:15 AM)**  
 Hearing Aid Evaluation New with Lauren Y  
 Kawaguchi, AUD  
 UW Medicine Montlake Audiology (UWMC  
 Otolaryngology/HNS Center)

1959 NE Pacific Street, Box 356161  
 Seattle WA 98195  
 206-598-4022

Please arrive early to allow time to complete any required paperwork.

**May 14, 2025 8:05 AM**  
 Cardiac Device Check - Remote with  
 UWMC CARDIAC DEVICE REMOTE-  
 MONTLAKE  
 Heart Institute at University of Washington  
 Medical Center (UWMC Cardiology  
 Services)

1959 NE Pacific St  
 SEATTLE WA 98195  
 206-598-4300

Done from home remote monitor this is NOT a clinic visit.

\*\*Disregard appointment time - clinic will contact you with results within the week.

**Jan 16, 2026 10:00 AM**  
**(Arrive by 9:45 AM)**  
 Return Subspecialty Visit with Nazem  
 Walid Akoum, MD  
 Heart Institute at University of Washington  
 Medical Center (UWMC Cardiology  
 Services)

1959 NE Pacific St  
 SEATTLE WA 98195  
 206-598-4300

Please arrive early to allow time to complete any required paperwork.

**Contact information for follow-up**

**Navalurkar, Reema, MD**  
Specialty: Geriatric Medicine Res/Flw  
Relationship: PCP - General

**UWMC REFILL AUTH CENTER**  
1959 NE Pacific St  
Box 359755  
SEATTLE WA 98195  
Phone: 206-744-8513

Next Steps: Follow up

**PCP**

Navalurkar, Reema, MD  
Phone: 206-744-8513  
Fax: 206-744-8538  
NPI ID: 1942888334

**Attending at time of discharge:** Barnes, James Irvin, MD [1255607453]

Printed by Foxx, Vivian Amber, LICSW  
3/8/2025 9:22 AM  
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3/8/2025 9:22 AM

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Electronically signed by Foxx, Vivian Amber, LICSW at 3/8/2025 9:22 AM

**HIPAA PERMITS DISCLOSURE OF POLST TO OTHER HEALTH CARE PROVIDERS AS NECESSARY**

Washington

**POLST**

Portable Orders for Life-Sustaining Treatment  
A Participating Program of National POLST

LAST NAME / FIRST NAME / MIDDLE NAME/INITIAL

Hoffman, Jeanne Leanne

DATE OF BIRTH

1 / 6 / 1925

GENDER (optional)

F.

PRONOUNS (optional)

**This is a medical order. It must be completed with a medical professional. Completing a POLST is always voluntary.**

*IMPORTANT: See page 2 for complete instructions.*

MEDICAL CONDITIONS/INDIVIDUAL GOALS:

R hip fracture, L AKA

AGENCY INFO / PHONE (if applicable)

**A**

**Use of Cardiopulmonary Resuscitation (CPR):** When the individual has **NO** pulse and is not breathing.

CHECK ONE

- YES - Attempt Resuscitation / CPR** (choose FULL TREATMENT in Section B)  
 **NO - Do Not Attempt Resuscitation (DNAR) / Allow Natural Death**

When not in cardiopulmonary arrest, go to Section B.

**B**

**Level of Medical Interventions:** When the individual has a pulse and/or is breathing.

Any of these treatment levels may be paired with DNAR / Allow Natural Death above.

CHECK ONE

- FULL TREATMENT - Primary goal is prolonging life by all medically effective means.** Use intubation, advanced airway interventions, mechanical ventilation, and cardioversion as indicated. Includes care described below.  
*Transfer to hospital if indicated. Includes intensive care.*
- SELECTIVE TREATMENT - Primary goal is treating medical conditions while avoiding invasive measures whenever possible.** Use medical treatment, IV fluids and medications, and cardiac monitor as indicated. **Do not intubate.** May use less invasive airway support (e.g., CPAP, BIPAP, high-flow oxygen). Includes care described below.  
*Transfer to hospital if indicated. Avoid intensive care if possible.*
- COMFORT-FOCUSED TREATMENT - Primary goal is maximizing comfort.** Relieve pain and suffering with medication by any route as needed. Use oxygen, oral suction, and manual treatment of airway obstruction as needed for comfort.  
*Individual prefers no transfer to hospital. EMS: consider contacting medical control to determine if transport is indicated to provide adequate comfort.*

Additional orders (e.g., blood products, dialysis): \_\_\_\_\_

**C**

**Signatures:** A legal medical decision maker (see page 2) may sign on behalf of an adult who is not able to make a choice. An individual who makes their own choice can ask a trusted adult to sign on their behalf, or clinician signature(s) can suffice as witnesses to verbal consent. A guardian or parent must sign for a person under the age of 18. Multiple parent/decision maker signatures are allowed but not required. Virtual, remote, and verbal consents and orders are addressed on page 2.

Discussed with:

- Individual  Parent(s) of minor  
 Guardian with health care authority  
 Legal health care agent(s) by DPOA-HC  
 Other medical decision maker by 7.70.065 RCW

SIGNATURE - MD/DO/ARNP/PA-C (mandatory)

*James Barry*

PRINT - NAME OF MD/DO/ARNP/PA-C (mandatory)

James Barry MD

DATE (mandatory)

3/8/25

PHONE

206 598 3300

SIGNATURE(S) - INDIVIDUAL OR LEGAL MEDICAL DECISION MAKER(S) (mandatory)

*Louis Charles Hoffman*

PRINT - NAME OF INDIVIDUAL OR LEGAL MEDICAL DECISION MAKER(S) (mandatory)

Louis Charles Hoffman MD

RELATIONSHIP

Caregiver/Son

DATE (mandatory)

3/7/25

PHONE

Individual has:  Durable Power of Attorney for Health Care  Health Care Directive (Living Will)

Encourage all advance care planning documents to accompany POLST.

**SEND ORIGINAL FORM WITH INDIVIDUAL WHENEVER TRANSFERRED OR DISCHARGED**



Washington State Medical Association  
Physician Driven, Patient Focused



All copies, digital images, faxes of signed POLST forms are valid. See page 2 for preferences regarding medically assisted nutrition. For more information on POLST, visit [www.wsma.org/POLST](http://www.wsma.org/POLST).